

**Return of Private Foundation**

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

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

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>		<b>A Employer identification number</b> <b>15-0572881</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>100 CLINTON SQ, 126 N SALINA ST</b>	Room/suite	<b>B Telephone number</b> <b>315-474-2489</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13202</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>20,305,414.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	191,394.		N/A	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	193,485.	193,485.		STATEMENT 1
	<b>4</b> Dividends and interest from securities .....	237,423.	237,423.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	1,226,072.			
	<b>b</b> Gross sales price for all assets on line 6a .....	9,718,760.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		1,226,072.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	1,848,374.	1,656,980.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	103,846.	72,692.		48,978.
	<b>14</b> Other employee salaries and wages .....	155,533.	0.		163,774.
	<b>15</b> Pension plans, employee benefits .....	66,858.	0.		68,170.
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....	STMT 3 35,291.	0.		34,921.
	<b>c</b> Other professional fees .....	STMT 4 54,913.	47,312.		13,401.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	STMT 5 22,763.	7,634.		15,129.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....	58,863.	0.		59,460.
	<b>21</b> Travel, conferences, and meetings .....	9,964.	0.		13,575.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	STMT 6 294,672.	12,694.		261,175.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	802,703.	140,332.		678,583.
	<b>25</b> Contributions, gifts, grants paid .....	459,596.			396,504.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	1,262,299.	140,332.		1,075,087.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements .....	586,075.				
<b>b Net investment income</b> (if negative, enter -0-) .....		1,516,648.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Taxpayer identification number

**15-0572881**

Name and title of officer or person subject to tax

**SHEENA SOLOMON  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a Form 990</b> check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a Form 990-PF</b> check here <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>21,081.</u>
<b>5a Form 8868</b> check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a Form 990-T</b> check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a Form 4720</b> check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BONADIO & CO., LLP** to enter my PIN **02459**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax

*Sheena Solomon*

Date **10/25/21**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16605213204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers to Business Returns.

ERO's signature

*Michelle Mundy*

Date **10/27/2021**

14420AD0F23E444...

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Taxpayer identification number (TIN) <b>15-0572881</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 CLINTON SQ, 126 N SALINA ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SYRACUSE, NY 13202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN LORENCE - 100 CLINTON SQUARE, 126 N. SALINA**

- The books are in the care of ▶ **STREET, 3RD FLOOR - SYRACUSE, NY 13202**  
Telephone No. ▶ **315-474-2489** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>3,171.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Form 990-PF (2020)

15-0572881

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	89,929.	40,398.	40,398.
	2 Savings and temporary cash investments .....		413,770.	413,770.
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....	40,022.	24,146.	24,146.
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable .....	100,000.		
	Less: allowance for doubtful accounts ▶ .....	0.	100,000.	100,000.
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	9,086.	7,082.	7,082.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....	STMT 7 4,344,172.	2,689,430.	2,689,430.
	c Investments - corporate bonds .....	STMT 8 4,125,182.	4,603,133.	4,603,133.
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other .....	STMT 9 11,706,502.	12,427,455.	12,427,455.	
14 Land, buildings, and equipment: basis ▶ .....	138,621.			
Less: accumulated depreciation .....	STMT 10 ▶ 138,621.			
15 Other assets (describe ▶ .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	20,414,893.	20,305,414.	20,305,414.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	149,175.	108,692.	
	18 Grants payable .....	49,565.	112,657.	
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <b>DEFERRED FEDERAL E</b> ) .....	45,011.	61,382.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	243,751.	282,731.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> .....	<input checked="" type="checkbox"/>		
	<b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	15,087,142.	14,938,683.	
	25 Net assets with donor restrictions .....	5,084,000.	5,084,000.	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ .....	<input type="checkbox"/>		
	<b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
28 Retained earnings, accumulated income, endowment, or other funds .....				
29 <b>Total net assets or fund balances</b> .....	20,171,142.	20,022,683.		
30 <b>Total liabilities and net assets/fund balances</b> .....	20,414,893.	20,305,414.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	20,171,142.
2 Enter amount from Part I, line 27a .....	2	586,075.
3 Other increases not included in line 2 (itemize) ▶ .....	3	0.
4 Add lines 1, 2, and 3 .....	4	20,757,217.
5 Decreases not included in line 2 (itemize) ▶ <b>NET UNREALIZED LOSS ON INVESTMENTS</b> .....	5	734,534.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	20,022,683.

Form 990-PF (2020)

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Form 990-PF (2020)

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICALLY TRADED SECURITIES</b>	<b>P</b>		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 9,718,760.		8,492,688.	1,226,072.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			1,226,072.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em;">}</span> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	<b>2</b>	1,226,072.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
<b>2</b> Reserved .....				<b>2</b>
<b>3</b> Reserved .....				<b>3</b>
<b>4</b> Reserved .....				<b>4</b>
<b>5</b> Reserved .....				<b>5</b>
<b>6</b> Reserved .....				<b>6</b>
<b>7</b> Reserved .....				<b>7</b>
<b>8</b> Reserved .....				<b>8</b>

Form 990-PF (2020)

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	21,081.
c All other domestic foundations enter 1.39% 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-)		2	0.
3 Add lines 1 and 2		3	21,081.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	21,081.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	26,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	26,000.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	23.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	4,896.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>4,896.</b> <b>Refunded</b> <input type="checkbox"/>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
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.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NY</u>		
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	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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.GIFFORDFOUNDATION.ORG	X	
14 The books are in care of ► JOHN LORENCE Telephone no. ► 315-474-2489 Located at ► 100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR ZIP+4 ► 13202		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b 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 2020?		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
Organizations relying on a current notice regarding disaster assistance, check here	<input checked="" type="checkbox"/>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
If "Yes" to 6b, file Form 8870.		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHEENA SOLOMON - 100 CLINTON SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	EXEC. DIRECTOR 40.00	103,846.	10,385.	0.
LINDSAY MCCLUNG - 100 CLINTON SQUARE, 126 N. SALINA STREET,	DIRECTOR OF GRANT MAKING 40.00	82,655.	8,265.	0.

**Total** number of other employees paid over \$50,000 0



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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. 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 ▶ 0

**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 as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL ORGANIZATIONS TO SUPPORT IMPROVEMENT PROJECTS.	165,556.
2 SUPPORTING ORGANIZATIONS & COMMUNITY EVENTS, SPONSORSHIPS - TO SUPPORT LOCAL ORGANIZATIONS WITHIN THE COMMUNITY TO CONTINUE THEIR MISSION.	189,975.
3	
SEE STATEMENT 13	40,973.
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3 <span style="float: right;">▶</span>	0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	18,954,278.
b	Average of monthly cash balances .....	1b	162,820.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	19,117,098.
e	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	19,117,098.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	286,756.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	18,830,342.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	941,517.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	941,517.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	21,081.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	21,081.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	920,436.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	920,436.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	920,436.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,075,087.
b	Program-related investments - total from Part IX-B .....	1b	0.
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:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	1,075,087.
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 .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	1,075,087.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				920,436.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....	434,932.			
<b>b</b> From 2016 .....	289,720.			
<b>c</b> From 2017 .....	265,690.			
<b>d</b> From 2018 .....	589,675.			
<b>e</b> From 2019 .....	329,410.			
<b>f</b> Total of lines 3a through e .....	1,909,427.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,075,087.				
<b>a</b> Applied to 2019, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2020 distributable amount .....				920,436.
<b>e</b> Remaining amount distributed out of corpus	154,651.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	2,064,078.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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 .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....	434,932.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	1,629,146.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ...	289,720.			
<b>b</b> Excess from 2017 ...	265,690.			
<b>c</b> Excess from 2018 ...	589,675.			
<b>d</b> Excess from 2019 ...	329,410.			
<b>e</b> Excess from 2020 ...	154,651.			

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**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶ \_\_\_\_\_

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	Prior 3 years		
			(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**SHEENA SOLOMON, THE ROSAMOND GIFFORD CHARITABLE CORP., 315-474-2489**  
**100 CLINTON SQUARE 3RD FLOOR, SYRACUSE, NY 13202**

**b** The form in which applications should be submitted and information and materials they should include:  
**MINIMUM INFORMATION SHEET PROVIDED BY THE CORPORATION.**

**c** Any submission deadlines:  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
 NO RESTRICTIONS.

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**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
100 BLACK MEN 2610 S SALINA ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	500.
ACCESS CNY - GOLF TOURNAMENT 1603 COURT ST SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	900.
ADVANS 6 - (3RD YEAR CARRYOVER) 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	3,907.
ALCHEMICAL NURSERY - GARDEN PROJECT - RAISED BEDS FOR WESTSIDE FAMILIES 717 OTISCO ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	1,800.
ARTHOUSE ALLIANCE - PROGRAM SUPPLIES FOR SALON SERIES 210 GREEN ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>396,503.</b>
<b>b Approved for future payment</b>				
ADVANS 6 - (3RD YEAR CARRYOVER) 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	5,857.
EMBRACING DISRUPTION - RESILIENCE AMIDST A CHANGING ENVIRONMENT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	85,000.
GIFFORD - CAPACITY BUILDING PROGRAM - POWER 3 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	8,502.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>112,657.</b>

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Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
BELLEGROVE CHURCH - HALLOWEEN EVENT 219 DOCTOR M.L.K. W SYRACUSE, NY 13025	NONE	EXEMPT	PUBLIC SUPPORT	81.
BELLEGROVE MISSIONARY BAPTISIT CHURCH - FOOD PANTRY 219 DOCTOR M.L.K. W SYRACUSE, NY 13025	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
BELLEGROVE MISSIONARY BAPTISIT CHURCH - WOMENS PROGRAM 219 DOCTOR M.L.K. W SYRACUSE, NY 13025	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
BOYS & GIRLS CLUB - ONCE UPON A STAR LLC - YOUTH ADVOCACY PROGRAM 212 VAN BUREN ST. SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,500.
CATHOLIC CHARITIES 527 N SALINA ST SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	390.
CENTER FOR HOPE INT'L - OCT 17TH SPONSOR MINORITIES & WOMEN BUSINESS CONF. 1211 40TH AVE LONG ISLAND CITY, NY 11101	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
CEO - FULTON BLOCK BUILDERS - SUMMER 2020 PROJECTS FULTON BLOCK BUILDERS FULTON, NY 13069	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
CHADWICK RESIDENCE - TECHNOLOGY UPGRADES 335 VALLEY DR SYRACUSE, NY 13207	NONE	EXEMPT	PUBLIC SUPPORT	8,000.
CNY ARTS - COVID 19 IMPACT FUND 421 MONTGOMERY ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	10,000.
CNY ARTS FOUNDATION - SUPPORT 421 MONTGOMERY ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
<b>Total from continuation sheets</b>				<b>388,396.</b>



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**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CNY ARTS OF FULTON - ART HOUSE THEATRE EXPANSION 121 CAYUGA ST FULTON, NY 13069	NONE	EXEMPT	PUBLIC SUPPORT	4,800.
CONGOLESE WOMEN OF VISION, INTEGRITY & ACTION- COVID 19 SAFETY PROJECT 114 DELONG AVENUE SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
DAVID'S REFUGE - ONECAUSE INTEGRATION AND HARRISON ASSESSMENT STAFF 8195 CAZENOVIA RD MANLIUS, NY 13104	NONE	EXEMPT	PUBLIC SUPPORT	3,600.
DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104	NONE	EXEMPT	PUBLIC SUPPORT	500.
DESTINY CHRISTIAN CHURCH ASSEMBLY OF GOD - CENTRAL AFRICAN YOUTH PROGRAM 514 TURTLE ST SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	4,000.
DETERMINATION CENTER - STOCKING STUFFERS FOR YOUTH 1640 SOUTH AVE SYRACUSE, NY 13207	NONE	EXEMPT	PUBLIC SUPPORT	156.
DUNBAR ASSOCIATION - ANNUAL FUNDRAISER 1453 S STATE ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
EMBRACING DISRUPTION - RESILIENCE AMIDST A CHANGING ENVIRONMENT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
EVERSON MUSEUM OF ART - TECHNOLOGY SUPPORT FOR VIRTUAL PROGRAMMING 401 HARRISON ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	15,500.
FOCUS GREATER SYRACUSE - WISDOM KEEPER 2020 SPONSOR 201 E WASHINGTON ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	500.
<b>Total from continuation sheets</b>				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS OF CENTRAL LIBRARY - COMMUNITY WIDE DIALOGUE ON ANTIRACISM 447 S SALINA ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
FUNDERS NETWORK FOR SMART GROWTH- PLACES LEADERSHIP FELLOWSHIP 6705 SW 57TH AVENUE CORAL GABLES, FL 33143	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
GIFFORD - DIGITAL COLLABERATION TRAINING 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	12,656.
GIFFORD ADVANS EVALUATION - 8 BRIDGES WORKSHOP 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	10,000.
GIFFORD ADVANS EVALUATION DESIGN COST 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
GIFFORD ASSESSMENT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,600.
GIFFORD HOLIDAY GRANTS BY BOARDMEMBERS 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	500.
GOOD LIFE YOUTH FOUNDATION - RHYTHM CREATES 2610 S SALINA ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	1,800.
GOOD LIFE YOUTH FOUNDATION 2610 S SALINA ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	500.
GWEN INC.- YOU CANT FAIL 27 THORNTON AVENUE AUBURN, NY 13021	NONE	EXEMPT	PUBLIC SUPPORT	500.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOME HEADQUARTERS - 2020 BLITZ EVENT 9/11/20 538 ERIE BLVD W SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	2,000.
HUNTINGTON FAMILY CENTER 405 GIFFORD ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
IN MY FATHERS KITCHEN 501 HAWLEY AVE SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
INTERFAITH WORKS OF CNY - HERITAGE EDUCATION CENTER ACTION GROUP 1010 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
INTERFAITH WORKS OF CNY - ONECAUSE INTEGRATION AND HARRISON ASSESSMENT 1010 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
INTERFAITH WORKS OF CNY 1010 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	350.
JEWISH HOME OF CNY - DEMENTIA FRIENDLY CNY ELDER SHELTER 4101 EAST GENESEE ST SYRACUSE, NY 13214	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
JUBILEE HOMES - AUG 5TH FUNDRAISER FOR FARM EDUCATION PAVILION 119 SOUTH AVE SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
JUBILEE HOMES - I KNOW I CAN RADIO 119 SOUTH AVE SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
JUBILEE HOMES OF SYR.- SW SHOWCASE SUNDAY-ASSIST WITH EXPENSES 119 SOUTH AVE SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	750.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LEADERSHIP OF GREATER SYR 5703 ENTERPRISE PKWY EAST SYRACUSE, NY 13057	NONE	EXEMPT	PUBLIC SUPPORT	600.
LEAGUE OF WOMEN VOTERS - GET OUT THE VOTE 2020 P.O. BOX 11862 SYRACUSE, NY 13218	NONE	EXEMPT	PUBLIC SUPPORT	4,800.
LEGAL SERVICES OF CNY - ANNUAL FUNDRAISER - GAME NIGHT TEAM REGIST 221 S WARREN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	500.
MATTHEW 25 FARM - EQUIPMENT TO MAINTAIN FARM 919 MECHANIC ST TULLY, NY 13159	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
MOST FOUNDATION - 9/17 20TH ANNUAL SAVORING 500 S FRANKLIN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	3,000.
MOST FOUNDATION - TAP INTO THE MOST -ADVERTISEMENT, 500 S FRANKLIN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
MOST FOUNDATION 500 S FRANKLIN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
NATIONAL ACTION NETWORK - MLK MARCH ON WASH DC 106 W. 145TH STREET HARLEM, NY 10039	NONE	EXEMPT	PUBLIC SUPPORT	1,800.
NEAR WESTSIDE INITIATIVE - IN MEMORY OF MARY ALICE SMOTHERS 115 OTISCO ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
NEW AMERICAN INTEGRATION COALITION TRUST-BREAKING BARRIERS TO EMPLOYMENT 873 DEWITT ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
NEW SCHOOL OF SYR.- SW COMMUNITY CTR 401 SOUTH AVE SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	500.
NORTHSIDE LEARNING - SPONSOR 10TH ANNUAL FUNDRAISER 501 PARK ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
NORTHSIDE LEARNING 501 PARK ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	204.
NORTHSTARS SOCCER CLUB - COVID HARDSHIP COST FOR JAN TOURNAMENT PO BOX 72 NORTH SYRACUSE, NY 13212	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
NOURISHING TOMORROW'S LEADERS - SUPPORT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	8,269.
NY CIVIL LIBERTIES UNION FOUNDATION - PROMOTING EQUITY & INCLUSIVITY IN SYR 753 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
ONEIDA AREA DAYCARE CENTER 447 SAYLES ST ONEIDA, NY 13421	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
ONONDAGA COMMUNITY COLLEGE FOUNDATION - COMMUNITY CARE HUB 4585 W SENECA TURNPIKE SYRACUSE, NY 13215	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
ONONDAGA EARTH CORPS - ENCORE 2020 11/4 FUNDRAISER 100 NEW ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	1,500.
OPHELIA'S PLACE 407 TULIP ST LIVERPOOL, NY 13088	NONE	EXEMPT	PUBLIC SUPPORT	7,000.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OTHER 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	10,852.
PEOPLES AME ZION CHURCH - 4 WEEK SUMMER EDUC PROGRAM 2306 S SALINA ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	10,000.
PGR FOUNDATION 100 EAST AVE ROCHESTER, NY 14604	NONE	EXEMPT	PUBLIC SUPPORT	500.
PGR FOUNDATION - EMPOWERING YOUTH AND WOMEN LUNCHEON 100 EAST AVE ROCHESTER, NY 14604	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
RED HOUSE ARTS CENTER - TECHNOLOGY FOR VIRTUAL AND CONTENT DELIVERY 400 S SALINA ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	20,000.
RESCUE MISSION - RECEPTION AREA ARMORED GLASS 155 GIFFORD ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,000.
RISE ABOVE POVERTY - FALL 2020 READING PROGRAM 600 W GENESEE ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	3,000.
RISE ABOVE POVERTY 600 W GENESEE ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	500.
SALVATION ARMY SYR SERVICES - CLIENT ASSISTANCE FOR TRINITY PROGRAM 749 S WARREN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	500.
SALVATION ARMY SYR SERVICES - CLIENT ASSISTANCE FOR TRINITY PROGRAM 749 S WARREN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	500.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAMARITAN CENTER - 9/30 DRIVE IN FUNDRAISER 215 N STATE ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	1,166.
SAMARITAN CENTER 215 N STATE ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
SARAH' GUEST HOUSE 100 ROBERTS AVE SYRACUSE, NY 13027	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
SCSD - ADOPT A SENIOR PROGRAM 725 HARRISON STREET SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	3,140.
SCSD EDUCATIONAL FOUNDATION 725 HARRISON STREET SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	500.
SLEEP IN HEAVENLY PEACE NY-SYR - SUPPORT TO BUILD MORE BEDS 519 BROWN AVE SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
SOUTHSIDE INTERFAITH CDC - COVID RESPONSE - REPLACE STOLEN GOODS 500 W NEWELL ST SYRACUSE, NY 13025	NONE	EXEMPT	PUBLIC SUPPORT	2,000.
STRATEGIC RESOURCES MANAGEMENT - FINANCIAL EMPOWERMENT SUMMIT 5100 POPLAR AVE MEMPHIS, TN 38137	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
SYMPHORIA 234 HARRISON ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,100.
SYRACUSE CENTER FOR PEACE & JUSTICE - BOARD DEVELOPMENT CONSULTANT 2013 E GENESEE ST SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	1,200.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SYRACUSE COMMUNITY CONNECTIONS - DIRECTIONS PROGRAM 425 SOUTH AVE SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	3,000.
SYRACUSE MODEL NEIGHBORHOOD FACILITY - SW COMMUNITY CTR-FATHERHOOD PROGRAM 1721 S SALINA ST SYRACUSE, NY 13205	NONE	EXEMPT	PUBLIC SUPPORT	500.
SYRACUSE NORTHEAST COMMUNITY CENTER 716 HAWLEY AVE SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
SYRACUSE POSTER PROJECT - CIVIC ART FOR SYRACUSE COMMUNITIES 201 E. JEFFERSON ST. SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,870.
SYRACUSE STAGE - 2020-21 SUBSCRIPTION 820 E GENESEE ST SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	584.
SYRACUSE STAGE - COVID SUPPORT DURING SHUTDOWN 820 E GENESEE ST SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
SYRACUSE STAGE - TICKETS FOR BEAUTY AND THE BEAST 820 E GENESEE ST SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	520.
SYRACUSE STAGE 820 E GENESEE ST SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
THE HAVEN AT SKANDA - EMERGENCY CHILD CARE 4000 MOSLEY RD CAZENOVIA, NY 13035	NONE	EXEMPT	PUBLIC SUPPORT	2,000.
THE PROMISE LAND CHURCH - THE COVERED PROJECT 100 EISENHOWER AVE EAST SYRACUSE, NY 13057	NONE	EXEMPT	PUBLIC SUPPORT	600.
<b>Total from continuation sheets</b>				



THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TINY HOME FOR GOOD - PURCHASE NEW BUILDING 1222 SOUTH AVENUE SYRACUSE, NY 13207	NONE	EXEMPT	PUBLIC SUPPORT	10,000.
UNITED WAY - WORKTRAIN YEAR 2 980 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
VERA HOUSE - TELECOMMUNICATIONS SUPPORT FOR CLIENTS 723 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	3,000.
VOLUNTEER LAWYERS PROJECT - 2020 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	3,700.
VOLUNTEER LAWYERS PROJECT OF ONON CO.- CASINO NIGHT FUNDRAISER 221 S WARREN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	1,300.
VOLUNTEER LAWYERS PROJECT OF ONON.CO. 221 S WARREN ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
WESTCOTT COMMUNITY CENTER 826 EUCLID AVE SYRACUSE, NY 13210	NONE	EXEMPT	PUBLIC SUPPORT	1,000.
WHOLE ME INC. 1010 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	3,808.
WOMEN'S OPPORTUNITY CENTER - JOB READINESS PROGRAM 28 ELWOOD DAVIS RD 290 SUITE LIVERPOOL, NY 13088	NONE	EXEMPT	PUBLIC SUPPORT	2,500.
YESHUA RESTORATION MINISTRIES - LONOS WALKS 1022 N TOWNSEND ST SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	4,700.
<b>Total from continuation sheets</b>				

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YMCA OF GREATER SYRACUSE - UNRESTRICTED INTEREST WRITING WORKSHOP 340 MONTGOMERY ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	9,000.
<b>Total from continuation sheets</b> .....				

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THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GIFFORD - DIGITAL COLLABORATION TRAINING 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	4,219.
OTHER 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	9,079.
<b>Total from continuation sheets</b> .....				13,298.

Name **THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Employer identification number  
**15-0572881**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	21,081.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	21,081.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	25,937.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	21,081.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	9	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	5,270.	5,271.	5,270.	5,270.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11	10,371.			15,629.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		5,101.		
13 Add lines 11 and 12 .....	13		5,101.		15,629.
14 Add amounts on lines 16 and 17 of the preceding column .....	14			170.	5,440.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	10,371.	5,101.	0.	10,189.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	170.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17		170.	5,270.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18	5,101.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>23.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Identifying Number <b>15-0572881</b>
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/20	5,270.	5,270.			
07/15/20	5,271.	10,541.			
07/15/20	-7,200.	3,341.			
07/15/20	-3,171.	170.	62	.000081967	1.
09/15/20	5,270.	5,440.	50	.000081967	22.
11/04/20	-7,200.	-1,760.			
11/16/20	-8,429.	-10,189.			
12/15/20	5,270.	-4,919.			
12/31/20	0.	-4,919.	135	.000082192	

Penalty Due (Sum of Column F). ..... 23.

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NBT - MONEY MARKET	193,485.	193,485.	
TOTAL TO PART I, LINE 3	193,485.	193,485.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WILMINGTON	237,423.	0.	237,423.	237,423.	
TO PART I, LINE 4	237,423.	0.	237,423.	237,423.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	35,291.	0.		34,921.
TO FORM 990-PF, PG 1, LN 16B	35,291.	0.		34,921.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	47,312.	47,312.		0.
CONSULTANTS	7,601.	0.		13,401.
TO FORM 990-PF, PG 1, LN 16C	54,913.	47,312.		13,401.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	21,281.	6,152.		15,129.
NYS FILING FEE	1,482.	1,482.		0.
TO FORM 990-PF, PG 1, LN 18	22,763.	7,634.		15,129.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL REPORT AND OTHER	15,323.	0.		16,034.
SUPPLIES AND POSTAGE	7,632.	5,342.		2,927.
TELEPHONE	7,522.	5,265.		2,656.
DUES & SUBSCRIPTIONS	4,536.	0.		4,536.
INSURANCE	8,428.	0.		8,428.
MAINTENANCE	18,589.	0.		18,172.
CONTRACTUAL EXPENSES	184,598.	0.		208,422.
FEDERAL EXCISE TAX	48,044.	2,087.		0.
TO FORM 990-PF, PG 1, LN 23	294,672.	12,694.		261,175.



## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBOTT LABORATORIES	54,745.	54,745.
ADOBE INC	45,511.	45,511.
ALCON INC	24,743.	24,743.
ALLEGION PLC	41,431.	41,431.
ALPHABET INC CL C	36,789.	36,789.
AMERICAN TOWER CORP CL A	16,835.	16,835.
AMERIPRISE FINANCIAL INC	30,121.	30,121.
AMGEN INC COM	28,050.	28,050.
AMPHENOL CORP NEW CL A	45,639.	45,639.
ANSYS INC	42,201.	42,201.
APTIV PLC	40,390.	40,390.
AUTOMATIC DATA PROCESSING INC	23,082.	23,082.
AVALARA INC	27,702.	27,702.
BENTLEY SYS INC CLASS B	15,596.	15,596.
BOK FINANCIAL CORP	10,204.	10,204.
CABOT OIL & GAS CORP	22,157.	22,157.
CAPITAL ONE FINANCIAL CORP	25,108.	25,108.
CDW CORP	41,646.	41,646.
CHUBB LTD	19,548.	19,548.
CINCINNATI FINANCIAL CORP COMMON	20,794.	20,794.
COCA COLA CO COM	28,956.	28,956.
COMMERCE BANCSHARES INC	18,330.	18,330.
COPART INC	29,395.	29,395.
CORTEVA INC	33,454.	33,454.
CULLEN FROST BANKER INC COM	12,212.	12,212.
DANAHER CORP COM	48,871.	48,871.
DOCUSIGN INC	33,790.	33,790.
DUCK CREEK TECHNOLOGIES INC	19,528.	19,528.
EAST WEST BANCORP INC	18,763.	18,763.
ELANCO ANIMAL HEALTH INC	42,478.	42,478.
EQUITY LIFESTYLE PROPERTIES REIT	11,912.	11,912.
FACEBOOK INC-A	39,335.	39,335.
FACTSET RESEARCH SYSTEMS INC	18,953.	18,953.
FAIR ISAAC INC	21,464.	21,464.
FIVE9 INC	36,973.	36,973.
GENERAL DYNAMICS CORP COM	19,942.	19,942.
GLOBUS MEDICAL INC	19,631.	19,631.
GROCERY OUTLET HOLDING CORP	18,330.	18,330.
HEALTH EQUITY INC	25,584.	25,584.
HEICO CORPORATION CLASS A	27,509.	27,509.
HENRY JACK & ASSOC INC COM	21,707.	21,707.
INTL FLAVORS & FRAGRANCES INC COM	22,856.	22,856.
IQVIA HOLDINGS INC	72,743.	72,743.
JOHNSON CONTROLS INTERNATIONAL PLC	25,904.	25,904.
JPMORGAN CHASE & CO	29,734.	29,734.
LAMB WESTON HOLDINGS INC	18,819.	18,819.
LEMONADE INC	7,963.	7,963.
LENNAR CORP CL A	27,900.	27,900.
LENNAR CORP CL B	490.	490.
MARKETAXESS HOLDINGS INC	34,234.	34,234.
MARTIN MARIETTA MATERIALS INC	26,693.	26,693.
MASTERCARD INC CL A	71,031.	71,031.

MEDTRONIC PLC	31,276.	31,276.
MICROCHIP TECHNOLOGY INC COM	35,770.	35,770.
MICROSOFT CORP	118,995.	118,995.
MITSUBISHI UFJ FINANCIAL GRP-ADR	12,834.	12,834.
NCINO INC	17,161.	17,161.
NIKE INC CL B	42,724.	42,724.
NOVARTIS AG ADR	22,097.	22,097.
OLD DOMINION FREIGHT LINE INC	30,643.	30,643.
OLLIE'S BARGAIN OUTLET HOLDINGS INC	21,914.	21,914.
OSHKOSH CORPORATION	25,563.	25,563.
PARKER HANNIFIN CORP	32,962.	32,962.
PAYCOM SOFTWARE INC	18,090.	18,090.
PAYPAL HOLDINGS INC	30,446.	30,446.
PHILLIPS 66	20,912.	20,912.
PIONEER NATURAL RESOURCES COMMON	11,503.	11,503.
PNC FINANCIAL SERVICES GROUP INC.	30,694.	30,694.
PROCTER & GAMBLE CO COM	25,323.	25,323.
QUALCOMM INC COM	34,886.	34,886.
RIGHTMOVE PLC UNSPONS ADR	22,787.	22,787.
RPM INTERNATIONAL INC COMMON	25,963.	25,963.
SCHWAB CHARLES CORP NEW COM	52,881.	52,881.
SILK ROAD MEDICAL INC	30,608.	30,608.
SITEONE LANDSCAPE SUPPLY INC	34,740.	34,740.
SONY GROUP CORPORATION SPONS ADR	38,014.	38,014.
STERICYCLE INC COM	39,587.	39,587.
SUN COMMUNITIES INC (REIT)	13,220.	13,220.
TELEDYNE TECHNOLOGIES INC COM	14,503.	14,503.
THE COOPER COMPANIES INC	16,349.	16,349.
TJX COMPANIES COM	40,428.	40,428.
TRANSUNION	21,828.	21,828.
TWITTER INC	26,696.	26,696.
TYLER TECHNOLOGIES INC	27,937.	27,937.
TYSON FOODS INC COM	21,523.	21,523.
ULTA BEAUTY INC	8,040.	8,040.
VERISK ANALYTICS INC. COMMON STOCK	63,523.	63,523.
VITAL FARMS INC	13,262.	13,262.
WALGREENS BOOTS ALLIANCE INC	10,887.	10,887.
WEST PHARMACEUTICAL SERVICES INC	29,748.	29,748.
XYLEM INC W/I	29,824.	29,824.
ZOETIS INC	45,513.	45,513.

TOTAL TO FORM 990-PF, PART II, LINE 10B

2,689,430.

2,689,430.

FORM 990-PF

CORPORATE BONDS

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
METWEST TOTAL RETURN BOND FUND	1,225,609.	1,225,609.
VANGUARD HIGH YIELD CORP CL ADML	446,460.	446,460.
VANGUARD INFLATION-PROTECTED CL ADML	100,212.	100,212.
VANGUARD TOTAL BOND MKT FUND	1,595,158.	1,595,158.
WILMINGTON BROAD MARKET BOND FUND-1	1,235,694.	1,235,694.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,603,133.	4,603,133.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMG RIVER RD SM-CAP VALUE FD CL I	FMV	367,177.	367,177.
ARMORY SQUARE VENTURES	FMV	989,529.	989,529.
BAILLIE GIFFORD EMERG MKTS CL K	FMV	829,542.	829,542.
BLACKROCK EVENT DRIVEN EQUITY FUND CLASS INSTITUTIONAL	FMV	673,339.	673,339.
CVI CREDIT VALUE FUND B	FMV	12,238.	12,238.
CVI CREDIT VALUE FUND B III	FMV	319,940.	319,940.
DIAMOND HILL LARGE-CAP CL I	FMV	615,180.	615,180.
DISTRESSED COMPANIES FUND	FMV	127,904.	127,904.
GATEWAY FUND CLASS N	FMV	503,455.	503,455.
ISHARES CORE MSCI EAFE ETF	FMV	1,098,876.	1,098,876.
ISHARES CORE MSCI EMERGING	FMV	432,729.	432,729.
ISHARES MSCI USA MIN VOL FACTOR ETF	FMV	279,326.	279,326.
ISHARES MSCI USA QUALITY FACOTR ETF	FMV	731,542.	731,542.
ISHARES RUSSELL 2000 ETF	FMV	196,060.	196,060.
JOHCM INTERNATIONAL SELECT CL I	FMV	706,040.	706,040.
LAZARD INTL STRATEGIC GIC EQUITY DD CL-I	FMV	488,640.	488,640.
PRINCIPAL GLOBAL RE FD CL-R6	FMV	284,002.	284,002.
T. ROWE PRICE LG-CAP GR FD CL I	FMV	640,330.	640,330.
VANGUARD 500 INDEX CL ADML	FMV	1,227,262.	1,227,262.
VANGUARD COMMODITY STRAT FD CL ADM	FMV	268,593.	268,593.
WCM FOCUS INTL GROWTH FD	FMV	1,038,270.	1,038,270.
WILMINGTON GLOBAL ALPHA EQUITIES FUND	FMV	597,481.	597,481.
TOTAL TO FORM 990-PF, PART II, LINE 13		12,427,455.	12,427,455.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VISUAL BOARD	1,217.	1,217.	0.
CONFERENCE TABLE	5,908.	5,908.	0.
14 CHAIRS	6,981.	6,981.	0.
STICKLEY FURNITURE	9,705.	9,705.	0.
COMPUTER SYSTEM	12,980.	12,980.	0.
COMPUTERS	2,500.	2,500.	0.
5 LATERAL FILES	3,370.	3,370.	0.
STICKLEY FURNITURE	2,000.	2,000.	0.
HURBSON CHAIR	100.	100.	0.
COMPUTERS	8,738.	8,738.	0.
STICKLEY FURNITURE	6,883.	6,883.	0.
STICKLEY FURNITURE	8,491.	8,491.	0.
SOLVAY GLASS	228.	228.	0.
STICKLEY FURNITURE	593.	593.	0.
HURBSON CHAIR	380.	380.	0.
PHONE SYSTEM	3,906.	3,906.	0.
STICKLEY FURNITURE	3,547.	3,547.	0.
STICKLEY FURNITURE	1,944.	1,944.	0.
SOLVAY GLASS - GLASS TOP	168.	168.	0.
SOLVAY GLASS - CONF TABLE	471.	471.	0.
LAPTOP COMPUTER	2,376.	2,376.	0.
COMPUTER - DELL PC	1,057.	1,057.	0.
KITCHEN CABINETS/PLUMBING	4,800.	4,800.	0.
DELL SERVER, BACKUP	4,896.	4,896.	0.
DELL DESKTOP	1,250.	1,250.	0.
INSPIRON LAPTOP	2,150.	2,150.	0.
COMPUTER HARDWARE NETWORKING	547.	547.	0.
STEVENS BRIAN	1,510.	1,510.	0.
STEVENS JOANNE	1,999.	1,999.	0.
STEVENS DEPOSIT ON CONFERENCE TABLE	9,268.	9,268.	0.
XP UPGRADE	1,735.	1,735.	0.
XP UPGRADE SERVER SETUP, PC, LAPTOP	2,125.	2,125.	0.
STEVENS RECEPTION FURNITURE, CONFERENCE TABLE, ETC	12,486.	12,486.	0.
MICROEDGE	12,312.	12,312.	0.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>138,621.</b>	<b>138,621.</b>	<b>0.</b>

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	45,011.	61,382.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>45,011.</b>	<b>61,382.</b>

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAIME ALICEA 103 PHILLIPS ROAD SYRACUSE, NY 13214	TRUSTREE 2.00	0.	0.	0.
CAERESA RICHARDSON 300 ERIE BLVD W SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
SUSAN KATZOFF 110 WEST FAYETTE STREET SUITE 1000 SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
MICHAEL FENG 650 JAMES STREET SUITE 302 SYRACUSE, NY 13203	PRESIDENT 4.00	0.	0.	0.
VINCENT LOVE 538 NOTTINGHAM ROAD SYRACUSE, NY 13210	TRUSTEE 2.00	0.	0.	0.
RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TREASURER 4.00	0.	0.	0.
MEHGAN TIDD, S.N. ONE WEBSTER'S LANDING SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
MERIKE TREIER 115 WEST FAYETTE ST SYRACUSE, NY 13202	VICE PRESIDENT 4.00	0.	0.	0.
MAITHREYEE DUBE 900 SOUTH CROUSE AVE SYRACUSE, NY 13244	TRUSTEE 2.00	0.	0.	0.
MATT GARDNER, CPA 304 S. FRANKLIN STREET #200 SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.

RYAN YORK	TRUSTEE			
741 OSWEGO RD	2.00	0.	0.	0.
LIVERPOOL, NY 13090				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>0.</u>	<u>0.</u>	<u>0.</u>
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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 13

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ACTIVITY THREE

WHAT IF GRANTS - A PROGRAM DESIGNED TO BE A RESOURCE IN FOSTERING GROWTH IN NEIGHBORHOODS AND STRENGTHENING THE CAPACITY OF COMMUNITY RESIDENTS IN THE CITY OF SYRACUSE WHO ARE FOCUSED ON MAKING POSITIVE CHANGES IN THEIR NEIGHBORHOOD AND INCREASING COMMUNITY PARTICIPATION, AWARENESS AND PARTNERSHIPS. THE PROJECTS SHOULD BE INITIATED OR IMPLEMENTED BY RESIDENTS, GRASSROOTS ORGANIZATIONS OR NEIGHBORHOOD STAKEHOLDERS IN THE SYRACUSE COMMUNITY.

TO FORM 990-PF, PART IX-A, LINE 3

EXPENSES

40,973.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VISUAL BOARD	09/26/97	SL	7.00		16	1,217.				1,217.	1,217.		0.	1,217.
2	CONFERENCE TABLE	10/02/97	SL	7.00		16	5,908.				5,908.	5,908.		0.	5,908.
3	14 CHAIRS	10/06/97	SL	7.00		16	6,981.				6,981.	6,981.		0.	6,981.
4	STICKLEY FURNITURE	06/01/99	SL	7.00		16	9,705.				9,705.	9,705.		0.	9,705.
5	COMPUTER SYSTEM	06/01/99	SL	7.00		16	12,980.				12,980.	12,980.		0.	12,980.
6	COMPUTERS	06/01/99	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
7	5 LATERAL FILES	06/01/99	SL	7.00		16	3,370.				3,370.	3,370.		0.	3,370.
8	STICKLEY FURNITURE	06/01/99	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
9	HURBSON CHAIR	06/01/99	SL	7.00		16	100.				100.	100.		0.	100.
10	COMPUTERS	06/01/99	SL	7.00		16	8,738.				8,738.	8,738.		0.	8,738.
11	STICKLEY FURNITURE	06/01/99	SL	7.00		16	6,883.				6,883.	6,883.		0.	6,883.
12	STICKLEY FURNITURE	06/01/99	SL	7.00		16	8,491.				8,491.	8,491.		0.	8,491.
13	SOLVAY GLASS	06/01/99	SL	7.00		16	228.				228.	228.		0.	228.
14	STICKLEY FURNITURE	06/01/99	SL	7.00		16	593.				593.	593.		0.	593.
15	HURBSON CHAIR	06/01/99	SL	7.00		16	380.				380.	380.		0.	380.
16	PHONE SYSTEM	06/01/99	SL	7.00		16	3,906.				3,906.	3,906.		0.	3,906.
17	STICKLEY FURNITURE	06/01/99	SL	7.00		16	3,547.				3,547.	3,547.		0.	3,547.
18	STICKLEY FURNITURE	06/01/99	SL	7.00		16	1,944.				1,944.	1,944.		0.	1,944.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	SOLVAY GLASS - GLASS TOP	06/01/99	SL	7.00		16	168.				168.	168.		0.	168.
20	SOLVAY GLASS - CONF TABLE	10/24/00	SL	7.00		16	471.				471.	471.		0.	471.
21	LAPTOP COMPUTER	01/01/01	SL	3.00		16	2,376.				2,376.	2,376.		0.	2,376.
22	COMPUTER - DELL PC	04/01/01	SL	3.00		16	1,057.				1,057.	1,057.		0.	1,057.
23	KITCHEN CABINETS/PLUMBING	02/01/01	SL	10.00		16	4,800.				4,800.	4,800.		0.	4,800.
24	DELL SERVER, BACKUP	01/15/04	SL	3.00		16	4,896.				4,896.	4,896.		0.	4,896.
25	DELL DESKTOP	01/15/04	SL	3.00		16	1,250.				1,250.	1,250.		0.	1,250.
26	INSPIRON LAPTOP	01/15/04	SL	3.00		16	2,150.				2,150.	2,150.		0.	2,150.
27	COMPUTER HARDWARE NETWORKING	01/08/04	SL	3.00		16	547.				547.	547.		0.	547.
28	STEVENS BRIAN	01/08/04	SL	7.00		16	1,510.				1,510.	1,510.		0.	1,510.
29	STEVENS JOANNE	01/08/04	SL	7.00		16	1,999.				1,999.	1,999.		0.	1,999.
30	STEVEN'S DEPOSIT ON CONFERENCE TABLE	01/08/04	SL	7.00		16	9,268.				9,268.	9,268.		0.	9,268.
31	XP UPGRADE	03/08/04	SL	3.00		16	1,735.				1,735.	1,735.		0.	1,735.
32	XP UPGRADE SERVER SETUP, PC, LAPTOP	03/08/04	SL	3.00		16	2,125.				2,125.	2,125.		0.	2,125.
33	STEVEN'S RECEPTION FURNITURE, CONFERENCE TABLE, ETC	04/27/04	SL	7.00		16	12,486.				12,486.	12,486.		0.	12,486.
34	MICROEDGE	04/01/05	SL	3.00		16	12,312.				12,312.	12,312.		0.	12,312.
	* TOTAL 990-PF PG 1 DEPR						138,621.				138,621.	138,621.		0.	138,621.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Taxpayer identification number (TIN) <b>15-0572881</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 CLINTON SQ, 126 N SALINA ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SYRACUSE, NY 13202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN LORENCE - 100 CLINTON SQUARE, 126 N. SALINA**

- The books are in the care of ▶ **STREET, 3RD FLOOR - SYRACUSE, NY 13202**  
Telephone No. ▶ **315-474-2489** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	1,492.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Taxpayer identification number

**15-0572881**

Name and title of officer or person subject to tax

**SHEENA SOLOMON  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____ <b>0.</b>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BONADIO & CO., LLP** to enter my PIN **02459**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax

*Sheena Solomon*

Date **10/25/21**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16605213204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Michelle Mundy*

Date **10/27/2021**

14420AD0F23E444...

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>100 CLINTON SQ, 126 N SALINA ST</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SYRACUSE, NY 13202</b></p>	<p><b>D</b> Employer identification number   <b>15-0572881</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>20,305,414.</b></p>			
<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p>			
<p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p><b>L</b> The books are in care of ▶ <b>JOHN LORENCE</b> Telephone number ▶ <b>315-474-2489</b></p>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	-17,063.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	-17,063.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	-17,063.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	-17,063.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	1,492.
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	4,108.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	5,600.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	5,600.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 5,600. <b>Refunded</b>	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	DocuSigned by: <i>Sheena Solomon</i> Signature of officer 755358C68E88493	10/27/2021 Date	<b>EXECUTIVE DIRECTOR</b> Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHELLE MUNDY</b>	Preparer's signature DocuSigned by: <i>Michelle Mundy</i>	Date 10/27/2021	Check <input type="checkbox"/> if self-employed PTIN <b>P01982856</b>
	Firm's name <b>BONADIO &amp; CO., LLP</b>	Firm's EIN <b>16-1131146</b>		
	Firm's address <b>432 NORTH FRANKLIN STREET SYRACUSE, NY 13204</b>	Phone no. <b>(315) 422-7109</b>		

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A 1.846256% INTEREST IN THE PARTNERSHIP-FPA MULTI-ADVISOR FUND, LP. PER THE 2020 K-1 FROM FPA MULTI-ADVISOR FUND, LP, THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS LOSS \$319

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A .050339% INTEREST IN THE PARTNERSHIP- SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L.P.. PER THE 2020 K-1 FROM SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L.P., THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS INCOME \$14

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	<b>B</b> Employer identification number <b>15-0572881</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>1</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **COLCHESTER, SANDERSON, FPA & SIGULER GUFF K-1**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 15</b>		<b>12</b> -13,632.		-13,632.
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> -13,632.		-13,632.

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>		
<b>2</b> Salaries and wages		<b>2</b>		
<b>3</b> Repairs and maintenance		<b>3</b>		
<b>4</b> Bad debts		<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)		<b>5</b>		
<b>6</b> Taxes and licenses		<b>6</b>		3,431.
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion		<b>9</b>		
<b>10</b> Contributions to deferred compensation plans		<b>10</b>		
<b>11</b> Employee benefit programs		<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>		
<b>13</b> Excess readership costs (Part IX)		<b>13</b>		
<b>14</b> Other deductions (attach statement)		<b>14</b>		
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>		3,431.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>		-17,063.
<b>17</b> Deduction for net operating loss (see instructions)		<b>17</b>		0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>		-17,063.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income from debt-financed property, deductions, average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

OTHER INCOME

STATEMENT 15

DESCRIPTION

AMOUNT

SEC 1256 CONTRACTS  
INCOME

-13,362.  
-270.

TOTAL TO SCHEDULE A, PART I, LINE 12

-13,632.

FORM 990-T  
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED  
BUSINESS ACTIVITY

STATEMENT 16

COLCHESTER, SANDERSON, FPA & SIGULER GUFF K-1'S

TO FORM 990-T, SCHEDULE A, LINE E

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2020**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Filer's identification number <b>15-0572881</b>
---	--

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JAN 1</b> , 2020, and ending <b>DEC 31</b> , 2020
---	---

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**CVI CREDIT VALUE FUND B III LP**

**9320 EXCELSIOR BOULEVARD MS 144-7-2  
HOPKINS, MN 55343**

2(a) EIN (if any) <b>98-1186758</b>
2(b) Reference ID number
3 Country under whose laws organized <b>CAYMAN ISLANDS</b>

<b>4</b> Date of organization <b>07/15/2014</b>	<b>5</b> Principal place of business	<b>6</b> Principal business activity code number <b>551112</b>	<b>7</b> Principal business activity <b>INVESTMENT HOLD</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	--------------------------------------	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: <b>CINCINNATI, OH</b>
---	--

3 Name and address of foreign partnership's agent in country of organization, if any	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>CONSTANCE KOTULA 9320 EXCELSIOR BLVD MS144-7-2 HOPKINS, MN 55343</b>
--	--

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? ▶ **PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  Yes  No

1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," <b>don't</b> complete Schedules L, M-1, and M-2.	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
<b>NO US PERSONS OWNING &gt; 10%</b>			

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **THE ROSAMOND GIFFORD CHARITABLE CORPORATION** Filer's identifying number **15-0572881**

Name of foreign partnership **CVI CREDIT VALUE FUND B III LP** EIN (if any) **98-1186758** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash							
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>							

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

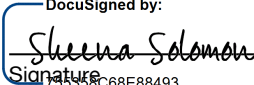
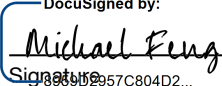
**CHAR500**NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.comSend with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005**2020**  
**Open to Public**  
**Inspection****1. General Information**

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2020</b> and Ending (mm/dd/yyyy) <b>12/31/2020</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>THE ROSAMOND GIFFORD CHARITABLE CORPORAT</b>	Employer Identification Number (EIN): <b>15-0572881</b>
	Mailing Address: <b>100 CLINTON SQ, 126 N SALINA ST</b>	NY Registration Number: <b>002250</b>
	City / State / ZIP: <b>SYRACUSE, NY 13202</b>	Telephone: <b>315 474-2489</b>
	Website: <b>WWW.GIFFORDFOUNDATION.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .		

**2. Certification**

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	DocuSigned by:  Signature	<b>SHEENA SOLOMON</b> <b>EXECUTIVE DIRECTOR</b> 10/27/2021 Print Name and Title Date
Chief Financial Officer or Treasurer:	DocuSigned by:  Signature	<b>MICHAEL FENG</b> <b>VICE PRESIDENT</b> 10/27/2021 Print Name and Title Date

**3. Annual Reporting Exemption**

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

**4. Schedules and Attachments**

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

**5. Fee**

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
---	---------------------------------	------------------------------------	------------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
[X] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
[X] Audit Report if you received total revenue and support greater than \$750,000
No Review Report or Audit Report is required because total revenue and support is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
[X] \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
[X] \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
IRS Form 990 EZ Part I, line 21
IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2020

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
THE ROSAMOND GIFFORD CHARITABLE CORPORATION	002250

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. US DEPARTMENT OF JUSTICE	1. 189,394.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 189,394.



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Taxpayer identification number

**15-0572881**

Name and title of officer or person subject to tax

**SHEENA SOLOMON  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> <u>21,081.</u>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BONADIO & CO., LLP** to enter my PIN **02459**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax

*Sheena Solomon*

Date ▶ **10/25/21**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16605213204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers to Business Returns.

ERO's signature

*Michelle Mundy*

Date ▶ **10/27/2021**

14420AD0F23E444...

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529S

Print or Type

Name of organization THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Number, street, and room or suite no. 100 CLINTON SQ, 126 N SALINA ST

City or town, state or province, country, and ZIP SYRACUSE, NY 13202

D Employer identification number

15-0572881

E Group exemption number

F Check box if an amended return.

C Book value of all assets at end of year 20,305,414.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of JOHN LORENCE Telephone number 315-474-2489

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 1: -17,063. Line 2: Reserved. Line 3: -17,063. Line 4: 0. Line 5: -17,063. Line 6: Deduction for net operating loss. Line 7: -17,063. Line 8: 1,000. Line 9: Trusts. Line 10: 1,000. Line 11: 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 1: 0. Line 2: Tax rate schedule or Schedule D. Line 3: Proxy tax. Line 4: Other tax amounts. Line 5: Alternative minimum tax. Line 6: Tax on noncompliant facility income. Line 7: 0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	<b>Total credits.</b> Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	1,492.
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	4,108.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	<b>Total payments.</b> Add lines 6a through 6g	7	5,600.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	5,600.
11	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 5,600. <b>Refunded</b>	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	DocuSigned by: <i>Sheena Solomon</i>	10/27/2021	EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature DocuSigned by: <i>Michelle Mundy</i>	Date	Check <input type="checkbox"/> if self-employed
	MICHELLE MUNDY	<i>Michelle Mundy</i>	10/27/2021	PTIN P01982856
	Firm's name	BONADIO & CO., LLP		Firm's EIN
	Firm's address	432 NORTH FRANKLIN STREET SYRACUSE, NY 13204		Phone no. (315) 422-7109

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A 1.846256% INTEREST IN THE PARTNERSHIP-FPA MULTI-ADVISOR FUND, LP. PER THE 2020 K-1 FROM FPA MULTI-ADVISOR FUND, LP, THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS LOSS \$319

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A .050339% INTEREST IN THE PARTNERSHIP- SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L.P.. PER THE 2020 K-1 FROM SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L.P., THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS INCOME \$14

\_\_\_\_\_

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	<b>B</b> Employer identification number <b>15-0572881</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>1</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **COLCHESTER, SANDERSON, FPA & SIGULER GUFF K-1**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 15</b>		<b>12</b> -13,632.		-13,632.
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> -13,632.		-13,632.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages		<b>2</b>		
<b>3</b> Repairs and maintenance		<b>3</b>		
<b>4</b> Bad debts		<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)		<b>5</b>		
<b>6</b> Taxes and licenses		<b>6</b>		3,431.
<b>7</b> Depreciation (attach Form 4562) (see instructions)		<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>
<b>9</b> Depletion		<b>9</b>		
<b>10</b> Contributions to deferred compensation plans		<b>10</b>		
<b>11</b> Employee benefit programs		<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>		
<b>13</b> Excess readership costs (Part IX)		<b>13</b>		
<b>14</b> Other deductions (attach statement)		<b>14</b>		
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>		3,431.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>		-17,063.
<b>17</b> Deduction for net operating loss (see instructions)		<b>17</b>		0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>		-17,063.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question: 'Do the rules of section 263A... apply to the organization?' with Yes/No options.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received/accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total values are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions (depreciation), average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total values are shown as 0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business) and 4 rows (1-4)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information



FORM 990-T (A)

OTHER INCOME

STATEMENT 15

DESCRIPTION

AMOUNT

SEC 1256 CONTRACTS  
INCOME

-13,362.  
-270.

TOTAL TO SCHEDULE A, PART I, LINE 12

-13,632.

FORM 990-T  
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED  
BUSINESS ACTIVITY

STATEMENT 16

COLCHESTER, SANDERSON, FPA & SIGULER GUFF K-1'S

TO FORM 990-T, SCHEDULE A, LINE E

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

Taxpayer identification number

**15-0572881**

Name and title of officer or person subject to tax

**SHEENA SOLOMON  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____ <b>0.</b>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BONADIO & CO., LLP** to enter my PIN **02459**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax

*Sheena Solomon*

Date **10/25/21**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16605213204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Michelle Mundy*

Date **10/27/2021**

14420AD0F23E444...

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

**FOR THE YEAR ENDING**

December 31, 2020

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**Prepared For:**

THE ROSAMOND GIFFORD CHARITABLE  
CORPORATION  
100 CLINTON SQ, 126 N SALINA ST  
SYRACUSE, NY 13202

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**Prepared By:**

Bonadio & Co., LLP  
432 North Franklin Street  
Syracuse, NY 13204

---

**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total Tax	\$	250
Less: payments and credits	\$	452
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

---

**Overpayment:**

Credited to your estimated tax	\$	202
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form TR-579-CT to our office. We will then transmit your return electronically to the NYS DTF. Do not mail the paper copy of the return to the NYS DTF.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**



Department of Taxation and Finance  
**Request for Six-Month Extension to File**  
 (for franchise/business taxes, MTA surcharge, or both)  
 Tax Law - Articles 9-A, 13, and 33

**CT-5**

All filers must enter tax period:  
 beginning **01-01-20** ending **12-31-20**

Employer identification number (EIN) <b>15-0572881</b>	File number <b>MM6</b>	Business telephone number <b>315-474-2489</b>	
Legal name of corporation <b>THE ROSAMOND GIFFORD CHARITABL CORPORATION</b>		Trade name / DBA	
Mailing address Care of (c/o)		State or country of incorporation	
Number and street or PO box <b>100 CLINTON SQ, 126 N SALINA ST</b>		Date of incorporation	Foreign corporations: date began business in NYS
City <b>SYRACUSE, NY</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>13202</b>	Country (if not United States)
For office use only			

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

**Request for extension of time to file the following forms:** Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13		Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>	

<b>A.</b> Pay amount shown on line 11. Make payable to: <i>New York State Corporation Tax</i>	Payment enclosed
<b>A.</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	

**Certain corporations filing as part of a combined group:** Typically, taxpayers filing a combined return use Form CT-5.3. **However,** if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

**B.** Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) ..... **B**

**Note:** Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

**C.** If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box ..... **C**

**D.** If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box ..... **D**

**Computation of estimated franchise tax**

1	Franchise tax from the worksheet in Form CT-5-1 .....	<b>1</b>	250.
2			
3			
4	Prepayments of franchise tax (from line 16, column A) .....	<b>4</b>	452.
5	Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero) .....	<b>5</b>	0.

**Computation of estimated MTA surcharge**

6	MTA surcharge from the worksheet in Form CT-5-1 .....	<b>6</b>	
7			
8			
9	Prepayments of MTA surcharge (from line 16, column B) .....	<b>9</b>	
10	Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero) .....	<b>10</b>	
11	Total balance due (see instructions) .....	<b>11</b>	



**Composition of prepayments** - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
<b>12</b> Mandatory first installment from Form CT-300 ...	<b>12</b>		
<b>13a</b> Second installment from Form CT-400 .....	<b>13a</b>		
<b>13b</b> Third installment from Form CT-400 .....	<b>13b</b>		
<b>13c</b> Fourth installment from Form CT-400 .....	<b>13c</b>		
<b>14</b> Overpayment credited from prior years .....	<b>14</b>	<b>452.</b>	
<b>15</b> Overpayment credited from Form CT- _____ Period _____	<b>15</b>		
<b>16</b> Total prepayments (total all entries in column A and column B) .....	<b>16</b>	<b>452.</b>	

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P01982856</b>
	Signature of individual preparing this document <i>Michelle Mundy</i>	Address <b>432 NORTH FRANKLIN S</b>	City <b>SYRACUSE</b>	State ZIP code <b>NY 13204</b>
	Email address of individual preparing this document <b>MMUNDY@BONADIO.COM</b>		Preparer's NYTPRN or Excl. code <b>03</b>	Date <b>10/27/2021</b>

See instructions for where to file.

455002201019





Department of Taxation and Finance

**New York State E-File Authorization for Tax Year 2020**

088021 09-25-20  
**TR-579-CT**

**For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations**

(9/20)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation **THE ROSAMOND GIFFORD CHARITABLE**

Return type (mark an X for all that apply): CT-3  CT-3-A  CT-3-M  CT-3-S  CT-13  CT-33   
 CT-33-A  CT-33-C  CT-33-M  CT-33-NL  CT-183  CT-183-M  CT-184  CT-184-M   
 CT-186-E  CT-300  CT-400

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

**Do not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2020 Corporation Tax Extensions*.

**Financial institution information** (required if electronic payment is authorized)

- 1 Amount of authorized debit .....
- 2 Financial institution routing number .....
- 3 Financial institution account number .....

1	
2	
3	

**Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2020 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2020 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2020 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Digitally signed by: Signature of authorized officer of the corporation 755358C68E88493...	Print your name and title <b>SHEENA SOLOMON, EXECUTIVE DIRECTOR</b>	Date <b>10-25-21</b>
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**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2020 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2020 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature _____	Print name _____	Date _____
Paid preparer's signature 14420AD0F23E444...	Print name <b>MICHELLE MUNDY</b>	Date <b>10/27/2021</b>



**CT-13**

Department of Taxation and Finance

**Unrelated Business Income Tax Return**

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning **01-01-20** ending **12-31-20**

Employer identification number (EIN) <b>15-0572881</b>	File number <b>MM6</b>	Business telephone number <b>315-474-2489</b>	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>		Trade name/DBA	
Mailing address Care of (c/o) Number and street or PO box <b>100 CLINTON SQ, 126 N SALINA ST</b>		State or country of incorporation	
City <b>SYRACUSE, NY</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>13202</b>	Country (if not United States)
NAICS business code number (from federal return) <b>900099</b>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) <b>PARTNERSHIP PERCENTAGE</b>		Foreign corporations: date began business in NYS	

**Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit**

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	Payment enclosed
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**Computation of income and tax**

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction .....	1	-17,063.
2 New York State Article 13 and Article 23 tax deducted on federal return .....	2	
3 Additions required for shareholders of federal S corporations (see instructions) .....	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions) .....	4	
5 Other additions (see instructions) .....	5	
6 Add lines 1 through 5 .....	6	-17,063.
7 Other income (see instructions) .....	7	
8 Federal S corporation shareholder subtractions (see instructions) .....	8	
9 Other subtractions (see instructions) .....	9	
10 Total subtractions (add lines 7, 8, and 9) .....	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6) .....	11	-17,063.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions) .....	12	
13 Taxable income (subtract line 12 from line 11) .....	13	-17,063.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed) .....	14	-17,063.
15 Tax based on income (multiply line 14 by 9% (.09)) .....	15	0.
16 Minimum tax .....	16	250.00
17 Tax (line 15 or line 16, whichever is larger) .....	17	250.
18 Total prepayments from line 46 .....	18	452.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) .....	19	
20 Interest on late payment (see instructions) .....	20	
21 Late filing and late payment penalties (see instructions) .....	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) .....	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) .....	23	202.
24 Amount of overpayment on line 23 to be credited to next year .....	24	202.
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) .....	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	
44a Second installment from Form CT-400 .....	44a	
44b Third installment from Form CT-400 .....	44b	
44c Fourth installment from Form CT-400 .....	44c	
45 Amount of overpayment credited from prior years .....	45	452.
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46	452.

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

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Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>SHEENA SOLOMON</b>	Signature of authorized person <i>Sheena Solomon</i>	Official title <b>EXECUTIVE DIRECTOR</b>
	Email address of authorized person <b>SHEENA@GIFFORDFOUNDATION.ORG</b>	Telephone number <b>315-474-2489</b>	Date <b>10-25-21</b>

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>	Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P01982856</b>
	Signature of individual preparing this return DocuSigned by: <i>Michelle Mundy</i>	Address <b>432 NORTH FRANKLIN STREET</b>	City <b>SYRACUSE, NY 13204</b>
	Email address of individual preparing this return <b>MMUNDY@BONADIO.COM</b>	Preparer's NYTPRN or Excl. code <b>03</b>	Date <b>10/27/2021</b>

See instructions for where to file.

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Department of Taxation and Finance

**New York State E-File Authorization for Tax Year 2020**

088021 09-25-20  
**TR-579-CT**

**For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations**

(9/20)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation **THE ROSAMOND GIFFORD CHARITABLE**

Return type (mark an X for all that apply): CT-3  CT-3-A  CT-3-M  CT-3-S  CT-13  CT-33   
 CT-33-A  CT-33-C  CT-33-M  CT-33-NL  CT-183  CT-183-M  CT-184  CT-184-M   
 CT-186-E  CT-300  CT-400

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

**Do not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2020 Corporation Tax Extensions*.

**Financial institution information** (required if electronic payment is authorized)

- 1 Amount of authorized debit .....
- 2 Financial institution routing number .....
- 3 Financial institution account number .....

1	
2	
3	

**Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2020 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2020 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2020 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

DocuSigned by: Signature of authorized officer of the corporation Sheena Solomon 755358C68E88493...	Print your name and title <b>SHEENA SOLOMON, EXECUTIVE DIRECTOR</b>	Date <b>10-25-21</b>
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**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2020 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2020 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature  Paid preparer's signature Michelle Mundy 14420AD0F23E444...	Print name <b>MICHELLE MUNDY</b>	Date <b>10/27/2021</b>
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