## SCANNED OCT 0 7 2019

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

2949122200805

▶Do not enter social security numbers on this form as it may be made public.
 ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

		of the Treasury enue Service		not enter social secu to www.irs.gov/Form					Open to Public Inspection
		lar year 2018 or t		<del></del>	and ending				
	me of fou			<u> </u>	<u> </u>		A Emplo	er identification number	
A	NDR	ew & Marg	ARET ROS	INGER FOUND	AT				
	<u>/o i</u>	MEYERS BR	EINER & I	KENT LLP			06-	1446387	
		street (or P O box nun		•		Room/suite	B Teleph	one number (see instructions	3)
		POST ROA							<del></del>
		state or province, cour	ntry, and ZIP or foreign	CT 06824			C If exem	ption application is pending,	check here
G	Check a	all that apply	Initial return	Initial retu	rn of a former pub	lic charity	D 1 For	eign organizations, check he	re 🕨 📘
			Final return	Amended	return		· 2 For	eign organizations meeting ti	ne
			Address cha	ange 🔲 Name cha	inge		85%	6 test, check here and attach	computation
н	Check t	type of organizatio	n X Section 50	01(c)(3) exempt private	foundation	$\sim$	E If privat	e foundation status was tem	ninated under
_		n 4947(a)(1) nonex	_		le private foundation	$_{ m on}$ $U$	section	507(b)(1)(A), check here	▶ 📙
		ket value of all as		Accounting method	X Cash	Accrual	F If the fo	undation is in a 60-month te	mination
e	nd of ye	ear (from Part II, c		Other (specify)			under s	ection 507(b)(1)(B), check h	ere 🕨 📙
	•	<b>▶</b> \$		Part I, column (d) must	be on cash basis	)			
P	art I	Analysis of Re	venue and Exper		(a) Revenue and		A Maturusalmant	(a) Advisted not	(d) Disbursements
		amounts in columns	(b), (c), and (d) may not nn (a) (see instructions)	necessarily equal	expenses per books	(0)	Net investment income	(c) Adjusted net income	for charitable purposes
	Τ.	<del></del>				17.6			(cash basis only)
	1		grants, etc., receive	•	16,4	10		·····	
	2			required to attach Sch B	<u></u>				
	3			cash investments		95	95		
	4		terest from securi	ties		95	95		
	5a	Gross rents	(!)	•					
ne	b	Net rental incom		40	<u></u>				
en	6a		sale of assets not on line	9 10					
Revenue	b	Gross sales price for al	income (from Part	+ I\/ .lmo 2\			0		
œ	8	Net short-term ca		( IV, line 2)				0	
	9	Income modifica							
	10a	Gross sales less retur		]					
	ь	Less Cost of go							
	C	•	oss) (attach sched	dule)				<u>-</u>	
	11	Other income (at		STMT 1	30,0	35		30,035	
	12	Total. Add lines	•		46,6	<del></del>	95	30,035	
	13		f officers, director	s. trustees, etc		0			
ses	۱.,	•	salaries and wage						
Expens	15		mployee benefits						
ğ	16a	Legal fees (attac							
Ш	Ь	A	/attack asbadula)	STMT 2	1,	595			
.≥	С	Other professional	fees (attach schedul	ECEIVED					
ī	17	Interest		CCEIVED					
ist	18	Taxes (attach sche	dule) (see bstruction	ns)					
듣	19	Depreciation (attac	h schedule and dep	netion <b>2 9</b> 2019	<u></u>				
퉏	20	Occupancy	L	S					
Operating and Administrative	21	Travel, conferen	ces, and meeting	SDEN IIT					
anc	22	Printing and pub	lications	214, 01	<u> </u>	112			
ğ	23	Other expenses (att. so	ch )						<u> </u>
텵	24	Total operating	and administrat	ive expenses.					
era		Add lines 13 thro	ough 23			707	0	0	
ğ	25	Contributions, gifts, gra			27,				27,962
_	26			. Add lines 24 and 25	29,	569	0	0	27,962
	27	Subtract line 26							
	а		="	and disbursements	16,	937		·····	
	Ь		income (if negat				95	20.005	
	<u> </u>	Adjusted net in	come (if negative	e, enter -0-)	<u> </u>	L		30,035	000 DE

For Paperwork Reduction Act Notice, see instructions. DAA

Fo	<u>rm 990</u>	O-PF (2018) ANDREW & MARGARET ROSINGER FO	DUNDA			Page 2
	art I	Balance Sheets Attached schedules and amounts in the description colur should be for end-of-year amounts only (See instructions		Beginning of year		of year
_		The second secon		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				<del> </del>
	2	Savings and temporary cash investments  Accounts receivable ▶			<del></del>	<del>                                     </del>
	3	Less allowance for doubtful accounts				İ
	4			_		
	4	Pledges receivable ►  Less allowance for doubtful accounts ►				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	O	disqualified persons (attach schedule) (see instructions)	,			
	7	Other notes and loans receivable (att schedule)				
	•	Less allowance for doubtful accounts	0			
اي	8	Inventories for sale or use				
ASSetS	9	Prepaid expenses and deferred charges				
Ä	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
ı	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule) SEE STATEMENT	3	62,582	63,074	63,074
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch )	_			
1	15	Other assets (describe ► SEE STATEMENT	4 )	11,030	27,47	27,47
	16	Total assets (to be completed by all filers – see the				
4		instructions Also, see page 1, item l)		73,612	90,549	90,549
١	17	Accounts payable and accrued expenses			_	-{
္ဖ	18	Grants payable				4
<u>e</u>	19	Deferred revenue				-
≣	20	Loans from officers, directors, trustees, and other disqualified persons				-
Liabilities	21	Mortgages and other notes payable (attach schedule)	`		,	-{
ı	22	Other liabilities (describe >	)	0		5
+	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	► X			1
S		and complete lines 24 through 26, and lines 30 and 31.				
9	24	Unrestricted		73,612	90,54	9
ā	25	Temporarily restricted				
ő	26	Permanently restricted				
밀		Foundations that do not follow SFAS 117, check here	▶ []			
깈		and complete lines 27 through 31.				
Ö	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)		73,612	90,54	9
Ź	31	Total liabilities and net assets/fund balances (see				
		instructions)		73,612	90,54	9
_	Part I				<del></del>	<u> </u>
1		net assets or fund balances at beginning of year – Part II, column (a), li	ine 30 (m	ust agree with		50.65
		of-year figure reported on prior year's return)			1	73,61
2		r amount from Part I, line 27a			2	16,93
3		r increases not included in line 2 (itemize) ▶			3	00 F4
4		lines 1, 2, and 3			4	90,54
5		reases not included in line 2 (itemize)	امما	(b) line 20	5	90,54
_6	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part I	i, column	(b), fille 30	1 0	50m 990-PF (2011

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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

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2018) ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387			Pi	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	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 11					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d				<u> 11</u>	
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached					
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				<u> </u>	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 9 Refunded ▶ 1	<u> </u>	_			
Pa	rt VII-A Statements Regarding Activities		1 1			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	Yes	No X	
	participate or intervene in any political campaign?					
Ь	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	Instructions for the definition					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
_	published or distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?					<u> </u>	
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
C	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		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?	N/A	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					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	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 X	V	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NONE					
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	X	,	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					,
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"					Ó
	complete Part XIV		9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		,_		w	
	names and addresses		10 Form 99	n DE	X (2018)	
			romm Ja	, y - r r	(2010)	,

3ь

4a

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X

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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

foundation had excess business holdings in 2018)

DAA

<u> Forn</u>	1990-PF (2018) ANDREW & I			440307			P	age o
Pi	art VII-B Statements Rega	rding Activities for Which Fo	orm 4720 May Be R	<u>equired (conti</u>	inued)			
5a	During the year did the foundation pa	ay or incur any amount to			-		Yes	No
	(1) Carry on propaganda, or otherwi	se attempt to influence legislation (sei	ction 4945(e))?	∐ Y	es 🔀 No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter re	gistration drive?		L Y	es X No			
		or travel, study, or other similar purpo:		∐ Y	es 🏻 No			
	(4) Provide a grant to an organization	n other than a charitable, etc , organiz	ration described in		_			
	section 4945(d)(4)(A)? See instri	uctions		Y	es X No			
	(5) Provide for any purpose other the	an religious, charitable, scientific, liter	ary, or educational					
	purposes, or for the prevention of	f cruelty to children or animals?		U Y	es 🗴 No			
b	•	id any of the transactions fail to qualif		escribed in	4-			
	Regulations section 53 4945 or in a	current notice regarding disaster assis	tance? See instructions		N/A	5b		
	Organizations relying on a current no	itice regarding disaster assistance, ch	eck here		▶ 📙		`	
С	If the answer is "Yes" to question 5a	(4), does the foundation claim exempt	ion from the tax		_			
	because it maintained expenditure re	esponsibility for the grant?		N/A 🗌 Y	es 📙 No			
	If "Yes," attach the statement require	ed by Regulations section 53 4945–5(	(t)				`	
6a	Did the foundation, during the year, i	eceive any funds, directly or indirectly	, to pay premiums		( <del></del>			
	on a personal benefit contract?			∐ Y	es 🔀 No	- 1		
b	Did the foundation, during the year, p	pay premiums, directly or indirectly, or	a personal benefit contra	act?		6b		X
	If "Yes" to 6b, file Form 8870				(Tee)			
7a	, , ,				es X No			
b		ny proceeds or have any net income a		tion?	N/A	7b		
8	•	on 4960 tax on payment(s) of more th	an \$1,000,000 in		es 🗓 No			
	remuneration or excess parachute p	ayment(s) during the year?	. Caundatian Mana					
Pa		Officers, Directors, Trustees	s, Foundation Wana	igers, nignly	raiu Empioyi	ees,		
4 1	and Contractors  _ist all officers, directors, trustees,	and foundation managers and their	compensation See ins	tructions				
	List all officers, directors, trustees,	and foundation managers and their			(d) Contributions to	Τ -		
	(a) Nama	and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		oense ad	
	(a) Name	and address	devoted to position	enter -0-)	plans and deferred compensation	othe	r allowa	nces
A.T	EXANDER BREINER	BRIDGEPORT	OFFICER					
	5 CLEVELAND AVE	CT 06604	0.00	٥	o			o
	EXANDER MULLER	BROOKLYN	TRUSTEE/DIRE					
-	.78 EAST 32 ND ST	NY 11210	0.00	o	0			o
2	Compensation of five highest-paid	d employees (other than those inclu	ided on line 1 – see inst	tructions). If non-	e, enter			
	"NONE."					<del></del>		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Evi	pense ad	count
	(a) Name and address of each emplo	oyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowa	
				-	compensation	<del> </del> -		
NC	ONE							
						$\vdash$		
						<del> </del>	<del></del>	
						<del>                                     </del>		-
						1		
Tota	I number of other employees paid over	er \$50,000			<b>&gt;</b>			C
					F	om 99	0-PF	(2018

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Part VIII	Information About Officers, Directors, Trustees, Found	ation Managers, Highly Paid I	Emplo	yees,
	and Contractors (continued)	<del>_</del>		<del></del>
3 Five high	est-paid independent contractors for professional services. See instru	ctions. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE				
	<u>.</u>			
			1	
				<u> </u>
Total number of	f others receiving over \$50,000 for professional services	_	<b>•</b>	<u> </u>
Part IX-A	Summary of Direct Charitable Activities			
	i's four largest direct chantable activities during the tax year. Include relevant statistical information si other beneficiaries served, conferences convened, research papers produced, etc	uch as the number of		Expenses
1 N/A			1	
•				
2				
3				
	•			
4				
			<u> </u>	
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	-,	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		<del> </del>	Amount
1 N/A				
		····	<del></del>	
2			'	
			l	
•	related investments. See instructions			
3				
Total. Add lines	s 1 through 3	<u> </u>	<u>,                                    </u>	

=orm	1990-PF (2018) ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387		Page <b>8</b>
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn fou	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	85,583
d	Total (add lines 1a, b, and c)	1d	85,583
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	0
3	Subtract line 2 from line 1d	3	85,583
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
•	instructions)	4	1,284
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	84,299
6	Minimum investment return. Enter 5% of line 5	6	4,215
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foun	
• •	and certain foreign organizations, check here ▶ ☐ and do not complete this part )	,	
1	Minimum investment return from Part X, line 6	1	4,215
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (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	4,213
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,213
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	4,213
		<u> </u>	-/
Pa	Art Xtl 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	27,962
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	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,962
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,962
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	

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

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Pa	art XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part 2	χι, Į	Corpus	Years prior to 2017	2017	2018
	line 7	ļ				4,213
2	Undistributed income, if any, as of the er	nd of 2018				
а	Enter amount for 2017 only					
b	Total for prior years 20 , 20	, 20		······································		
3	Excess distributions carryover, if any, to					
а	From 2013	24,242				
b	From 2014	46,791				•
С	From 2015	53,516				
d	From 2016 _	39,278				
е	From 2017	44,479				•
f	Total of lines 3a through e		208,306			
4	Qualifying distributions for 2018 from Pai	rt XII,				
	line 4 ▶ \$27,962					
	Applied to 2017, but not more than line 2					
b	Applied to undistributed income of prior y	/ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (El	ection				
	required – see instructions)	ŀ				4 013
	Applied to 2018 distributable amount		23,749			4,213
	Remaining amount distributed out of corp	·	23,149			
5	Excess distributions carryover applied to	ľ				
	(If an amount appears in column (d), the	same				
c	amount must be shown in column (a) )					
6	Enter the net total of each column as					
_	indicated below:  Corpus Add lines 3f, 4c, and 4e. Subtraction	ct line 5	232,055			
	Prior years' undistributed income Subtra		232,033	•		
U	line 4b from line 2b	101				
c	Enter the amount of prior years' undistrib	nuted		<del></del>		
Ŭ	income for which a notice of deficiency h					
	been issued, or on which the section 494					
	tax has been previously assessed	(5)				
d	Subtract line 6c from line 6b Taxable		***************************************			***************************************
_	amount - see instructions					
е	Undistributed income for 2017 Subtract	line		· · · · · · · · · · · · · · · · · · ·		
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2018 Subtract	lines				
	4d and 5 from line 1. This amount must I	be				
	distributed in 2019					0
7	Amounts treated as distributions out of c	orpus				
	to satisfy requirements imposed by secti	on				
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)					
8	Excess distributions carryover from 2013	3 not				
	applied on line 5 or line / (see instruction	ns)	24,242	. n , ,	manning testina	
9	Excess distributions carryover to 201	9.				
	Subtract lines 7 and 8 from line 6a		207,813			132 1 242 1
10	Analysis of line 9	1				
а	Excess from 2014	46,791				
b	Excess from 2015	53,516		,		
С	Excess from 2016	39,278				
d	Excess from 2017	44,479	' '			alle ta antin
е	Excess from 2018	23,749	, , _		1	<u> </u>

NOT APPLICABLE

Supplementary Information (continued) 3 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 status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid dunng the year TALMUDIC INSTITUTE C/O SB BERGER 55 MARINER MONSEY NY 10952 DONATION 13,962 CONGREGATION BIKUR CHOLIM 2365 PARK AVENUE DONATION BRIDGEPORT CT 06606 14,000 27,962 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
-	

orm 9	990-PF (201	(8) ANDREW &	MARGAI	RET ROSING	GER FO	<u>ADINUC</u>	T 06-14	<u>46387                                    </u>			Pag	ge <b>13</b>
Par		Information Regardants	arding Tra	ansfers To an	d Transa	actions	and Relation	ships Wit	h Noncha	aritable Ex	empt	ţ
1 (		inization directly or ind	rectly engar	re in any of the foll	owing with	any othe	r organization de	scribed			Yes	No
	-	01(c) (other than secti		•	-	-	=	00,1000				
	organization		011 00 1(0)(0)	organizations) or	50500011	027, TOIGH	ng to pontiou					į
	_		lation to a ne	mahasitahla ayansi		tion of						ĺ
		om the reporting found	ation to a no	nichantable exemp	organiza	uon oi				4-4		v
,	1) Cash									1a(1)		X
•	2) Other as									1a(2)		X
	Other transa											
	•	f assets to a noncharit	•	_						1b(1)		<u>X</u>
(	2) Purchas	ses of assets from a no	oncharitable	exempt organization	on					1b(2)		<u>X</u>
(	3) Rental o	of facilities, equipment,	or other ass	sets						1b(3)		X
(	<ol><li>Reimbu</li></ol>	rsement arrangements	<b>;</b>							1b(4)		X
(	5) Loans o	r Ioan guarantees								1b(5)		X
(	<ol><li>Perform</li></ol>	ance of services or me	embership or	r fundraising solici	tations					1b(6)		X
c S	Sharing of fa	acilities, equipment, m	ailing lists, o	ther assets, or pai	d employe	es				1c		X
d l	f the answe	er to any of the above i	s "Yes," com	plete the following	schedule	Column (	( <b>b)</b> should always	show the far	r market			
٧	alue of the	goods, other assets, o	or services gi	iven by the reportii	ng foundat	on If the	foundation receiv	ved less than	faır market			
V	alue in any	transaction or sharing	arrangemer	nt, show in column	(d) the va	lue of the	goods, other ass	ets, or servic	es_received			
(a)	Line no	(b) Amount involved	(c) Nami	e of noncharitable exemp	ot organization	3	(d) Description	n of transfers, tran	nsactions, and s	sharing arrangeme	nts	
I/A												
							-					
_	-											
					-							
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	<del>,_ ,,</del> -											
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-			<del></del>									
		-			<u> </u>							
22	c the found	ation directly or indirec	tly affiliated	with or related to	one or mo	re tay-ey	emnt organization					
		section 501(c) (other	-				smpt organization	10		□ ve	s X	No
		nplete the following sc		1 301(0)(3)) 01 111 30	CHOII JZ7						.3 [==	] 110
<u> </u>		a) Name of organization	ledule	(b) Type of o	raanization	· ·		(c) Descripti	on of relationsh			
N	/A	a) Name of organization		(b) Type or o	ngariizalion			(0) 20001174	- TO TEIGHOUSI	<u></u>		
7.4	<u>/ A</u>					-		-				—
										<del></del>		
						<del></del>						
	Lindor nos	naities of perjury, I declare th	at I have evanu	ned this setum, includin	a accompany	no schodule	e and statements an	d to the best of n	ny knowledge a	and helief it is true		
		nd complete Declaration of (										—
		4								e IRS discuss this re e preparer shown be		
ign	-	$\overline{}$	-			1	1			structions X		No
lere		478				.71	22/19	0555	~			
						L		OFFI	CER			
	Signa	ature of officer or trustee				Date		Title	<del></del>		,	
	Print/Ty	pe preparer's name			Preparers	signature	1 .			Date	Check	ıf
aid					/ /	1				7/17/15	self-em	nployed
		S M ALBER					W -				L	
repa	l Firm's r	name > ZIMM		IMMER, P.	$\leftarrow$				PTIN	P00058		
lse O	Firm's a				203 /				Firm's EIN	06-100		
		TRUM	BULL, C	CT 06611	$\setminus$ $\angle$				Phone no	203-26		
			··				<del></del>			Form 99	0-PF	(2018)

### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

C/O MEYERS BREINER & KENT LLP

ANDREW & MARGARET ROSINGER FOUNDAT

**Employer identification number** 

06-1446387

Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
General Rule					
<del></del>	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special Rules					
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line lat received from any one contributor, during the year, total contributions of the greater of (1) e 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 (entering) "N/A" in column (b) instead of the contributor name and address), II, and III					
contributor, during the contributions totaled m during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

PAGE 1 OF 1

Page 2

Name of organization

ANDREW & MARGARET ROSINGER FOUNDAT

Employer identification number 06-1446387

ANDR	EW & MARGARET ROSINGER FC	UNDAI		-1440367
Part I	Contributors (see instructions) Use	e duplicate copies o	f Part I if additional space is no	eeded
(a) No.	(b) Name, address, and ZIP +	- 4	(c) Total contributions	(d) Type of contribution
1	ANNIE BREINER 36 ASTORIA AVE	CT 06604	\$ 8,238	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	KATHERINE MULLER 1058 WOOD AVE BRIDGEPORT	CT 06604	\$ 8,238	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
			\$	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	- 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)		(C)	(d) Type of contribution
No.	Name, address, and ZIP 4	<u> </u>	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)

## 1-3

ROSINGERAM ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387 06-1446387

FYE: 12/31/2018

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

Adjusted Net Income	\$ 29,985 50	\$ 30,035
Net Investment Income	S	\$
Revenue per Books	\$ 29,985 50	\$ 30,035
Description	PASS-THROUGH ENTITIES PASS-THROUGH ENTITIES	TOTAL

# Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	sy.	\$
Adjusted Net	φ.	0
Net Investment	S.	\$
Total	1,595	1,595
	s	S.
Description	INDIRECT ACCOUNTING FEES	TOTAL

# Statement 3 - Form 990-PF, Part II, Line 13 - Other Investments

Beginning Oescription	INVESTMENTS IN RELATED PARTIES \$ 62,582	\$ 62,582
End of Year	\$ 63,074	\$ 63,074
Basis of Valuation		
Fair Market Value	\$ 63,074	\$, 63,074

## ROSINGERAM ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387

**Federal Statements** 

FYE: 12/31/2018

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

Description	E	Beginning of Year		End of Year	Fa	ir Market Value
DUE FROM RELATED PARTIES REFUNDABLE CT FLOW THROUGH TAX	\$	11,030	\$	25,548 1,927	\$	25,548 1,927
TOTAL	\$	11,030	\$	27,475	\$	27,475
Form 990-PF, Part XV, Line 1	b - Mana	gers Who O	wn 10	% or More S	Stock	
Name of Manager			_	Amount	_	
NONE			\$_		_	
TOTAL			\$_		0	
Description NOT APPLICABLE				_		
Form 990-PF, Part X	V, Line 2	2c - Submiss	ion De	eadlines		
Description						
NOT APPLICABLE				_		
Form 990-PF, Part XV, Line	e 2d - A\	ward Restric	tions	or Limitatio	<u>ns</u>	
Description				_		
NOT APPLICABLE						