2949133301117

SCANNED FEB 0 4 2021

Return of Private Foundation

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

OMB No 1545-0047

▶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	not enter social secu			•	•	
_			to www.irs.gov/For		tions and the	latest info	ormation.	Openito Public Inspection
_	ame of fou	dar year 2019 or tax year beginnin	ng ,	and ending		 		
		EW & MARGARET ROS	דאוכבים בטוואה	יחי ע		A Empl	oyer identification number	
_		ANDER BREINER	INGER FOOND	VI.		0.6	-1446387	
_		d street (or P O box number if mail is not delive	red to street address)		Room/suite	+	hone number (see instruction	ıs)
		BOX 321017	,			0 ,000	(000	-,
		, state or province, country, and ZIP or foreign	postal code			1		
	AIR	FIELD	CT 06825			C If exe	mption application is pending,	, check here
G	Check a	all that apply 🔲 Initial return	initial retu	irn of a former public	charity	D 1 Fc	reign organizations, check he	ere 🕨 📘
		Final return	Amended	return		2 Fc	reign organizations meeting (the
		X Address cha	ange 🔲 Name cha	ange		85	% test, check here and attack	h computation
Н	Check t	type of organization X Section 5	01(c)(3) exempt private	e foundation	M	E If priva	ate foundation status was terr	minated under
\prod		n 4947(a)(1) nonexempt charitable t	·—	le private foundation	M	sectio	n 507(b)(1)(A), check here	▶ [_]
(I F	air mar	rket value of all assets at J	Accounting method	X Cash A	ccrual	F If the	foundation is in a 60-month te	ermination
` 6	nd of ye	ear (from Part II, col. (c),	Other (specify)			under	section 507(b)(1)(B), check h	nere 🕨 🔝
1	ne 16) l	▶ \$ 101,774 (F	Part I, column (d), mus	t be on cash basis)				
於R	art I	🖁 Analysis of Revenue and Exper	nses (The total of	(a) Revenue and	(h) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not the amounts in column (a) (see instructions)		expenses per books		ome	income	purposes
	1	Contributions, gifts, grants, etc , receive	`	 				(cash basis only)
	2	Check ► X if the foundation is not					THE PARTY OF THE P	THE PROPERTY OF THE PARTY OF TH
	3	Interest on savings and temporary	•	23	7	237	AT THE MEN AND PROPERTY AND THE PARTY CO.	
	4	Dividends and interest from securi		10		108		
	5a	Gross rents			- 			
a,		Net rental income or (loss)	•			Chief Have H		THE PERSON OF TH
Revenue	6a	Net gain or (loss) from sale of assets not on line	: 10	20724		4 HARRIS 187		
	b	Gross sales price for all assets on line 6a				KERE		THE SHAPE
Se.	7	Capital gain net income (from Part	t IV, line 2)			0	以下内部部で移	经国际经验
	8	Net short-term capital gain		NAME OF STREET	整理局 監	MANES AS	200	MARKET STATES
	9	Income modifications	_		理問問題	140	2020 Q	
	10a	Gross sales less returns and allowances		经现代的产生	類制度更大	-	追尋別2回2年	· · · · · · · · · · · · · · · · · · ·
	b	Less Cost of goods sold				GDEN		
	С	Gross profit or (loss) (attach sched	dule)				7	WITCH STREET
	11	Other income (attach schedule)	STMT 1	39,62			39,628	CANAL SERVICE
	12	Total. Add lines 1 through 11		39,97		345	39,628	
S	13	Compensation of officers, directors	s, trustees, etc		0		·	
38	14	Other employee salaries and wage	es	ļ				
)er	15	Pension plans, employee benefits						
X	16a	Legal fees (attach schedule)	am en o	<u> </u>				
ē	þ	Accounting fees (attach schedule)		1,60	5			
詳	C	Other professional fees (attach schedule	e)	ļ				
štr	17	Interest	\	ļ	 			
n is	18	Taxes (attach schedule) (see instruction		 	 			
Ξ	19	Depreciation (attach schedule) and dep	letion					A COUNTY OF THE PARTY OF THE PA
Operating and Administrative Expens	20	Occupancy Travel conferences and meetings			+		<u></u>	
þ	21	Travel, conferences, and meetings	•	14	3			
ā	22	Printing and publications Other expenses (att sch)			``		<u>. </u>	
ing	24	Total operating and administrati	ivo eynencec	<u> </u>	 		<u>'</u>	
rati	2*	Add lines 13 through 23	ive expeliacs.	1,74	8	0	n	n
pel	25	Contributions, gifts, grants paid		27,00	2 dis 41 de 7 de 4100 de			27,000
Ö	26	Total expenses and disbursements.	. Add lines 24 and 25	28,74		0	. 0	27,000
_	27	Subtract line 26 from line 12	,	<u> </u>				
	a	Excess of revenue over expenses a	nd disbursements	11,22	5			
	b	Net investment income (if negati		ESTERNIS E		345		
_		Adjusted net income (if negative				學的主	39,628	THE STATE OF THE S

F	orm 99	0-PF (2019) ANDREW & MARGARET ROSINGER FO	OUN	DA			Page 2
T.	Rart	Balance Sheets Attached schedules and amounts in the description colur should be for end-of-year amounts only (See instruction	ımn		Beginning of year		of year
٦	1	Cash – non-interest-bearing			(a) Book Value	(b) Book Value	(c) Fair Market Value
	2	Savings and temporary cash investments			}		
	3	Accounts receivable					
1		Less allowance for doubtful accounts ▶			API THE SECTION REPORTED AND	ADDRIG S. F. S. ST. S. L. S.	
- 1	4	Pledges receivable ▶					
ł	•	Less allowance for doubtful accounts			LANGUAGE AND COMPANY OF THE PARTY OF THE PAR		PRINTED SERVICES
	5	Grants receivable					
ļ	6	Receivables due from officers, directors, trustees, and other					
	•	disqualified persons (attach schedule) (see					
		instructions)					
	7	Other notes and loans receivable (att. schedule)			THE THE PARTY OF		
	•	Less allowance for doubtful accounts ▶		0	The state of the s	Total Care State of the State o	PATRICAL CONTRACTOR SERVICES
S	8	Inventories for sale or use		-			
Assets	9	Prepaid expenses and deferred charges					
Asi	10a	Investments – U S and state government obligations (attach schedule)					-
	b	Investments – corporate stock (attach schedule)					
	c	Investments – corporate bonds (attach schedule)					
1	11	Investments – land, buildings, and equipment basis			CHARLES THE REAL PROPERTY OF THE PERSON OF T		
		Less accumulated depreciation (attach sch.)			CAL TO ATTENDED AND MINISTER	,	
	12	Investments - mortgage loans					
ļ	13	Investments – other (attach schedule) SEE STATEMENT	3		63,074	71,616	71,616
	14	Land, buildings, and equipment basis					计学工艺工艺
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ► SEE STATEMENT	4)	27,475	30,158	30,158
- [16	Total assets (to be completed by all filers – see the					
\perp		instructions Also, see page 1, item I)			90,549	101,774	101,774
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ies	19	Deferred revenue					
Ę	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
7	22	Other liabilities (describe ▶)		<u>-</u>	
\downarrow	23	Total liabilities (add lines 17 through 22)		T==1	0	0	
es		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	•	X			
일	24	Net assets without donor restrictions			90,549	101,774	
ब्र	25	Net assets with donor restrictions		<u>,</u>			
Net Assets or Fund Balance		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.	>	Ш	ļ		
리	26	Capital stock, trust principal, or current funds					
ō	27	Paid-in or capital surplus, or land, bldg , and equipment fund					
ets	28	Retained earnings, accumulated income, endowment, or other funds					
SS	29	Total net assets or fund balances (see instructions)			90,549	101,774	
7	30	Total liabilities and net assets/fund balances (see					
ž		instructions)			90,549	101,774	
	Part I	Analysis of Changes in Net Assets or Fund Balar	nces				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), II	ine 29	(mu	ist agree with		
	end-	of-year figure reported on prior year's return)				1_1_	90,549
2	Ente	r amount from Part I, line 27a				2_	11,225
3		r increases not included in line 2 (itemize)				3_	
4	Add	lines 1, 2, and 3				4	101,774
5		eases not included in line 2 (itemize) ▶				5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II	l, colu	mn ((b), line 29		101,774
							Form 990-PF (2019

	& MARGARET ROSINGE			06-1446387		Page 3
(a) List and descrit	and Losses for Tax on Investr be the kind(s) of property sold (for example, real estal warehouse, or common stock, 200 shs MLC Co)		<u>1e</u>	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A				D - Donation		
b						
c						
d						
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or on plus exper			Gain or (loss) us (f) minus (g))
_a		_				
<u>b</u>						
<u> </u>	 					
<u>d</u>	 					
Complete only for accets about	ing gain is column (b) and award by the	foundation or	12/21/6	0		
(i) FMV as of 12/31/69	ing gain in column (h) and owned by the (j) Adjusted basis as of 12/31/69	Touridation or	(k) Excess	of col (i)	col (k), but	Col (h) gain minus not less than -0-) or s (from col (h))
a				0/1 /		
b		 				
c						
d		 				
e						
2 Capital gain net income or (net	capital loss) If gain, also enter			2		
, -	oss) as defined in sections 1222(5) and 8, column (c) See instructions. If (loss)	(6)	ے ٦			
Part I, line 8	0, 200, (0, 200			3	-	
	Inder Section 4940(e) for Redu	iced Tax o	n Net I	nvestment Income)	
f "Yes," the foundation doesn't qua	ection 4942 tax on the distributable amoi lify under section 4940(e) Do not comp	lete this part				Yes X No
1 Enter the appropriate amount in	n each column for each year, see the ins	structions being	ne makin			(d)
Base period years Calendar year (or tax year beginning			Net value	(c) of noncharitable-use assets	(col	Distribution ratio (b) divided by col (c))
2018	2			84,29		0.331700 0.639301
2017		8,250		75,47 72,47		0.591904
2016		2,900 6,110		51,92		1.080597
2015		8,000		24,22		1.981261
2014		0,000		44,24	+	1.701201
2 Total of line 1, column (d)	E very bare named of mude the total of	n lino 2 by 5 0	or by		2	4.624763
_	e 5-year base period – divide the total or ition has been in existence if less than 5		, or by		3	0.924953
4 Enter the net value of nonchard	table-use assets for 2019 from Part X, li	ne 5			4	104,348
5 Multiply line 4 by line 3					5	96,517
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)				6	3
7 Add lines 5 and 6					7	96,520
8 Enter qualifying distributions fro					8	27,000
If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, line	1b, and compl	ete that p	part using a 1% tax rate	See the	
						Form 990-PF (2019)

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	990-PF (2019) ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387	<u>8 – s</u>	ee ins		² age 4
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	1		#2025 FEEE 125	7
	here ▶ ☐ and enter 1% of Part I, line 27b		K // Z		728
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	12.1			
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	L		0
3	Add lines 1 and 2	3	<u> </u>		7
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	<u> </u>		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	Stessocators	WATER TO TAKE BUT	7
6	Credits/Payments	建物	1	建金色型	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 9	3.4		all to the	
b	Exempt foreign organizations – tax withheld at source	335	A.		
C	Tax paid with application for extension of time to file (Form 8868) 6c	1	多		
d -	Backup withholding erroneously withheld 6d			ACTOR AS	
7	Total credits and payments Add lines 6a through 6d	7	 		<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	8	 		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			. 3
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded	10			
	HIVIEAS Statements Regarding Activities		Ŀ		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
10	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 the				
-	instructions for the definition			16	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			法学制集	362
	published or distributed by the foundation in connection with the activities			1.2	
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			企業	
	(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				
	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			张建 []	
	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?		NT / B	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	107
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 among the governing instrument so that no mandatory directions that				
	 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	TEMESTIC.
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 Pa	rt XV		7 X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions				100
Ou.	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 <i>General Instruction G</i> ? 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				展發
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"				1
	complete Part XIV			9	$L^{\mathbf{x}}V$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses			10	<u>x</u>
				QQN_DI	= (2040)

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 2019?

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<i></i> P2	rt VII-B Statements Regardi	ng Activities for Which Form	<u> 4720 May Be F</u>	Required (con	tınued)	Inc. isome
5a	During the year did the foundation pay or	incur any amount to				Yes No
	(1) Carry on propaganda, or otherwise at	ttempt to influence legislation (section	1 4945(e))?		Yes 🗓 No	
	(2) Influence the outcome of any specific	public election (see section 4955), o	r to carry on,		_	
	directly or indirectly, any voter registr	ation drive?			Yes X No	
	(3) Provide a grant to an individual for tra	ivel, study, or other similar purposes?	>		Yes 🗓 No	
	(4) Provide a grant to an organization of	ner than a charitable, etc , organizatio	n described in			是 医 医
	section 4945(d)(4)(A)? See instructio	ns			Yes 🔀 No	
	(5) Provide for any purpose other than re-	ligious, charitable, scientific, literary,	or educational			
	purposes, or for the prevention of cru	elty to children or animals?			Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did ar	ny of the transactions fail to qualify un	der the exceptions d	lescribed		
	ın Regulations section 53 4945 or in a cu	rrent notice regarding disaster assista	ince? See instruction	ns	N/A	5b
	Organizations relying on a current notice	regarding disaster assistance, check	here		▶ []	
C	If the answer is "Yes" to question 5a(4), d	oes the foundation claim exemption f	rom the tax		_	
	because it maintained expenditure respon	nsibility for the grant?		N/A 📗	Yes 🗌 No	
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)				
6a	Did the foundation, during the year, received	ve any funds, directly or indirectly, to	pay premiums	_		
	on a personal benefit contract?				Yes 🗓 No	
þ	Did the foundation, during the year, pay p	remiums, directly or indirectly, on a p	ersonal benefit conti	ract?		6b X
	If "Yes" to 6b, file Form 8870					STEEL SEE
7a	At any time during the tax year, was the f	oundation a party to a prohibited tax s	shelter transaction?		Yes 🛚 X No	
þ	If "Yes," did the foundation receive any pr	oceeds or have any net income attrib	utable to the transac	ction?	N/A	7b
8	Is the foundation subject to the section 49	960 tax on payment(s) of more than \$	1,000,000 in		==	
	remuneration or excess parachute payme				Yes X No	源学院表 李晓
Pa	rt VIII Information About Off	icers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employe	ees,
	and Contractors					
1 L	ist all officers, directors, trustees, and t	oundation managers and their con	npensation. See ins	structions.		
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and ac	dress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	other allowances
					compensation	
AL	EXANDER BREINER	BRIDGEPORT	OFFICER	}]
	5 CLEVELAND AVE	CT 06604	0.00		·	
	EXANDER MULLER	BROOKLYN	TRUSTEE/DIRE	1	_	}
11	78 EAST 32 ND ST	NY 11210	0.00	<u> </u>	0	0
				1	1	1
					 	
]		[
		 		4 4 2 2 2		<u> </u>
2	Compensation of five highest-paid em "NONE."	ployees (other than those included	on line 1 – see ins	tructions). If nor	ie, enter	
	"NONE,"				(a) Contributions to	
	(a) Name and address of each analysis a		(b) Title, and average hours per week	(a) Componentian	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address of each employee p	aid more (nan \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other allowances
			 		compensation	
NO	NE					-
					 	
			· ·	 	 	
				1		1
			+	 	 	
				1	1	1
			+	-	 	
				(1	1
Total	number of other employees and ever 650	2,000		<u></u>		0
Total	number of other employees paid over \$50	7,000				990-PF (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation	ion Managers, Highly Paid E	mployees,	
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructi	ions If none enter "NONE "		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	
NONE	(b) Type of Service	(c) Com	pensation
Total number of others receiving over \$50,000 for professional services		>	
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expens	es
1 N/A			
2			
	•		
3			
4			
Describe the two largest program-related investments (see instruction during the tax year on lines 1 and 2	ons)	Amoun	
1 N/A		Amoun	<u>. </u>
2			
All other program-related investments. See instructions			
3			
Total. Add lines 1 through 3	· >	ļ	
		Form 990)-PF (2019)

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					-
	200		=		•
Form	990	۱-۲	۱	2019	}

27.

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3b

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3

Amounts set aside for specific charitable projects that satisfy the

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

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

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

						ROSINGERA
Eorn	n 990-PF (2019) ANDREW & MAI	ממששת המפדו	TOPP POINTS	т 06-14463	07	5. (
	Int XIII Undistributed Income			1 00-14463	01	Page 9
PET I	THE CHAISTING TO THE COME	(See mandenons		(b)	(a)	140
1	Distributable amount for 2019 from Part	ΧI	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	line 7	· · · · ·				5,210
2	Undistributed income, if any, as of the er	nd of 2019			The second of th	
а	Enter amount for 2018 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to					
а	From 2014	46,791				
b	From 2015	53,516				
С	From 2016	39,278				
d	From 2017	44,479				
е	From 2018	23,749				
f	Total of lines 3a through e		207,813			
4	Qualifying distributions for 2019 from Pa	rt XII,				
	line 4 ▶ \$ 27,000					
а	Applied to 2018, but not more than line 2	la .			COMMONWED TO COST IN IN THE COMMON COST IN COS	
þ	Applied to undistributed income of prior y	/ears				
	(Election required – see instructions)			are the restricted from the restrict		
С	Treated as distributions out of corpus (El	ection				
	required – see instructions)		Managery Compared Managers	AND COMPANY TO SELECT	and the second s	
	Applied to 2019 distributable amount		A THE CONTRACT			5,210
_	Remaining amount distributed out of corp		21,790			HANNING MARKET
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))			THE SHEET SHEET SHEET		
6	Enter the net total of each column as indicated below:					
_	Corpus Add lines 3f, 4c, and 4e Subtrac	ot line 5	229,603			
	Prior years' undistributed income Subtra	i		Language and Application of State St		
U	line 4b from line 2b					
c	Enter the amount of prior years' undistrib	outed	THE CHAPTER OF			THE PLANT OF SHIP
·	income for which a notice of deficiency h					
	been issued, or on which the section 494					
	tax has been previously assessed	()				
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2018 Subtract	line				
	4a from line 2a Taxable amount - see					
-	instructions					
f	Undistributed income for 2019 Subtract	lines				
	4d and 5 from line 1. This amount must l	be				
	distributed in 2020					0
7	Amounts treated as distributions out of o					
	to satisfy requirements imposed by secti					
	170(b)(1)(F) or 4942(g)(3) (Election may	be	 -			
_	required—see instructions)			THE RESERVE THE PERSON OF THE		
8	Excess distributions carryover from 2014		46 701			
_	applied on line 5 or line 7 (see instruction		46,791	THE STATE OF THE S	STATE OF THE STATE	
9	Excess distributions carryover to 202	U.	100 010			
40	Subtract lines 7 and 8 from line 6a		182,812	为他们的影响和通过主动。 2015年		THE STATE OF THE S
10	Analysis of line 9	52 E16				
a	Excess from 2015 Excess from 2016	53,516 39,278				
0	Excess from 2017	44,479				
, c	Excess from 2018	23,749				
e	Excess from 2019	21,790				

Form 990-PF (2019) ANDREW & MARGARET ROSINGER FOUNDAT Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CONGREGATION BIKUR CHOLIM 2365 PARK AVENUE BRIDGEPORT CT 06606 DONATION 27,000 27,000 ▶ 3a Total b Approved for future payment N/A **▶** 3b

Total

Part XVI-A						
Enter gross amo	ounts unless otherwise indicated	Unrelate (a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program se	NICE TEVENUE	Business code	Amount	code	Amount	(See instructions)
=		\- <u>-</u>				
b		-		+		
~				 -		,
d		-		+		
		-		+-		
f				 		
g Fees an	d contracts from government agencies	_				
	dues and assessments					
	savings and temporary cash investments	f				237
	nd interest from securities			 		108
	come or (loss) from real estate	HE SHIPPING	A STATE OF THE PROPERTY.	W. 48		
	anced property				110 2 6 12	33.5.0
	t-financed property			 	·· -	
	come or (loss) from personal property			 		
7 Other invest				 		
	s) from sales of assets other than inventory			-		
-	or (loss) from special events				<u>-</u>	
	or (loss) from sales of inventory			 		
11 Other revenu			_		-	
	AL REAL ESTATE INCOME -					
c PA	SS-THROUGH ENTITIES					39,628
d						
е						
O Cultabal Ad	d columns (b), (d), and (e)	化基础) 透透さ	0	39,973
IZ Subtotal Ad	a columna (b), (a), and (e)	C				
	ne 12, columns (b), (d), and (e)	5 - 2 CF - 287 5/-1			13 _	39,973
13 Total. Add li		[S w Co. was some]			13	39,973
13 Total. Add li	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)			urpose		39,973
13 Total. Add li See worksheet	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which income	Accomplishment of the second o	ent of Exempt P	-A contrib	s outed importantly to the	•
I3 Total. Add li See worksheet EPart∮XVI∮B Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the	Accomplishment of the second o	ent of Exempt P	-A contrib	s outed importantly to the	•
I3 Total. Add li See worksheet Part XVISB Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which income	Accomplishment of the second o	ent of Exempt P	-A contrib	s outed importantly to the	•
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PTIN

Firm's EIN ▶

Phone no

Check

Paid

Preparer

Use Only

Print/Type preparer's name

JAMES M ALBER

Firm's name ▶

Firm's address

ZIMMER & ZIMMER

TRUMBULL, CT

2 CORPORATE DR STE

0661

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

FYE: 12/31/2019

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

Adjusted Net Income \$ 39,628	Charitable Purpose	Fair Market Value
Net Investment Income	ng Fees Adjusted Net	stments Basis of Valuation
Revenue per Books \$ 39,628	Form 990-PF, Part I, Line 16b - Accounting Fees Net Total 1, 605 2 S S S S S S S S S S S S	
	Total	nt 3 - Form 990-PF, Par Beginning of Year
Description PASS-THROUGH ENTITIES TOTAL	Statement 2 - F Description INDIRECT ACCOUNTING FEES	Stateme Description INVESTMENTS IN RELATED PARTIES

71,616

71,616

63,074

TOTAL

ROSINGERAM ANDREW & MARGARET ROSINGER FOUNDAT 06-1446387 Federal Statements

FYE: 12/31/2019

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

Description		Beginning of Year		End of Year	Fair Market Value	
DUE FROM RELATED PARTIES REFUNDABLE CT FLOW THROUGH TAX	\$	25,548 1,927	\$	25,579 4,579	\$	25,579 4,579
TOTAL	\$	27,475	\$	30,158	\$	30,158
Form 990-PF, Part XV, Line 1b	- Mana	gers Who O	wn 10	% or More S	Stock	,
Name of Manager				Amount		•
NONE			\$ <u></u>			
TOTAL			\$_		0	
Form 990-PF, Part XV, Line 2b -	Applica	ation Format	and F	Required Co	ntents	<u> </u>
Description				_		
NOT APPLICABLE				-		
Form 990-PF, Part XV	, Line 2	c - Submiss	ion De	adlines		
Description						
NOT APPLICABLE			<u> </u>	1		
Form 990-PF, Part XV, Line	2d - Av	vard Restric	tions o	r Limitatio	n <u>s</u>	
Description				_		,

NOT APPLICABLE