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GOVERNMENT COPY

# Bonadio & Co., LLP Certified Public Accountants

October 31, 2022

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

#### THE ROSAMOND GIFFORD CHARITABLE CORPORATION:

Enclosed are the original and one copy of the 2021 Exempt Organization returns and 2022 estimated tax worksheet, as follows...

2021 Form 990-PF

2021 Form 990-T

2021 New York Form CT-13

2022 New York Estimated Tax Installments - Form CT-13

2021 New York Form CHAR500

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

#### TAX RETURN FILING INSTRUCTIONS

**FORM 990-PF** 

#### FOR THE YEAR ENDING

December 31, 2021

#### **Prepared For:**

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

#### Prepared By:

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

#### **Amount Due or Refund:**

Balance due of \$3,998

#### Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

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

Not applicable

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

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022

Please note that the Form 990-PF return contains excess distribution carryover of \$1,582,767. This may be applied to tax year 2022 and subsequent years.

#### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

December 31, 2021

#### **Prepared For:**

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

#### Prepared By:

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

#### Amount Due or Refund:

Overpayment of \$5,600. The entire overpayment has been applied to the estimated tax payments.

#### Make Check Payable To:

No amount is due.

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

Not applicable

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

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

DocuSign Envelope ID: 431ED441-F5B3-499E-8258-7623E3BC72FD **IRS e-file Signature Authorization** OMB No. 1545-0047 Form **8879-TE** for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning , 2021, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer THE ROSAMOND GIFFORD CHARITABLE EIN or SSN CORPORATION 15-0572881 SHEENA SOLOMON Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a Form 990 check here ...... **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3a Form 990-PF check here \_\_\_ > X **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 6b 7a Form 4720 check here ..... **b Total tax** (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 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 X | authorize BONADIO & CO., LLP 02459 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this time the training 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. lucha Solomon Date > 10/31/22 Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 16605213204 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 > 10/31/22

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) THE ROSAMOND GIFFORD CHARITABLE print CORPORATION 15-0572881 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 100 CLINTON SQ, 126 N SALINA ST return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SYRACUSE, NY 13202 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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) Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 4,896. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

### Form **990-PF**

Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2022 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.

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



For calendar year 2021 or tax year beginning and ending Name of foundation A Employer identification number THE ROSAMOND GIFFORD CHARITABLE CORPORATION 15-0572881 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 100 CLINTON SQ, 126 N SALINA ST 315-474-2489 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 13202 SYRACUSE, NY G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 22,041,882. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received ...... 269,394. N/A2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 2,000. 2,000. STATEMENT 485,379. 485,379. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 1,500,076. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 4,429,767. 1,500,076. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications .... Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 2,256,849. 1,987,455. 12 Total. Add lines 1 through 11 100,000. 48,556. 70,000. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages ..... 184,761. 0. 184,761. 68,348. 0. 68,508. 15 Pension plans, employee benefits ..... 16a Legal fees ..... Administrative Expenses b Accounting fees STMT 3 38,495. 0. 40,185. c Other professional fees STMT 4 72,984. 80,167. 7,183. 17 Interest Taxes STMT 5 25,434. 6,722. 18,712. 18 Depreciation and depletion 19 62,740 62,740. 0. 20 Occupancy 21 Travel, conferences, and meetings 14,679. 0. 14,378. 22 Printing and publications ...... 23 Other expenses STMT 6 250,755. 20,221. 222,949. 24 Total operating and administrative 825,379. 169,927. 667,972. expenses. Add lines 13 through 23 572,743. 611,380. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,398,122 169,927. 1,279,352. Add lines 24 and 25 27 Subtract line 26 from line 12: 858,727 **a** Excess of revenue over expenses and disbursements 1,817,528. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

P	Part II Balance Sheets Attached schedules and amounts in the description column should be for end of aver amounts only			Beginning of year		End of year		
•	art	column should be for end-of-year amounts onl	у.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		40,398.	762,947			
	2	Savings and temporary cash investments		413,770.	411,989	411,989.		
	3	Accounts receivable						
		Less: allowance for doubtful accounts						
	4	Pledges receivable						
		Less: allowance for doubtful accounts						
	5	Grants receivable	L	24,146.	158,172	158,172.		
		Receivables due from officers, directors, trustees, and other						
		disqualified persons	L					
	7	Other notes and loans receivable <b>100</b>	,000.					
		Less: allowance for doubtful accounts	0.	100,000.	100,000	100,000.		
ফ	8	Inventories for sale or use	L					
Assets	9	Prepaid expenses and deferred charges		7,082.	15,302	15,302.		
ğ								
	b	Investments - corporate stock STN	4T 7	2,689,430.		3,541,769.		
	C	Investments - corporate bonds STM	4T 8 L	4,603,133.	4,445,474	4,445,474.		
	11	Investments - land, buildings, and equipment: basis						
		Less: accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other STN	1T 9	12,427,455.	12,606,229	12,606,229.		
	14	Land, buildings, and equipment: basis ► 138	,621.					
		Less: accumulated depreciation STMT 10 ▶ 138	<u>,621.</u>					
	15	Other assets (describe >	)					
	16	Total assets (to be completed by all filers - see the						
		instructions. Also, see page 1, item I)				22,041,882.		
		Accounts payable and accrued expenses		108,692.	196,686			
		Grants payable		112,657.	74,020	•		
es		Deferred revenue						
Liabilities		Loans from officers, directors, trustees, and other disqualified persons						
jab	21	Mortgages and other notes payable		61 202				
_	22	Other liabilities (describe  STATEMEN	1.T. TT)	61,382.	U	•		
	00	Tabel Bahilikas (add lines 17 Abres ab 00)		282,731.	270,706			
_	23	Total liabilities (add lines 17 through 22)		202,731.	270,700	•		
		Foundations that follow FASB ASC 958, check here						
Ses	24	and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions		14,938,683.	16,687,176			
<u>a</u> u	24 25		·····	5,084,000.	5,084,000			
Ва	20	Net assets with donor restrictions		3,001,000.	3,001,000			
or Fund Balanc		and complete lines 26 through 30.						
Ē	26	Capital stock, trust principal, or current funds						
ls o	27	Paid-in or capital surplus, or land, bldg., and equipment fund						
ssei	28	Retained earnings, accumulated income, endowment, or other						
Net Assets	29	Total net assets or fund balances		20,022,683.	21,771,176			
Š								
	30	Total liabilities and net assets/fund balances		20,305,414.	22,041,882			
	art	Analysis of Changes in Net Assets or	Fund Bal	lances				
•	art	m ranges or onlying or in the tradeste or						
1		net assets or fund balances at beginning of year - Part II, colu		29		00 000 555		
	<u>.</u> .	st agree with end-of-year figure reported on prior year's return)				1 20,022,683.		
2	Ente	r amount from Part I, line 27a r increases not included in line 2 (itemize) <b>NET UN</b>	D = 2	/ED (3.131 031		858,727.		
						889,766.		
		lines 1, 2, and 3				4 21,771,176.		
		eases not included in line 2 (itemize)	\ Dort II :-1	lump (h) line 00		5 0. 6 21,771,176.		
6	rota	net assets or fund balances at end of year (line 4 minus line 5)	) - Part II, col	umin (b), iine 29		Form <b>990-PF</b> (2021)		
						101111 000 1 1 (2021)		

Par	t IV Capital Gains a	and Losses for Tax on In	vestment I	ncom	е					
		the kind(s) of property sold (for exa rehouse; or common stock, 200 shs		,		b) How a P - Puro D - Don	cquired chase ation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a P	UBLICALLY TRAI	DED SECURITIES					P			
b										
С										
<u>d</u>										
е										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost plus ex	or other pense of					in or (loss) (f) minus (	
a	4,429,767.		2	,929	9,691	•				1,500,076.
b										
C										
<u>d</u>										
_e										
Cc	emplete only for assets showing	g gain in column (h) and owned by	the foundation o	n 12/31/	/69.				ol. (h) gain	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of co ol. (j), if			COI.	. (k), but n Losses (	ot less thar from col. (	n -0-) <b>or</b> h))
a										1,500,076.
b										
С										
d										
<u>e</u>										
		∫ If gain, also ente	r in Part I, line 7			)				
<b>2</b> Cap	oital gain net income or (net ca		)- in Part Í, line 7			<u>} 2</u>				<u>1,500,076.</u>
3 Net	short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):							
		column (c). See instructions. If (los				}				
	t I, line 8	ed on Investment Incom		40407		<u> 3</u>	10.10		N/A	
Par						• •		see ins	truction	ns)
		described in section 4940(d)(2), che								
		letter: (at				see instru	ictions)	1		25,264.
		enter 1.39% (0.0139) of line 27b. Ex								
е	nter 4% (0.04) of Part I, line 12	2, col. (b)								
<b>2</b> T	ax under section 511 (domesti	ic section 4947(a)(1) trusts and taxa	able foundations	only; oth	hers, ente	· -0-)				0.
								3		25,264.
		tic section 4947(a)(1) trusts and tax								0.
		ne. Subtract line 4 from line 3. If ze	ero or less, enter	-0				5		25,264.
	Credits/Payments:					_				
		nd 2020 overpayment credited to 20		6a		2	1,267	<u>.                                    </u>		
		tax withheld at source		6b			0	<u>.</u>		
c T	ax paid with application for ext	tension of time to file (Form 8868)		6c			0			
		y withheld					0	_		04 05=
		d lines 6a through 6d								21,267.
		ment of estimated tax. Check here		220 is att	tached					1.
		nd 8 is more than 7, enter <b>amount</b>						9		3,998.
		than the total of lines 5 and 8, enter		erpaid .				10		
	inter the amount of line 10 to b	e: Credited to 2022 estimated tax	<u> </u>			[]	Refunded <b>&gt;</b>	11		000 55
									F	orm <b>990-PF</b> (2021)

		THE ROSAMOND GIFFORD CHARITABLE				
	n 990-PF (20		<u> 15-0</u>	572881		Page 4
Pa	art VI-A	Statements Regarding Activities				
1a	During the t	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		Yes	No
	any politica	ıl campaign?		1a		X
b	Did it spend	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition	1b		X
	If the answe	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed	by the foundation in connection with the activities.				
C	Did the four	ndation file Form 1120-POL for this year?		1c		Х
		mount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the	foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$	_			
е	Enter the re	eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers.	<b>▶</b> \$0.				
2		indation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," atta	ach a detailed description of the activities.				
3	Has the fou	indation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			
	bylaws, or o	other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a		ndation have unrelated business gross income of \$1,000 or more during the year?				Х
		s it filed a tax return on <b>Form 990-T</b> for this year?				
		a liquidation, termination, dissolution, or substantial contraction during the year?				Х
		ach the statement required by General Instruction T.				
6		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	-	age in the governing instrument, or				
		legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	-	he governing instrument?		6	Х	
7		ndation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV			Х	
8a	Enter the st	tates to which the foundation reports or with which it is registered. See instructions.				
	NY					
b	If the answe	er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
		te as required by General Instruction G? If "No," attach explanation		8b	Х	
9		dation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale				
		or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		9		Х
10		rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				Х
		e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			ſ	
	-	2(b)(13)? If "Yes," attach schedule. See instructions		11		X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pi				
		ach statement. See instructions	3	12		X
13	,	ndation comply with the public inspection requirements for its annual returns and exemption application?			Х	
		dress > WWW.GIFFORDFOUNDATION.ORG				
14		are in care of ► JOHN LORENCE Telephone no.	▶315	-474-2	489	
• •		▶100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR		<b>▶</b> 13202		
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here				$\overline{\Box}$
-		he amount of tax-exempt interest received or accrued during the year	15		/A	
16		e during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	-					

Form **990-PF** (2021)

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

15-0572881

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Х 1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X X 1a(3) (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X 1a(4) (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)? Х (6) Agree to pay money or property to a government official? (Exception. Check "No" 1a(5) if the foundation agreed to make a grant to or to employ the official for a period after Х termination of government service, if terminating within 90 days.) 1a(6) 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/A1b c Organizations relying on a current notice regarding disaster assistance, check here d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2021? 1d 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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? Х 2a 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/A2b 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 Х during the year? 3a b If "Yes," did it have excess business holdings in 2021 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 2021.) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2021?

Form 990-PF (2021)

Form 990-PF (2021) CORPORATION			15-0572	881		Page 6
Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(continu</sub>	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	-
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); o				F-/0\		v
any voter registration drive?	n			5a(2)		X
<ul><li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li><li>(4) Provide a grant to an organization other than a charitable, etc., organization</li></ul>				5a(3)		
4945(d)(4)(A)? See instructions				5a(4)		х
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	 or		Ju(1)		
the prevention of cruelty to children or animals?				5a(5)		х
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify uno						
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check h						
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned				
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?				6a		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?			7a		Х
				7b		
<ul> <li>b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?</li> <li>8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or</li> </ul>				-		
				8		х
Part VII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and the			(-1) ·			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred	is a	( <b>e)</b> Exp ccount,	ense other
(a) Name and address	'to position	`enter -0-)	compensation		allowa	nces
SEE STATEMENT 12		0.	0			0.
SEE STATEMENT 12		0.	0	+		<u> </u>
	1					
-						
2 Compensation of five highest-paid employees (other than those inc	, , , , , , , , , , , , , , , , , , , ,	enter "NONE."	(d) Contributions t	, T	(a) Evn	onoo
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	is a	(e) Exp ccount,	other
CITETIA COLOMON 100 CITATION COLLADE	devoted to position  EXEC. DIRECTO	<b>D</b>	compensation	+	allowa	nces
SHEENA SOLOMON - 100 CLINTON SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	40.00	100,000.	10,000			0.
LINDSAY MCCLUNG - 100 CLINTON		RANT MAKI		+		<u> </u>
SQUARE, 126 N. SALINA STREET,	40.00	81,649.	8,165			0.
		01,040.	3,103	+		
	1					
				$\top$		
				$\perp$		
				Щ.		
Total number of other employees paid over \$50,000			<b>&gt;</b>			0
			For	m <b>99</b> (	J-PF	(2021)

Form 990-T (2021) Page 2 Tax and Payments Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 5,600. Payments: A 2020 overpayment credited to 2021 2021 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 5,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 5,600 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$\infty\$ \_ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain in </u>Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. reperBititissSigned(bby; 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, ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

11/15/2022 Sign Sheena Solomon May the IRS discuss this return with Here EXECUTIVE DIRECTOR the preparer shown below (see Signature of officer instructions)? X Yes Date Print/Type preparer's name Preparer's signature Date PTIN Check self- employed **Paid** MICHELLE MUNDY MICHELLE MUNDY 10/31/22 P01982856 **Preparer** Firm's name ▶ BONADIO & CO., LLP 16-1131146 Firm's EIN ► **Use Only** 432 NORTH FRANKLIN NY 13204 (315) 422-7109SYRACUSE, Form 990-T (2021)

123711 01-31-22

Part VII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	- Lugu I
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) Com	pensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part VIII-A   Summary of Direct Charitable Activities	<b>&gt;</b>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the Expenses	
1 NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL ORGANI TO SUPPORT IMPROVEMENT PROJECTS.		163.
2 SUPPORTING ORGANIZATIONS & COMMUNITY EVENTS, SPONSOR TO SUPPORT LOCAL ORGANIZATIONS WITHIN THE COMMUNITY CONTINUE THEIR MISSION.	RSHIPS - TO	665.
3		
SEE STATEMENT 13	65,	552.
Part VIII-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.  1 N/A	Amount	
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	▶   Form <b>990-F</b>	0 <b>.</b> <b>PF</b> (2021)

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P	art IX Minimum Investment Return (All domestic foundations must complete	ete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	oses:		
а			1a	21,379,747.
b	Average of monthly cash balances		1b	168,978.
C	Fair market value of all other assets (see instructions)		1c	
d	Total (add lines 1a, b, and c)		1d	21,548,725.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	21,548,725.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see in	structions)	4	323,231.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		5	21,225,494.
6	Minimum investment return. Enter 5% (0.05) of line 5		6	1,061,275.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priv foreign organizations, check here ▶ and do not complete this part.)		nd certain	
1	Minimum investment return from Part IX, line 6		1	1,061,275.
2a	Tax on investment income for 2021 from Part V, line 5	25,264.		
b	Income tax for 2021. (This does not include the tax from Part V.)			
C	Add lines 2a and 2b		2c	25,264.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,036,011.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1,036,011.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.		7	1,036,011.
P	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	1,279,352.
b	Program-related investments - total from Part VIII-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4		4	1,279,352.
				Form <b>990-PF</b> (2021)

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Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,				
line 7				1,036,011.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
<b>b</b> Total for prior years:				
Excess distributions carryover, if any, to 2021:		0.		
a From 2016 289,720. b From 2017 265,690.				
200 410				
e From 2020 329,410.				
f Total of lines 3a through e	1,629,146.			
4 Qualifying distributions for 2021 from	1,023,110.			
Part XI, line 4: $\triangleright$ \$ 1,279,352.				
a Applied to 2020, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			3.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2021 distributable amount				1,036,011.
e Remaining amount distributed out of corpus	243,341.			, ,
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,872,487.			
<b>b</b> Prior years' undistributed income. Subtract	1/0/2/10/1			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2022				0.
7 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.			
8 Excess distributions carryover from 2016	200 720			
not applied on line 5 or line 7	289,720.			
9 Excess distributions carryover to 2022.	1,582,767.			
Subtract lines 7 and 8 from line 6a	1,304,707.			
<b>a</b> Excess from 2017 265,690.				
b Excess from 2018 589,675.				
c Excess from 2019 329,410.				
d Excess from 2020 154,651.				
e Excess from 2021 243,341.				

Form **990-PF** (2021)

Part XIII Private Operating For	oundations (see ins	structions and Part VI	-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	2021, enter the date of t	he ruling			
<b>b</b> Check box to indicate whether the found				4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2021	<b>(b)</b> 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for					
each year listed					
<b>b</b> 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
<b>d</b> Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) 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 IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV   Supplementary Info	rmation (Complet	e this part only	if the foundation h	nad \$5.000 or mor	e in assets
at any time during the				40,000 01 11101	accoss
1 Information Regarding Foundation		<u> </u>			
a List any managers of the foundation who	•	han 2% of the total cont	ributions received by the f	oundation before the close	e of any tax
year (but only if they have contributed m			in battorio roccivoa by the r	ouridation poroto the close	7 or any tax
NONE					
<b>b</b> List any managers of the foundation who	o own 10% or more of the	stock of a corporation	or an equally large portion	n of the ownership of a pa	rtnership or
other entity) of which the foundation has			(or an equally large persion	. or and ournorousp or a pa	Tanon omp
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarshin etc. Di	ograme:		
. 💆		• • •	organizations and does no	nt accent uncolicited reque	acte for funde If
the foundation makes gifts, grants, etc.,	•	•	•		oto for fundo. II
<b>a</b> The name, address, and telephone number					
SHEENA SOLOMON, THE I					89
100 CLINTON SQUARE 31				313 171 21	
<b>b</b> The form in which applications should b	e submitted and informati	ion and materials they s	hould include:		
<b>MINIMUM INFORMATION S c</b> Any submission deadlines:	SHEET PROVII	DED BY THE	CORPORATION.		
NONE					
d Any restrictions or limitations on awards NO RESTRICTIONS.	s, such as by geographica	l areas, charitable fields	, kinds of institutions, or o	ther factors:	

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Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ACCESS CNY NONE EXEMPT PUBLIC SUPPORT 1603 COURT ST SYRACUSE, NY 13208 1,000. ART IN THE PALACE NONE EXEMPT PUBLIC SUPPORT 19 UTICA ST. HAMILTON, NY 13346 3,000. ASSOCIATION OF FUNDRAISING NONE EXEMPT PUBLIC SUPPORT PROFESSIONALS 4200 WILSON BLVD #480 ARLINGTON, VA 22203 550. BELLEGROVE MISSIONARY BAPTIST CHURCH NONE EXEMPT PUBLIC SUPPORT 219 DOCTOR M.L.K. W SYRACUSE, NY 13025 5,900. BISHOP NURSING HOME EXEMPT PUBLIC SUPPORT NONE 918 JAMES ST. SYRACUSE, NY 13203 261. SEE CONTINUATION SHEET(S)  $\triangleright$ 611,380. Total 3a **b** Approved for future payment EMBRACING DISRUPTION - RESILIENCE NONE EXEMPT PUBLIC SUPPORT AMIDST A CHANGING ENVIRONMENT 100 CLINTON SQUARE SYRACUSE, NY 13202 64,941. OTHER NONE EXEMPT PUBLIC SUPPORT 100 CLINTON SQUARE SYRACUSE, NY 13202 9,079. 74,020. Total

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er gross amounts unless otherwise indicated.	<u>Unrelate</u> d b	usiness income		ed by section 512, 513, or 514	(e)	
Program service revenue:	(a) Business code	<b>(b)</b> Amount	Exclusion code	( <b>d)</b> Amount	Related or exemp function income	
a	0000					
b						
d						
e						
f						
Fees and contracts from government agencies						
Membership dues and assessments						
nterest on savings and temporary cash						
nvestments			14	2,000.		
Dividends and interest from securities			14	485,379.		
Net rental income or (loss) from real estate:						
Debt-financed property						
Not debt-financed property						
Net rental income or (loss) from personal						
property						
Other investment income						
Gain or (loss) from sales of assets other						
han inventory			18	1,500,076.		
let income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue:						
1						
b						
c						
d						
	_			1,987,455.		
Subtotal. Add columns (b), (d), and (e)					4 44- 4	
Subtotal. Add columns (b), (d), and (e)				13	1,987,4	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)				13	1,987,4	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations	S.)				1,987,4	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XV-B  Relationship of Activities	s to the Accom	plishment of Ex	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activities  e No. Explain below how each activity for which i	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
Foundaries (a), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Forart XV-B  Relationship of Activities	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities  Explain below how each activity for which in	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities  Explain below how each activity for which in	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activities  e No. Explain below how each activity for which i	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Belationship of Activities  The No.  Explain below how each activity for which in the columns of the	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Belationship of Activities  The No.  Explain below how each activity for which in the columns of the	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Belationship of Activities  The No.  Explain below how each activity for which in the columns of the	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities  Explain below how each activity for which in	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
int XV-B  Explain below how each activity for which is subtotal. Add columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activities	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities  Explain below how each activity for which in	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities  Explain below how each activity for which in	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Belationship of Activities  The No.  Explain below how each activity for which in the columns of the	s to the Accomplincome is reported in c	plishment of Execution (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Total. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b).	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Total. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b), and (e)  Explain below how each activity for which in the line is a column (b).	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  Relationship of Activities  The No.  Explain below how each activity for which is	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		
ne No. Explain below how each activity for which i	s to the Accomplincome is reported in c	plishment of Excolumn (e) of Part XV-A	empt F	Purposes		

#### THE ROSAMOND GIFFORD CHARITABLE

Form 990-PF (2021) CORPORATION 15-0572881 Page 13

Pa	rt XVI	Information Re Exempt Organi		sfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable		
1	Did the o	· · ·		of the followin	ng with any other organizati	on described in sect	ion 501(c)		Yes	No
					g to political organizations?		1011 00 1(0)			
	•	from the reporting founda	•	-						
		•						1a(1)		X
										X
		nsactions:								
	(1) Sales	s of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
	(2) Purc	hases of assets from a nor	ncharitable exempt o	rganization $\dots$				1b(2)		X
	(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
	<b>(4)</b> Reim	bursement arrangements						1b(4)		X
	<b>(5)</b> Loan	s or loan guarantees						1b(5)		Х
					ns					X
					ployees					X
	or service		oundation. If the four	ndation receive	edule. Column <b>(b)</b> should al ed less than fair market valu				ets,	
(a) Lir	<del></del>	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	ns, and sharing arra	angemen	ts
-		. ,	. ,	N/A		, ,				
2a	Is the fou	ndation directly or indirect	ı tly affiliated with, or ı	related to, one	or more tax-exempt organ	I izations described				
	in section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?				Yes	X	No
		omplete the following sch	edule.		,	_				
		(a) Name of org	anization		(b) Type of organization		(c) Description of re	lationship		
		N/A								
	Unde	penalties of Deniury. I declare the	hat I have examined this	return, including	accompanying schedules and s	tatements, and to the be	est of my knowledge			
Sig	ın ard b	elief, it is true, correct, and com	plete. Declaration of pre	parer (other than	taxpayer) is based on all informa 11/15/2022	ation of which preparer b	as any knowledge.	May the IRS or return with the	prepare	er
He	re	Sheena Solomon	L .			DIRECT		shown below		str. No
	Sia	755358C68E88493 nature of officer or trustee			Date	Title		165		] NO
	5.9	Print/Type preparer's na		Preparer's s		Date	Check if	PTIN		
		3, 7, 2,		'	-		self- employed			
Pai	id	MICHELLE M	UNDY	MICHEL	LE MUNDY	10/31/22	-	P01982	856	
	eparer	Firm's name ► BON.					Firm's EIN ► 1			
Us	e Only			-						
		Firm's address ► 43	2 NORTH F	RANKLI	N STREET					
		SY	RACUSE, N	Y 1320	4		Phone no. (32	15) 422		
		<u></u>						Form <b>99</b> (	)-PF	(2021)

Part XIV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	Farmdation	D	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial sontributor			
BOYS & GIRLS CLUB	NONE	EXEMPT	PUBLIC SUPPORT	
212 VAN BUREN ST.				
SYRACUSE, NY 13202				11,695.
CAMP GOOD DAYS & SPECIAL TIMES	NONE	EXEMPT	PUBLIC SUPPORT	
356 N. MIDLER AVE SYRACUSE, NY 13206				3,000.
SIACUSE, NI 13200				3,000.
CATHOLIC CHARITIES	NONE	EXEMPT	PUBLIC SUPPORT	
527 N SALINA ST	Hone		TODATO BOTTONI	
SYRACUSE, NY 13208				20,929.
CENTER FOR THE ARTS OF HOMER	NONE	EXEMPT	PUBLIC SUPPORT	
72 S. MAIN ST.				
HOMER, NY 13077				1,500.
CENTRAL NEW YORK COMMUNITY FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
431 E. FAYETTE ST. SUITE 100				1 000
SYRACUSE, NY 13202				1,000.
CENTRAL NEW YORK DIAPER BANK	NONE	EXEMPT	PUBLIC SUPPORT	
4645 CROSSROADS PARK	NONE	EXEMPT	PUBLIC SUPPORT	
LIVERPOOL, NY 13088				2,226.
CHADWICK RESIDENCE	NONE	EXEMPT	PUBLIC SUPPORT	
335 VALLEY DR				
SYRACUSE, NY 13207				2,400.
CONSORTIUM FOR CHILDREN'S SERVICES	NONE	EXEMPT	PUBLIC SUPPORT	
1010 JAMES ST.				45.000
SYRACUSE, NY 13203				15,000.
CROUSE HEALTH FOUNDATION	NONE	EXEMPT	DIIBLIC CUDDODM	
736 IRVING AVE.	HOME	LAERT I	PUBLIC SUPPORT	
SYRACUSE, NY 13210				4,000.
DAVID'S REFUGE	NONE	EXEMPT	PUBLIC SUPPORT	
8195 CAZENOVIA RD				
MANLIUS, NY 13104				12,740.
Total from continuation sheets				600,669.

Part XIV Supplementary Information	า			
3 Grants and Contributions Paid During the Y	/ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00111110111	
DETERMINATION CENTER OF CNY	NONE	EXEMPT	PUBLIC SUPPORT	
1640 SOUTH AVE	NONE		TOBELO BOLLOKI	
SYRACUSE, NY 13207				5,000.
DOLLING COLUMN				
DOWNTOWN COMMITTEE 115 W FAYETTE ST.	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				140.
DUNBAR ASSOCIATION	NONE	EXEMPT	PUBLIC SUPPORT	
1453 S STATE ST				
SYRACUSE, NY 13205				5,000.
EDUCATING YOUTH THRU EMPOWERMENT	NONE	EXEMPT	PUBLIC SUPPORT	
CAMP-YOUTH CHAMPIONSHIP	NONE		TOBELO BOLLOKI	
811 MILTON AVE APT. 2				
SYRACUSE, NY 13204				2,600.
EMBRACING DISRUPTION - RESILIENCE	NONE	EXEMPT	PUBLIC SUPPORT	
AMIDST A CHANGING ENVIRONMENT				
100 CLINTON SQUARE SYRACUSE, NY 13202				141 400
SIRACUSE, NI 13202				141,409.
EMERGENT LLC	NONE	EXEMPT	PUBLIC SUPPORT	
126 N SALINA ST				
SYRACUSE, NY 13202				8,500.
EVERSON MUSEUM	NONE	EXEMPT	PUBLIC SUPPORT	
401 HARRISON ST	[13.12			
SYRACUSE, NY 13202				21,600.
FIGURE FOR MEARING	NONE		DUDI IG GUDDOD#	
FIGHT FOR HEARTS 103 CLAIRE RD	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13214				4,400.
				, ,
FOCUS GREATER SYRACUSE	NONE	EXEMPT	PUBLIC SUPPORT	
201 E WASHINGTON ST				1 500
SYRACUSE, NY 13202				1,500.
FORWARD POINT CHURCH	NONE	EXEMPT	PUBLIC SUPPORT	
2384 JAMES ST				
SYRACUSE, NY 13206				2,760.
Total from continuation sheets				

3 Grants and Contributions Paid During the				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
wante and address (notifie of business)	or substantial contributor	recipient		
FRIENDS OF ROSAMOND GIFFORD ZOO	NONE	EXEMPT	PUBLIC SUPPORT	
1 CONSERVATION PL				
SYRACUSE, NY 13204				37,450.
GIRLS, INC.	NONE	EXEMPT	PUBLIC SUPPORT	
401 DOUGLAS ST				
SYRACUSE, NY 13203				3,000.
GREATER SYRACUSE PROPERTY DEV.CORP	NONE	EXEMPT	PUBLIC SUPPORT	
431 E FAYETTE ST, SUITE 375				
SYRACUSE, NY 13202				45,000.
GREATER SYRACUSE SOUTHSIDE HOA	NONE	EXEMPT	PUBLIC SUPPORT	
2221 S SALINA ST				
SYRACUSE, NY 13205				4,900.
HELPING HOUNDS DOG RESCUE	NONE	EXEMPT	PUBLIC SUPPORT	
7268 CASWELL AVE				
NORTH SYRACUSE, NY 13212				2,500.
HENNINGER VOLLEYBALL TEAM	NONE	EXEMPT	PUBLIC SUPPORT	
600 ROBINSON ST				
SYRACUSE, NY 13206				925.
HUMANITARIAN ORG.FOR MULTICULTURAL	NONE	EXEMPT	PUBLIC SUPPORT	
EXP.				
831 JAMES ST				
SYRACUSE, NY 13203				3,000.
HUNTINGTON FAMILY CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
405 GIFFORD ST				
SYRACUSE, NY 13204				459.
INTERFAITH WORKS OF CNY	NONE	EXEMPT	PUBLIC SUPPORT	
1010 JAMES ST				
SYRACUSE, NY 13203				350.
IT TAKES A VILLAGE FOR ALL	NONE	EXEMPT	PUBLIC SUPPORT	
146 LAKEVIEW AVE				
SYRACUSE, NY 13204				3,500.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JUBILEE HOMES OF SYR.	NONE	EXEMPT	PUBLIC SUPPORT	
119 SOUTH AVE				
SYRACUSE, NY 13204				4,318.
LANDMARK THEATRE	NONE	EXEMPT	PUBLIC SUPPORT	
362 S SALINA ST	NONE	EXEMPI	FOBBIC SOFFORT	
SYRACUSE, NY 13202				15,000.
				,
LEADERSHIP GREATER SYR	NONE	EXEMPT	PUBLIC SUPPORT	
5703 ENTERPRISE PKWY				750
EAST SYRACUSE, NY 13057				750.
LITERACYCNY	NONE	EXEMPT	PUBLIC SUPPORT	
100 NEW ST				
SYRACUSE, NY 13202				2,000.
MCMAHON/RYAN CHILD ADVOCACY	NONE	EXEMPT	PUBLIC SUPPORT	
601 E GENSSEE ST			55215 5511511	
SYRACUSE, NY 13202				12,000.
		L		
MEALS ON WHEELS 300 BURT ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				3,000.
				, ,
MOST FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
500 S FRANKLIN ST				22 000
SYRACUSE, NY 13202				23,000.
NATIONAL ACTION NETWORK	NONE	EXEMPT	PUBLIC SUPPORT	
106 W. 145TH STREET				
HARLEM, NY 10039				1,500.
NAMIONAL ACCOCTAMION FOR MUR	NONE	EAEMDW	DIIDI TC CIIDDODM	
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE	NOINE	EXEMPT	PUBLIC SUPPORT	
224 HARRISON ST				
SYRACUSE, NY 13202				2,500.
			D	
NEAR WEST SIDE INITIATIVE 115 OTISCO ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13204				3,375.
Total from continuation sheets	1	1		-,

Part XIV Supplementary Information	1			
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NORTHSIDE LEARNING CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
501 PARK ST				
SYRACUSE, NY 13203				1,000.
NOURISHING TOMORROW'S LEADERS	NONE	EXEMPT	PUBLIC SUPPORT	
100 CLINTON SQUARE				
SYRACUSE, NY 13202				9,263.
OCC FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
4585 W SENECA TURNPIKE				
SYRACUSE, NY 13215				402.
ONONDAGA EARTH CORPS	NONE	EXEMPT	PUBLIC SUPPORT	
100 NEW ST	1012		TOBLIC BOTTON	
SYRACUSE, NY 13202				2,000.
000000000000000000000000000000000000000	1,017		DVD1 T.G. GVDD DD T	
ONONDAGA HISTORICAL ASSOC. 321 MONTGOMERY ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				3,400.
				,
ONPOINT FOR COLLEGE	NONE	EXEMPT	PUBLIC SUPPORT	
488 W ONONDAGA ST SYRACUSE, NY 13202				2,585.
,				
OPHELIA'S PLACE	NONE	EXEMPT	PUBLIC SUPPORT	
407 TULIP ST LIVERPOOL, NY 13088				5,600.
ETTER COL, NI 10000				3,000.
OTHER	NONE	EXEMPT	PUBLIC SUPPORT	
100 CLINTON SQUARE				10 170
SYRACUSE, NY 13202				10,172.
PAIGE'S BUTTERFLY RUN	NONE	EXEMPT	PUBLIC SUPPORT	
50 PRESIDENTIAL PLAZA SUITE LL-3				
SYRACUSE, NY 13202				1,500.
PGR FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
100 EAST AVE				
ROCHESTER, NY 14604				20,560.
Total from continuation sheets				

CORPORATION

Part XIV Supplementary Information

Part XIV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
PURPOSE FARM	NONE	EXEMPT	PUBLIC SUPPORT	
1454 W GENESEE RD				
BALDWINSVILLE, NY 13027				2,500.
RECLAIMING OUR AFRICAN PRIDE	NONE	EXEMPT	PUBLIC SUPPORT	
208 CHAFFEE AVE				
SYRACUSE, NY 13207				4,381.
RED HOUSE ARTS CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
400 S SALINA ST	NONE		TODDIC BOTTOKI	
SYRACUSE, NY 13202				2,000.
RISE	NONE	EXEMPT	PUBLIC SUPPORT	
302 BURT ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				500.
RISE ABOVE POVERTY 600 W GENESEE ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13204				2,000.
,				,
RIVER CHURCH 750 JAMES ST.	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13203				800.
SALT CITY HARVEST FARM	NONE	EXEMPT	PUBLIC SUPPORT	
449 FYLER RD KIRKVILLE, NY 13082				3,500.
				,,,,,,,
SAMARITAN CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
215 N STATE ST SYRACUSE, NY 13203				2,875.
SIRACOSE, NI 13203				2,073.
SCSD EDUCATIONAL FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
725 HARRISON STREET				900
SYRACUSE, NY 13210				800.
SOUTH SUDAN INITATIVES	NONE	EXEMPT	PUBLIC SUPPORT	
335 VILLAGE DRIVE				
SYRACUSE, NY 13206				5,055.
Total from continuation sheets				

Part XIV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			
	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	711104111
SOUTHWEST COMMUNTIY CENTER LIBRARY	NONE	EXEMPT	PUBLIC SUPPORT	
101 SOUTH AVE.				
SYRACUSE, NY 13204				2,50
STONE QUARRY HILL ART PARK	NONE	EXEMPT	PUBLIC SUPPORT	
3883 STONE QUARRY RD				
CAZENOVIA, NY 13035				10,00
GUNSHINE HORSES	NONE	EXEMPT	PUBLIC SUPPORT	
3721 VERPLANK RD				
CLAY, NY 13041				5,00
SYMPHORIA	NONE	EXEMPT	PUBLIC SUPPORT	
234 HARRISON ST				
SYRACUSE, NY 13202				111
SYRACUSE COMMUNITY CONNECTIONS	NONE	EXEMPT	PUBLIC SUPPORT	
425 SOUTH AVE				
SYRACUSE, NY 13204				15
SYRACUSE HOUSING AUTHORITY	NONE	EXEMPT	PUBLIC SUPPORT	
516 BURT ST.				
SYRACUSE, NY 13202				6,00
SYRACUSE STAGE	NONE	EXEMPT	PUBLIC SUPPORT	
320 E GENESEE ST				
SYRACUSE, NY 13210				4,03
SYRACUSE UNIVERSITY	NONE	EXEMPT	PUBLIC SUPPORT	
900 SOUTH CROUSE AVE				
SYRACUSE, NY 13244				3,00
THE ALAMONT PROGRAM	NONE	EXEMPT	PUBLIC SUPPORT	
420 GIFFORD ST.				
SYRACUSE, NY 13204				3,00
THE GUEST HOUSE	NONE	EXEMPT	PUBLIC SUPPORT	
722 W. MANLUS ST EAST SYRACUSE, NY 13057				10
Total from continuation sheets		1		10

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor THE WOMANS ECONOMIC INSTITUTE NONE EXEMPT PUBLIC SUPPORT LINCOLN BUILDING, 109 OTISCO ST SYRACUSE, NY 13204 6,000. TOMORROWS NEIGHBORHOODS TODAY NONE EXEMPT PUBLIC SUPPORT 201 E. WASHINGTON ST SYRACUSE, NY 13202 3,850. UNITED WAY EXEMPT PUBLIC SUPPORT NONE 980 JAMES ST SYRACUSE, NY 13203 15,000. VERA HOUSE NONE EXEMPT PUBLIC SUPPORT 723 JAMES ST SYRACUSE, NY 13203 2,100. VIETNAMESE COMMUNITY OF SYRACUSE NONE EXEMPT PUBLIC SUPPORT 1323 N. SALINA ST SYRACUSE, NY 13208 2,000. VOLUNTEER LAWYERS PROJECT NONE EXEMPT PUBLIC SUPPORT 100 CLINTON SQUARE SYRACUSE, NY 13202 5,000. WHOLE ME INC. NONE EXEMPT PUBLIC SUPPORT 1010 JAMES ST SYRACUSE, NY 13203 10,000. WOMEN'S OPPORTUNITY CENTER NONE EXEMPT PUBLIC SUPPORT 28 ELWOOD DAVIS RD 290 SUITE LIVERPOOL, NY 13088 5,000. YMCA OF GREATER SYRACUSE -NONE EXEMPT PUBLIC SUPPORT UNRESTRICTED INTEREST WRITING WORKSHOP 340 MONTGOMERY ST SYRACUSE, NY 13202 1,000.

Total from continuation sheets

**Underpayment of Estimated Tax by Corporations** 

FORM 990-PF

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return. ► Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

OMB No. 1545-0123

ame	THE	ROSAMOND	GIFFORD	CHARITABLE
	CORI	MOTPAGOC		

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	25,264.
2 a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a		
<b>b</b> Look-back interest included on line 1 under section 460(b)(2)					
contracts or section 167(g) for depreciation under the income			2b		
c Credit for federal tax paid on fuels (see instructions)			2c		
d Total. Add lines 2a through 2c				2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation		
does not owe the penalty				3	25,264.
4 Enter the tax shown on the corporation's 2020 income tax ret	urn. S	ee instructions. Caution:	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 c	on line 5	4	21,081.
5 Required annual payment. Enter the smaller of line 3 or line			•		21 001
enter the amount from line 3  Part II Reasons for Filing - Check the boxes below				5	21,081.
even if it does not owe a penalty. See instructions.	w ma	i appiy. II aliy boxes are (	checked, the corporation	must the Foffil 2220	
6 The corporation is using the adjusted seasonal installing	mont r	nethed			
7 The corporation is using the annualized income install					
8 The corporation is a "large corporation" figuring its first			n the prior year's tay		
Part III   Figuring the Underpayment	si reqi	illeu ilistallillellt baseu o	ii tile prior year s tax.		
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the	$\Box$	(ω)	(6)	(0)	(u)
15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month),					
6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7			337 - 37		
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 Estimated tax paid or credited for each period. For		,	,	•	,
column (a) only, enter the amount from line 11 on line 15.					
See instructions	11	10,196.		11,071.	
Complete lines 12 through 18 of one column				-	
before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		4,926.		5,456.
<b>13</b> Add lines 11 and 12	13		4,926.	11,071.	5,456.
14 Add amounts on lines 16 and 17 of the preceding column	14			345.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	10,196.	4,926.	10,726.	5,456.
16 If the amount on line 15 is zero, subtract line 13 from line					
14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. 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		345.		
<b>18 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	4,926.		5,456.	

For Paperwork Reduction Act Notice, see separate instructions.

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.

Form 2220 (2021)

#### Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	<b>\$</b>	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 1.

<sup>\*</sup> 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. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

# FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

CORPORATION				15-0572	2881
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
5/15/21	5,270.	5,270.			
5/15/21	-5,300.	-30.			
5/15/21	-4,896.	-4,926.			
6/15/21	5,271.	345.	22	.000082192	
7/07/21	-5,771.	-5,426.			
09/08/21	-5,300.	-10,726.			
9/15/21	5,270.	-5,456.			
12/15/21	5,270.	-186.			
03/31/22	0.	-186.	45	.000109589	

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEM	PORARY CAS	SH IN	VESTMENTS	STATEMENT 1	
SOURCE		REVE	(A) REVENUE NET PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
NBT - MONEY MARKET			2,000.		2,000.		
TOTAL TO PART I, LII	NE 3		2,000.		2,000.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM S	SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVE	NUE	(B) NET INVES' MENT INCO		
WILMINGTON TRUST	485,379	•	0. 485	,379.	485,37	9.	
TO PART I, LINE 4	485,379	•	0. 485	,379.	485,37	9.	
FORM 990-PF		ACCOUNTII (A) EXPENSES	(B) NET INVES		(C) ADJUSTED	STATEMENT 3  (D)  CHARITABLE	
DESCRIPTION	_	PER BOOKS	MENT INCO		NET INCOM		
ACCOUNTING FEES		38,495.		0.		40,185.	
TO FORM 990-PF, PG	1, LN 16B =	38,495.		0.	<del></del>	40,185.	
FORM 990-PF	0'	THER PROFES	SIONAL FE	ES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	_	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
INVESTMENT FEES CONSULTANTS	_	72,984. 7,183.	72,9	984.		0. 7,183.	
TO FORM 990-PF, PG	 1, LN 16C	80,167.	72,9	984.	<del></del>	7,183.	
	_					<del></del>	

FORM 990-PF	TAX	ES	S'	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PAYROLL TAXES NYS FILING FEE	24,659. 775.	5,947. 775.		18,712.		
TO FORM 990-PF, PG 1, LN 18	25,434.	6,722.		18,712.		
FORM 990-PF	OTHER E	XPENSES	S	ratement 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ANNUAL REPORT AND OTHER SUPPLIES AND POSTAGE TELEPHONE DUES & SUBSCRIPTIONS INSURANCE MAINTENANCE CONTRACTUAL EXPENSES FEDERAL EXCISE TAX	2,601. 9,623. 7,385. 9,369. 6,482. 13,061. 185,863. 16,371.	0. 6,736. 5,170. 0. 0. 0. 0. 8,315.		7,200. 2,887. 2,215. 9,369. 7,565. 13,254. 180,459.		
TO FORM 990-PF, PG 1, LN 23	250,755.	20,221.		222,949.		

FORM 990-PF	CORPORATE STOCK	STATEMENT 7

DESCRIPTION			EATD MADVED
ABBOTT LABORATORIES ACV AUCTIONS INC CL A A01,459, 301,459, ADOBE INC ALCON INC ALCON INC ALCON INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMERIPRISE FINANCIAL INC ANSYS INC ANDITURE APPLIV PLC ANDITURE AVALARA INC AUTOMATIC DATA PROCESSING INC AVALARA INC BENTLEY SYS INC CLASS B AVALARA INC BENTLEY SYS INC CLASS B AVALARA INC BENTLEY SYS INC CLASS B BERTALLEY SYS INC C	DESCRIPTION	BOOK VALUE	
ABBOTT LABORATORIES ACV AUCTIONS INC CL A A01,459, 301,459, ADOBE INC ALCON INC ALCON INC ALCON INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMERIPRISE FINANCIAL INC ANSYS INC ANDITURE APPLIV PLC ANDITURE AVALARA INC AUTOMATIC DATA PROCESSING INC AVALARA INC BENTLEY SYS INC CLASS B AVALARA INC BENTLEY SYS INC CLASS B AVALARA INC BENTLEY SYS INC CLASS B BERTALLEY SYS INC C	META PLATFORMS, INC-A	51,798.	51,798.
ACV AUCTIONS INC CL A ADOBE INC ADOBE INC ALCON INC ALCON INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM INC AMBRICAN TOWER CORP CL A STORMERICAN TOWER CORP CL A STORMERICAN TOWER CORP CL A AMENIAN TOWER CORP CL A STORMERICAN TOWER CORP CL A STORMERICAN TOWER CORP CL A AMENIAN INC COM APTIV PLC ANSYS INC ANSYS INC APTIV PLC AUTOMATIC DATA PROCESSING INC APTIV PLC AUTOMATIC DATA PROCESSING INC APTIV PLC AUTOMATIC DATA PROCESSING INC AUTOMATIC DATA PROCESSING INC AUTOMATIC DATA PROCESSING INC AVALARA INC BENTLEY SYS INC CLASS B BENTLEY SYS I			
ADOBE INC ALCON INC AMAZON.COM INC AMERIFRISE FINANCIAL INC 33,352.  AMERIFRISE FINANCIAL INC 36,352.  AMERIFRISE FINANCIAL INC 38,311.  38,311.  38,311.  AMERIFRICOM 27,446. 27,446. 27,446. 27,446. ANYSI INC ANYSI I			
ALCON INC AMAZON.COM INC AMAZON.COM INC AMAZON.COM TOURE CORP CL A AMAZON.COM TOURE CORP CL A AMERIPRISE FINANCIAL INC AMERIPRISE FOR THE COM ANSYS INC AMERIPRISE FOR THE CL AMERICA THE CL AMERIPRISE FOR THE CL AMERIPRISE FOR THE CL AMERIPRISE FOR THE CL AMERIPRISE FOR THE CL AMERICA THE CL AMERIC			
AMAZON.COM INC AMERICAN TOWER CORP CL A 50,017. 50,017. AMERIPRISE FINANCIAL INC 38,311. 38,311. 38,311. AMGEN INC COM 27,446. 27,446. 61,047. 61,047. ANSYS INC 46,530. A6,530. A9,565. A9700A APTIV PLC 49,550. AUTOMATIC DATA PROCESSING INC AVALRAR INC 21,690. EMPILEY SYS INC CLASS B 28,515. 28,515. CAPITAL ONE FINANCIAL CORP BENTLEY SYS INC CLASS B 28,515. CAPITAL ONE FINANCIAL CORP 60,001. CHUBB LTD CHUBB LTD CHUBB LTD CLICINNATI FINANCIAL CORP COMMON 27,515. CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM COMSTELLATION BRANDS INC CL A CONSTELLATION BRANDS INC CL A CONSTELLATION BRANDS INC CL A CORSTELLATION BRANDS INC CL A COTERNA INC COTERNA INC COTERNA INC COTERNA INC COTERNA ENERGY, INC. COTERNA ENERGY, INC. COTERNA ENERGY, INC. COTERNA ENERGY, INC COTERNA ENERGY INC COTERNA ENERGY, INC COTERNA ENERGY, INC COTERNA ENERGY IN A CONTENT ENERGY INC COTERNA ENERGY IN			
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AMERIPRISE FINANCIAL INC AMGEN INC COM AGEN INC COM AGEN INC COM AMPHENOL CORP NEW CL A AMPHENOL CORP NEW CL A AMPHENOL CORP NEW CL A ANSYS INC APTIV PLC ANSYS INC APTIV PLC AUTOMATIC DATA PROCESSING INC AUTOMATIC DATA PROCESSING INC AVALARA INC BENTLEY SYS INC CLASS B AVALARA INC BENTLEY SYS INC CLASS B BENTLEY SYS INC CLASS B CAPITAL ONE FINANCIAL CORP BENTLEY SYS INC CLASS B BENTLEY SYS INC CLASS B CAPITAL ONE FINANCIAL CORP BENTLEY SYS INC CLASS B BENTLEY SYS INC BENTLE	AMERICAN TOWER CORP CL A		
AMGEN INC COM AMPHENOL CORP NEW CL A AMPHENOL CORP NEW CL A ANSYS INC APTIV PLC A9,650. APTIV PLC A9,650. A9,6	AMERIPRISE FINANCIAL INC		
AMPHENOL CORP NEW CL A ANSYS INC BENTILEY SYS INC CLASS B COPACT BENTILEY SYS INC CLASS B BENTILEY SYS INC COMPOIL SO CONTOL S	AMGEN INC COM		
APTIV PLC AUTOMATIC DATA PROCESSING INC AP, 563. AVALARA INC 21, 690. EENTLEY SYS INC CLASS B 28, 515. 28, 515. 28, 515. 28, 515. CAPITAL ONE FINANCIAL CORP 38, 159. CDW CORP CDW CORP CHUBB LTD CHUBB LTD CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM 31, 263. COMMERCE BANCSHARES INC COCA COLA CO COM 31, 263. COMMERCE BANCSHARES INC COTESTAL ENERGY, INC. COLLEEN FROST BANKER INC COM DANAHER CORP COM DANAHER CORP COM CASTLE INTL CORP REIT COMPANAMER INC COM DUCK CREEK TECHNOLOGIES INC 13,580. EAST WEST BANCORP INC 14,634. ECOLAB INC COM 15,204. ELANCO ANIMAL HEALTH INC 16,480. ELANCO ANIMAL HEALTH INC 19,935. COMMINAL FEAST ENERGY INC 19,087. ELANCO ANIMAL HEALTH INC 21,732. 27,703. ELANCO ANIMAL HEALTH INC 16,480. FACTSET RESEARCH SYSTEMS INC 19,087. ELANCO ANIMAL HEALTH INC 21,732. 21,732. ELANCO ANIMAL HEALTH INC 21,732. 21,732. ELANCO ANIMAL HEALTH INC 39,306. 39	AMPHENOL CORP NEW CL A	61,047.	61,047.
APTIV PLC AUTOMATIC DATA PROCESSING INC 49,563. 49,563. AVALARA INC 21,690. 21,690. EENTLEY SYS INC CLASS B EENTLEY SYS INC CLASS B EENTLEY SYS INC CLASS B 28,515. 28,515. CAPITAL ONE FINANCIAL CORP 38,159. 38,159. CDW CORP CDW CORP 60,001. 60,001. CHUBB LTD 24,550. 24,550. CINCINNATI FINANCIAL CORP COMMON 27,115. 27,115. CLEARWATER ANALYTICS HOLDINGS CL A 20,567. 20,567. COCA COLA COLA CO COCA COLA CO COM 31,263. 31,263. COMMERCE BANCSHARES INC 20,072. 20,072. CONSTELLATION BRANDS INC CL A 47,182. COPART INC 35,024. 35,024. CORTEVA INC COTERNA ENERGY, INC. COTERNA ENERGY, INC. 25,859. 25,859. CROWN CASTLE INTL CORP REIT 37,573. 37,573. CULLEN FROST BANKER INC COM 20,549. 20,549. DANAHER CORP COM 34,719. 34,719. DUCK CREEK TECHNOLOGIES INC 13,580. 13,580. EAST WEST BANCORP INC EAST WEST BANCORP INC 14,634. 14,634. ECOLAB INC COM 34,719. 34,719. ELANCO ANIMAL HEALTH INC 39,306. 39,306. EQUITY LIFESTYLE PROPERTIES REIT 16,480. 16,480. FACTSET RESEARCH SYSTEMS INC 19,087. 19,087. ELANCO ANIMAL HEALTH INC 19,087. 19,087. GENERAL DYNAMICS CORP COM 27,703. 27,703. FAIR ISAAC INC 18,214. 18,214. FIVEP INC 16,236. 16,236. HENCY INC 19,087. 29,355. CLOWN EMBLICAL INC COM 22,377. 22,377. HEALTHEQUITY INC 16,236. 16,236. HENCY JONE ASSOC INC COM 22,377. 22,377. 10,012 HOLDINGS INC 31,485. 31,485. INTL FLAVORS & FRAGRANCES INC COM 31,48	ANSYS INC	46,530.	46,530.
AUTOMATIC DATA PROCESSING INC AVALARA INC BENTLEY SYS INC CLASS B BENTLEY SYS INC CLASS B CAPITAL ONE FINANCIAL CORP CDW CORP 60,001. 60,001. CHUBB LTD CINCINNATI FINANCIAL CORP COMMON COMERCE BANCSHARES INC COA COLA CO COM COMERCE BANCSHARES INC COMMERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A CORTEVA INC CORTEVA INC CORTEVA INC CORTEVA INC CORTEVA INC CORTEVA INC COTTERNA ENERGY, INC. C	APTIV PLC	49,650.	
AVALARA INC BENTLEY SYS INC CLASS B CAPITAL ONE FINANCIAL CORP 38,159. 38,159. CDW CORP 60,001. 60,001. CHUBB LTD 24,550. CINCINNATI FINANCIAL CORP COMMON 27,115. CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM 31,263. COMMERCE BANCSHARES INC COFART INC COTTERNA ENERGY, INC. COTTERNA ENERGY, INC. COTTERNA ENERGY, INC. COTTERNA ENERGY, INC COTTERNA CORP INC COTTERNA ENERGY, INC COTTERNA ENERGY ENERGY, INC COTTERNA ENALY COTTERNA ENERGY, INC COTTERNA ENERGY, INC COTTERNA ENALY COTTERNA ENERGY, INC COTTERNA ENERGY, INC COTTERNA ENGRY COTTERNA EN	AUTOMATIC DATA PROCESSING INC	49,563.	
CAPITAL ONE FINANCIAL CORP CDW CORP CDW CORP COUNCIPE CHUBB LTD CLEARWATER ANALYTICS HOLDINGS CL A CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM 31,263. COMMERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COFART INC COTERNA ENERGY, INC. COTERNA ENERGY, INC. COTERNA ENERGY, INC. COTERNA ENERGY, INC COTERNA ENERGY, INC COTERNA ENERGY, INC COLLEN FROST BANKER INC COM DANAHER CORP COM SONS BANCORD SONS COMBERCE BANCORD INC COTERNA ENERGY, INC. COTERNA ENERGY, INC. COTERNA ENERGY, INC COTERNA BENDAMER INC COM SONS BANCORD INC COMBERCE COMBERCE COMBERCE COMBERCE COMBERCE COMBERCE COMBERCE COMBERC	AVALARA INC	21,690.	
CDW CORP CHUBB LTD CHUBB LTD 24,550. 24,550. 24,550. 24,550. 24,550. 24,550. 24,550. 22,7,115. CLEARWATER ANALYTICS HOLDINGS CL A 20,567. COCA COLA CO COM 31,263. 31,	BENTLEY SYS INC CLASS B	28,515.	28,515.
CHUBE LTD CINCINNATI FINANCIAL CORP COMMON CICEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM COCA COLA CO COM COMBERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COFFER LATION BRANDS INC CL A COFFER LATION BRANDS INC CL A COTERNA ENERGY, INC. COLLEN FROST BANKER INC COM COTERNA ENERGY, INC. COLLEN FROST BANKER INC COM CASTLE INTL CORP REIT COM CASTLE INTL CORP REIT COM CASTLE INTL COM CASTLE INC COM CASTLE COLAB COM CASTLE COLAB COL	CAPITAL ONE FINANCIAL CORP	38,159.	38,159.
CINCINNATI FINANCIAL CORP COMMON CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM 31,263. 31,263. COMMERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COPART INC COPART INC COPART INC COTERA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC COMMERCE BANCER INC COM COTERRA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC COTERRA ENERGY, INC COWN CASTLE INTL CORP REIT COWN CASTLE INTL COM COTERRA ENERGY INC COMMERCE TECHNOLOGIES INC COTERRA ENERGY INC CASTLE INTL COM CASTLE INTL COM CASTLE INTL COM COTERRA ENERGY INC COMMERCE TECHNOLOGIES INC COMMERCE COLAB INC COM COMMERCE COLAB INC COM COMMERCE COLAB INC COMMERCE COMMERCE COLAB INC COMMERCE COMMERC COMMERCE COMMERCE COMMERCE COMMERCE COMMERCE COMMERCE COMMERCE C	CDW CORP	60,001.	60,001.
CLEARWATER ANALYTICS HOLDINGS CL A COCA COLA CO COM COMMERCE BANCSHARES INC COMMERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COPART INC CORTEVA INC CORTEVA INC COTERRA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC. COTERRA ENERGY, INC. CULLEN FROST BANKER INC COM DANAHER CORP COM COTERRA ENCOMPONE COMMERCE TECHNOLOGIES INC COMMERCE TECHNOLOGIES TECHNOLOGIES TECHNOLOGIES COMMERCE TECHNOLOGIES TECHNOLOGIES COMMERCE TECHNOLOGIES TECHNOLOGIES COMMERCE T	CHUBB LTD	24,550.	24,550.
COCA COLA CO COM COMBERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COPART INC COFFET INC COFFET INC COTTEVA INC COTTEVA INC COTTERA ENERGY, INC. COTERRA ENERGY. COTERRA ENCRE INC. COTERRA ENCRETA ENTRE ENT. COTER ENCRETA ENTRE ENT. COTER ENTRE ENT. COMMAND ENTRE ENTRE ENT. COTER ENTRE ENTRE ENT. COTER ENTRE ENT. COTER ENTRE ENT. COTER ENTRE ENTRE ENT. COTER ENTRE ENTRE ENT. COT	CINCINNATI FINANCIAL CORP COMMON	27,115.	27,115.
COMMERCE BANCSHARES INC CONSTELLATION BRANDS INC CL A COPART INC 35,024. COPART INC 40,850. COTERRA ENERGY, INC. CORTEVA INC COROWN CASTLE INTL CORP REIT 37,573. CULLEN FROST BANKER INC COM 20,549. DANAHER CORP COM 20,549. DANAHER CORP COM 34,157. DUCK CREEK TECHNOLOGIES INC 214,634. EAST WEST BANCORP INC 214,634. ECOLAB INC COM 34,719. ELANCO ANIMAL HEALTH INC 239,306. EQUITY LIFESTYLE PROPERTIES REIT 37,703. FAIR ISAAC INC FACTSET RESEARCH SYSTEMS INC 27,703. EAST WEST BANCORP COM 27,935. CONSERVATION CLASS A 40,850. 40,850. 40,850. 40,850. 40,850. 40,850. 41,634. 4	CLEARWATER ANALYTICS HOLDINGS CL A	20,567.	20,567.
CONSTELLATION BRANDS INC CL A 47,182. 47,182. COPART INC 35,024. 35,024. 35,024. COPART INC 40,850. 40,850. COTERRA ENERGY, INC. 25,859. 25,859. CROWN CASTLE INTL CORP REIT 37,573. 37,573. CULLEN FROST BANKER INC COM 20,549. 20,549. DANAHER CORP COM 64,157. 64,157. DUCK CREEK TECHNOLOGIES INC 13,580. 13,580. EAST WEST BANCORP INC 14,634. 14,634. ECOLAB INC COM 34,719. 34,719. ELANCO ANIMAL HEALTH INC 39,306. 39,306. EQUITY LIFESTYLE PROPERTIES REIT 16,480. 16,480. FACTSET RESEARCH SYSTEMS INC 27,703. 27,703. 27,703. FAIR ISAAC INC 18,214. 18,214. FIVE9 INC 19,087. 19,087. 19,087. GENERAL DYNAMICS CORP COM 27,935. 27,935. GLOBUS MEDICAL INC 16,236. 166,236. HEICO CORPORATION CLASS A 30,202. 30,202. HENRY JACK & ASSOC INC COM 22,377. 22,377. 10,015. COM 22,377. 22,377. 10,015. COM 24,857. 24,857. INTL FLAVORS & FRAGRANCES INC COM 24,857. 24,857. INTL FLAVORS & FRAGRANCES INC COM 24,857. 24,857. IQUIA HOLDINGS INC 69,689. 69,689. JOHNSON CONTROLS INTERNATIONAL PLC 45,208. 45,208. LAMB WESTON HOLDINGS INC 15,148. 15,148. LENNAR CORP CL A 42,515. 42,515. LENNAR CORP CL B ARKETAKESS HOLDINGS INC 41,409. 41,409.	COCA COLA CO COM	31,263.	31,263.
COPART INC CORTEVA INC COTERRA ENERGY, INC. COWN CASTLE INTL CORP REIT 37,573. CULLEN FROST BANKER INC COM 20,549.  DANAHER CORP COM 64,157. 64,157. CULKER TECHNOLOGIES INC 13,580.  EAST WEST BANCORP INC 14,634. ECOLAB INC COM 34,719. 34,719. 34,719. ELANCO ANIMAL HEALTH INC 39,306. EQUITY LIFESTYLE PROPERTIES REIT 16,480. FACTSET RESEARCH SYSTEMS INC 27,703. FAIR ISAAC INC FIVE INC 19,087. GENERAL DYNAMICS CORP COM 27,935. COLOBUS MEDICAL INC 21,732. ELALTHEQUITY INC 16,236. 16,236. HEICO CORPORATION CLASS A 30,202. HEALTHEQUITY INC 16,236. HEICO CORPORATION CLASS A 30,202. HENRY JACK & ASSOC INC COM 22,377. LOVEL INTL INC COM 31,485. INTL FLAVORS & FRAGRANCES INC COM 31,485. INTL FLAVORS & F	COMMERCE BANCSHARES INC	20,072.	20,072.
CORTEVA INC COTERRA ENERGY, INC. COTERRA ENERGY, INC. CTOWN CASTLE INTL CORP REIT CROWN CASTLE INTL CORP REIT COLLEN FROST BANKER INC COM 20,549. DANAHER CORP COM 64,157. CULLEN FROST BANKER INC DUCK CREEK TECHNOLOGIES INC 13,580. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 14,634. 16,480.	CONSTELLATION BRANDS INC CL A	47,182.	47,182.
COTERRA ENERGY, INC.  CROWN CASTLE INTL CORP REIT  CROWN CASTLE INTL CORP REIT  37,573.  34,719.  34,719.  34,719.  34,719.  34,719.  34,719.  34,719.  34,719.  39,306.  39,2	COPART INC	35,024.	35,024.
CROWN CASTLE INTL CORP REIT CULLEN FROST BANKER INC COM 20,549. 21,580. 21,580. 21,580. 21,580. 21,580. 21,634. 21,634. 21,634. 21,634. 21,703	CORTEVA INC	40,850.	40,850.
CULLEN FROST BANKER INC COM       20,549.       20,549.         DANAHER CORP COM       64,157.       64,157.         DUCK CREEK TECHNOLOGIES INC       13,580.       13,580.         EAST WEST BANCORP INC       14,634.       14,634.         ECOLAB INC COM       34,719.       34,719.         ELANCO ANIMAL HEALTH INC       39,306.       39,306.         EQUITY LIFESTYLE PROPERTIES REIT       16,480.       16,480.         FACT SET RESEARCH SYSTEMS INC       27,703.       27,703.         FAIR ISAAC INC       18,214.       18,214.         FIVE9 INC       19,087.       19,087.         GENERAL DYNAMICS CORP COM       27,935.       27,935.         GLOBUS MEDICAL INC       21,732.       21,732.         HEALTHEQUITY INC       16,236.       16,236.         HEALTHEQUITY INC       16,236.       16,236.         HEDICO CORPORATION CLASS A       30,202.       30,202.         HENRY JACK & ASSOC INC COM       22,377.       22,377.         HONEYWELL INTL INC COM       31,485.       31,485.         INTL FLAVORS & FRAGRANCES INC COM       24,857.       24,857.         IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.	COTERRA ENERGY, INC.	25,859.	25,859.
DANAHER CORP COM DUCK CREEK TECHNOLOGIES INC DUCK CREEK TECHNOLOGIES INC EAST WEST BANCORP INC 14,634. ECOLAB INC COM 14,634. ECOLAB INC COM 34,719. ELANCO ANIMAL HEALTH INC 39,306. EQUITY LIFESTYLE PROPERTIES REIT 16,480. FACTSET RESEARCH SYSTEMS INC FACTSET RESEARCH SYSTEMS INC FAIR ISAAC INC FAIR ISAAC INC FIVE9 INC 19,087. GENERAL DYNAMICS CORP COM 27,935. GLOBUS MEDICAL INC 21,732. HEALTHEQUITY INC 16,236. HEICO CORPORATION CLASS A 30,202. HENRY JACK & ASSOC INC COM 22,377. HONEYWELL INTL INC COM 31,485. INTL FLAVORS & FRAGRANCES INC COM 32,377. LOVIA HOLDINGS INC 69,689. JOHNSON CONTROLS INTERNATIONAL PLC LAMB WESTON HOLDINGS INC 15,148. LENNAR CORP CL A 42,515. ARACINAC MARKIN MARIETTA MATERIALS INC 41,409. 41,409.	CROWN CASTLE INTL CORP REIT	37,573.	37,573.
DUCK CREEK TECHNOLOGIES INC       13,580.       13,580.         EAST WEST BANCORP INC       14,634.       14,634.         ECOLAB INC COM       34,719.       34,719.         ELANCO ANIMAL HEALTH INC       39,306.       39,306.         EQUITY LIFESTYLE PROPERTIES REIT       16,480.       16,480.         FACTSET RESEARCH SYSTEMS INC       27,703.       27,703.         FAIR ISAAC INC       18,214.       18,214.         FIVE9 INC       19,087.       19,087.         GENERAL DYNAMICS CORP COM       27,935.       27,935.         GENERAL DYNAMICS CORP COM       21,732.       21,732.         HEALTHEQUITY INC       16,236.       16,236.         HEALTHEQUITY INC       16,236.       16,236.         HEICO CORPORATION CLASS A       30,202.       30,202.         HENRY JACK & ASSOC INC COM       22,377.       22,377.         HONEYWELL INTL INC COM       31,485.       31,485.         INTL FLAVORS & FRAGRANCES INC COM       24,857.       24,857.         IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515. <td>CULLEN FROST BANKER INC COM</td> <td>20,549.</td> <td>20,549.</td>	CULLEN FROST BANKER INC COM	20,549.	20,549.
EAST WEST BANCORP INC  ECOLAB INC COM  34,719. 34,719. 34,719. ELANCO ANIMAL HEALTH INC  EQUITY LIFESTYLE PROPERTIES REIT  16,480. FACTSET RESEARCH SYSTEMS INC  7,703. FAIR ISAAC INC  18,214. FIVE9 INC  19,087. GENERAL DYNAMICS CORP COM  27,935. GLOBUS MEDICAL INC  HEALTHEQUITY INC  HEALTHEQUITY INC  HEALTHEQUITY INC  HEICO CORPORATION CLASS A  HENRY JACK & ASSOC INC COM  10,020. 30,202. 30,202. 40,207. INTL FLAVORS & FRAGRANCES INC COM  11,485. INTL FLAVORS & FRAGRANCES INC COM  24,857. IQVIA HOLDINGS INC  15,148. LENNAR CORP CL A  LENNAR CORP CL A  LENNAR CORP CL B  MARKETAXESS HOLDINGS INC  MARRIN MARIETTA MATERIALS INC  41,409.  41,409.	DANAHER CORP COM	64,157.	64,157.
ECOLAB INC COM  ELANCO ANIMAL HEALTH INC  ELANCO ANIMAL HEALTH INC  EQUITY LIFESTYLE PROPERTIES REIT  FACTSET RESEARCH SYSTEMS INC  FAIR ISAAC INC  FAIR ISAAC INC  GENERAL DYNAMICS CORP COM  GENERAL DYNAMICS CORP  GENERAL DYN	DUCK CREEK TECHNOLOGIES INC	13,580.	13,580.
ELANCO ANIMAL HEALTH INC EQUITY LIFESTYLE PROPERTIES REIT 16,480. FACTSET RESEARCH SYSTEMS INC FAIR ISAAC INC FAIR ISAAC INC FIVE9 INC GENERAL DYNAMICS CORP COM GENERAL DYNAMICS CORP COM GLOBUS MEDICAL INC HEALTHEQUITY INC HEALTHEQUITY INC HEICO CORPORATION CLASS A HEICO CORPORATION CLASS A HEICO CORPORATION CLASS A HENRY JACK & ASSOC INC COM HENRY JACK & ASSOC INC COM 131,485. INTL FLAVORS & FRAGRANCES INC COM 1485. INTL FLAVORS & FRAGRANCES INC COM 15,4857. IQVIA HOLDINGS INC 169,689. JOHNSON CONTROLS INTERNATIONAL PLC LAMB WESTON HOLDINGS INC LAMB WESTON HOLDINGS INC LENNAR CORP CL A LENNAR CORP CL B T65. MARKETAXESS HOLDINGS INC 41,409. 41,409.	EAST WEST BANCORP INC	14,634.	14,634.
EQUITY LIFESTYLE PROPERTIES REIT  FACTSET RESEARCH SYSTEMS INC  27,703. 27,703.  FAIR ISAAC INC  18,214. 18,214.  FIVE9 INC  GENERAL DYNAMICS CORP COM  27,935. 27,935.  GLOBUS MEDICAL INC  HEALTHEQUITY INC  16,236. 16,236.  HEICO CORPORATION CLASS A  HEICO CORPORATION COM  HONEYWELL INTL INC COM  10,000 31,485. 31,485.  INTL FLAVORS & FRAGRANCES INC COM  10,010 40,689. 69,689.  10,010 45,208. 45,208.  LAMB WESTON HOLDINGS INC  LAMB WESTON HOLDINGS INC  LENNAR CORP CL A  MARKETAXESS HOLDINGS INC  MARTIN MARIETTA MATERIALS INC  16,480. 16,480.  17,000 27,703.  18,214. 18,214.  18,214. 18,214.  18,214. 18,214.  18,214. 18,214.  16,480. 21,732. 27,935.  27,935. 27,935.  21,732. 21,732.  21,732. 21,732.  21,732. 21,732.  21,732. 21,732.  21,732. 21,732.  21,732. 21,732.  22,377. 22,377.  22,377. 22,377.  24,857. 24,857.  24,857. 24,857.  24,676. 45,208.  42,515. 42,515.  42,515. 42,515.  42,676. 24,676.	ECOLAB INC COM	34,719.	34,719.
FACTSET RESEARCH SYSTEMS INC  FAIR ISAAC INC  18,214.  18,214.  19,087.  19,087.  19,087.  GENERAL DYNAMICS CORP COM  27,935.  GLOBUS MEDICAL INC  HEALTHEQUITY INC  16,236.  HEICO CORPORATION CLASS A  HEICO CORPORATION CLASS A  HONEYWELL INTL INC COM  131,485.  INTL FLAVORS & FRAGRANCES INC COM  24,857.  1QVIA HOLDINGS INC  109,689.  109,689.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,087.  109,089.  109,087.	ELANCO ANIMAL HEALTH INC	39,306.	39,306.
FAIR ISAAC INC  FIVE9 INC  GENERAL DYNAMICS CORP COM  27,935.  27,935.  GLOBUS MEDICAL INC  16,236.  16,236.  HEALTHEQUITY INC  16,236.  16,236.  HEICO CORPORATION CLASS A  30,202.  30,202.  HENRY JACK & ASSOC INC COM  22,377.  HONEYWELL INTL INC COM  31,485.  INTL FLAVORS & FRAGRANCES INC COM  24,857.  1QVIA HOLDINGS INC  59,689.  JOHNSON CONTROLS INTERNATIONAL PLC  LAMB WESTON HOLDINGS INC  15,148.  LENNAR CORP CL A  42,515.  LENNAR CORP CL B  765.  MARKETAXESS HOLDINGS INC  41,409.  41,409.	EQUITY LIFESTYLE PROPERTIES REIT		
FIVE9 INC GENERAL DYNAMICS CORP COM GENERAL DYNAMICS CORP COM 27,935.  GLOBUS MEDICAL INC 21,732.  HEALTHEQUITY INC 16,236. HEICO CORPORATION CLASS A 30,202.  HENRY JACK & ASSOC INC COM 22,377.  HONEYWELL INTL INC COM 31,485.  INTL FLAVORS & FRAGRANCES INC COM 24,857.  IQVIA HOLDINGS INC 69,689.  JOHNSON CONTROLS INTERNATIONAL PLC LAMB WESTON HOLDINGS INC 15,148.  LENNAR CORP CL A 42,515.  LENNAR CORP CL B 765.  MARKETAXESS HOLDINGS INC 41,409.  41,409.	FACTSET RESEARCH SYSTEMS INC		
GENERAL DYNAMICS CORP COM 27,935. 27,935. GLOBUS MEDICAL INC 21,732. 21,732. HEALTHEQUITY INC 16,236. 16,236. HEICO CORPORATION CLASS A 30,202. 30,202. HENRY JACK & ASSOC INC COM 22,377. 22,377. HONEYWELL INTL INC COM 31,485. 31,485. INTL FLAVORS & FRAGRANCES INC COM 24,857. 24,857. IQVIA HOLDINGS INC 69,689. 69,689. JOHNSON CONTROLS INTERNATIONAL PLC 45,208. 45,208. LAMB WESTON HOLDINGS INC 15,148. 15,148. LENNAR CORP CL A 42,515. 42,515. LENNAR CORP CL B 765. 765. MARKETAXESS HOLDINGS INC 24,676. 24,676. MARTIN MARIETTA MATERIALS INC 41,409. 41,409.	FAIR ISAAC INC		
GLOBUS MEDICAL INC       21,732.       21,732.         HEALTHEQUITY INC       16,236.       16,236.         HEICO CORPORATION CLASS A       30,202.       30,202.         HENRY JACK & ASSOC INC COM       22,377.       22,377.         HONEYWELL INTL INC COM       31,485.       31,485.         INTL FLAVORS & FRAGRANCES INC COM       24,857.       24,857.         IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
HEALTHEQUITY INC       16,236.       16,236.         HEICO CORPORATION CLASS A       30,202.       30,202.         HENRY JACK & ASSOC INC COM       22,377.       22,377.         HONEYWELL INTL INC COM       31,485.       31,485.         INTL FLAVORS & FRAGRANCES INC COM       24,857.       24,857.         IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
HEICO CORPORATION CLASS A  HENRY JACK & ASSOC INC COM  HONEYWELL INTL INC COM  11,485.  INTL FLAVORS & FRAGRANCES INC COM  124,857.  IQVIA HOLDINGS INC  10HNSON CONTROLS INTERNATIONAL PLC  LAMB WESTON HOLDINGS INC  LENNAR CORP CL A  LENNAR CORP CL B  MARKETAXESS HOLDINGS INC  MARTIN MARIETTA MATERIALS INC  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  30,202.  31,485.  31,485.  31,485.  44,857.  45,208.  45,208.  45,208.  45,208.  45,208.  42,515.  765.  765.			
HENRY JACK & ASSOC INC COM  HONEYWELL INTL INC COM  INTL FLAVORS & FRAGRANCES INC COM  IQVIA HOLDINGS INC  JOHNSON CONTROLS INTERNATIONAL PLC  LAMB WESTON HOLDINGS INC  LENNAR CORP CL A  LENNAR CORP CL B  MARKETAXESS HOLDINGS INC  MARTIN MARIETTA MATERIALS INC  22,377.  22,377.  31,485.  31,485.  31,485.  31,485.  31,485.  31,485.  44,570.  45,208.  45,208.  45,208.  45,208.  45,208.  45,208.  42,515.  765.  765.  42,515.	~		
HONEYWELL INTL INC COM 31,485. 31,485. INTL FLAVORS & FRAGRANCES INC COM 24,857. 24,857. IQVIA HOLDINGS INC 69,689. 69,689. JOHNSON CONTROLS INTERNATIONAL PLC 45,208. 45,208. LAMB WESTON HOLDINGS INC 15,148. 15,148. LENNAR CORP CL A 42,515. 42,515. LENNAR CORP CL B 765. 765. MARKETAXESS HOLDINGS INC 24,676. 24,676. MARTIN MARIETTA MATERIALS INC 41,409. 41,409.		-	
INTL FLAVORS & FRAGRANCES INC COM       24,857.       24,857.         IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
IQVIA HOLDINGS INC       69,689.       69,689.         JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.		-	
JOHNSON CONTROLS INTERNATIONAL PLC       45,208.       45,208.         LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
LAMB WESTON HOLDINGS INC       15,148.       15,148.         LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.	**		
LENNAR CORP CL A       42,515.       42,515.         LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
LENNAR CORP CL B       765.       765.         MARKETAXESS HOLDINGS INC       24,676.       24,676.         MARTIN MARIETTA MATERIALS INC       41,409.       41,409.			
MARKETAXESS HOLDINGS INC 24,676. 24,676. MARTIN MARIETTA MATERIALS INC 41,409. 41,409.			
MARTIN MARIETTA MATERIALS INC 41,409. 41,409.			
MASTERCARD INC CL A 83,722. 83,722.	MASTERCARD INC CL A	83,722.	83,722.

THE ROSAMOND GIFFORD CHARITABLE CORPORAT		15-0572881
MEDIAALPHA INC CL A	8,770.	8,770.
MEDTRONIC PLC	27,621.	27,621.
MICHELIN (CGDE) - UNSPONSORED ADR	32,659.	32.659.
MICROCHIP TECHNOLOGY INC COM	45,098.	45,098. 168,160.
MICROSOFT CORP	168,160.	168,160.
MITSUBISHI UFJ FINANCIAL GRP-ADR	15,818.	15,818.
NCINO INC	13,002.	13,002.
NIKE INC CL B	70,668.	70,668.
OLD DOMINION FREIGHT LINE INC	56,266.	56,266.
OLLIE'S BARGAIN OUTLET HOLDINGS INC	13,719.	13,719.
OLO INC CL A	12,985.	12,985.
PARKER HANNIFIN CORP	38,493.	38,493.
PAYPAL HOLDINGS INC	24,515.	24,515.
PHILLIPS 66	21,666.	21,666.
PNC FINANCIAL SERVICES GROUP INC.	41,307.	41,307.
PROCTER & GAMBLE CO COM	29,772.	29,772.
QUALCOMM INC COM	41,877.	41,877.
RIGHTMOVE PLC UNSPONS ADR	27,484.	27,484.
RPM INTERNATIONAL INC COMMON	28,886.	28,886. 35,024.
RYAN SPECIALTY GROUP HOLDINGS CL A	35,024.	35,024.
SCHWAB CHARLES CORP NEW COM	68,373.	68,373.
SILK ROAD MEDICAL INC	28,080.	28,080.
SITEONE LANDSCAPE SUPPLY INC	43,368.	43,368.
SONY GROUP CORPORATION SPONS ADR	47,526.	47,526.
STERICYCLE INC COM	34,054.	34,054.
SUN COMMUNITIES INC (REIT)	18,267.	18,267.
TELEDYNE TECHNOLOGIES INC COM	24,903.	24,903.
THE COOPER COMPANIES INC	18,852.	18,852.
TJX COMPANIES COM	44,945.	44,945.
TRANSUNION	26,088.	26,088.
TWITTER INC	21,307.	21,307.
TYLER TECHNOLOGIES INC	34,429.	34,429.
TYSON FOODS INC COM	29,111.	29,111.
VERISK ANALYTICS INC. COMMON STOCK	56,725.	56,725.
WALGREENS BOOTS ALLIANCE INC	14,240.	14,240.
WEST PHARMACEUTICAL SERVICES INC	49,246.	49,246.
XYLEM INC W/I	35,137.	35,137.
ZOETIS INC	67,108.	67,108.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,541,769.	3,541,769.

FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
METWEST TOTAL RETURN BOND FUND		1,701,375.	1,701,375
VANGUARD HIGH YIELD CORP CL ADM	494,730.	494,730	
VANGUARD INFLATION-PROTECTED CL	151,573.	151,573	
VANGUARD TOTAL BOND MKT IND ADM		814,592.	814,592
WILMINGTON BROAD MARKET BOND FU	ND-1	1,057,773.	1,057,773
VIRTUS SEIX FLT RT HI INC		225,431.	225,431
TOTAL TO FORM 990-PF, PART II,	LINE 10C	4,445,474.	4,445,474
FORM 990-PF	OTHER INVESTMENT	S	STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMG RIVER RD SM-CAP VALUE FD CL	I FMV	553,026.	553,026
ARMORY SQUARE VENTURES	FMV	77,223.	77,223
BAILLIE GIFFORD EMERG MKTS CL K	FMV	743,644.	743,644
BLACKROCK EVENT DRIVEN EQUITY F	UND FMV		
CLASS INSTITUTIONAL		558,522.	558,522
COLUMBIA OVERSEAS VALUE-I3	FMV	890,623.	890,623
CVI CREDIT VALUE FUND B	FMV	3,579.	3,579
CVI CREDIT VALUE FUND B III	FMV	215,729.	215,729
DIAMOND HILL LARGE-CAP CL I	FMV	816,577.	816,577
DISTRESSED COMPANIES FUND	FMV	78,653.	78,653
GATEWAY FUND CLASS N	FMV	481,647.	481,647
ISHARES CORE MSCI EAFE ETF	FMV	1,111,763.	1,111,763
ISHARES CORE MSCI EMERGING	FMV	542,032.	542,032
ISHARES MSCI USA QUALITY FACTOR		761,279.	761,279
ISHARES RUSSELL 2000 ETF	FMV	364,818.	364,818
JOHCM INTERNATIONAL SELECT CL I		745,935.	745,935
PRINCIPAL GLOBAL RE FD CL-R6	FMV	408,736.	408,736
T. ROWE PRICE LG-CAP GR FD CL I		777,276.	777,276
VANGUARD 500 INDEX CL ADML	FMV	1,632,897.	1,632,897
VANGUARD COMMODITY STRAT FD CL		340,121.	340,121
WCM FOCUS INTL GROWTH FD WILMINGTON GLOBAL ALPHA EQUITIE	FMV S FMV	1,033,255.	1,033,255
FUND		468,894.	468,894
		12,606,229.	12,606,229

FORM 990-PF DEPRECIATION OF ASSETS	NOT HELD FOR	INVESTMENT	STATEMENT 10
	COST OR	ACCUMULATED	
DESCRIPTION	OTHER BASIS	DEPRECIATION	BOOK VALUE
VISUAL BOARD	1,217.	1,217.	0
CONFERENCE TABLE	5,908.		0
14 CHAIRS	6,981.		0
STICKLEY FURNITURE	9,705.		0
COMPUTER SYSTEM	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.		0
SOLVAY GLASS	228.	228.	0
STICKLEY FURNITURE	593.	593.	0
HURBSON CHAIR	380.	380.	0
PHONE SYSTEM	3,906.	•	0
STICKLEY FURNITURE	3,547.	3,547.	0
STICKLEY FURNITURE	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. 4,800.	1,057. 4,800.	0
KITCHEN CABINETS/PLUMBING	4,800.	4,800.	0
DELL SERVER, BACKUP DELL DESKTOP	1,250.	1,250.	0
INSPIRON LAPTOP	2,150.	2,150.	0
COMPUTER HARDWARE NETWORKING	2,130. 547.	2,130. 547.	0
STEVENS BRIAN	1,510.	1,510.	0
STEVENS JOANNE	1,999.	1,999.	0
STEVENS DEPOSIT ON CONFERENCE	1,000.	Ι, ͿͿͿͿ•	O
FABLE	9,268.	9,268.	0
KP UPGRADE	1,735.	1,735.	0
KP UPGRADE SERVER SETUP, PC,	1,755.	1,755.	·
LAPTOP	2,125.	2,125.	0
STEVENS RECEPTION FURNITURE,	2,125.	2,123.	V
CONFERENCE TABLE, ETC	12,486.	12,486.	0
MICROEDGE	12,312.		0
<del></del>	<del></del>		
TOTAL TO FM 990-PF, PART II, LN 14	138,621.	138,621.	0
			GEN EDISTRICT 11
FORM 990-PF OTHER	R LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	-	61,382.	0

STATEMENT 12

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND	FOUNDATION MANA	GERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
PASTOR PHIL TURNER 149 BEATTIE ST. SYRACUSE, NY 13224	TRUSTEE 2.00	0.	0.	0.
RYAN YORK 7421 OSWEGO ROAD LIVERPOOL, NY 13090	TRUSTEE 2.00	0.	0.	0.
JAIME ALICEA 103 PHILLIPS ROAD SYRACUSE, NY 13214	TRUSTEE 2.00	0.	0.	0.
MAITHREYEE DUBE 150 CROUSE DR. SYRACUSE, NY 13244	TRUSTEE 2.00	0.	0.	0.
MICHAEL FENG 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
MATT GARDNER 304 S. FRANKLIN STREET #200 SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
SUSAN KATZOFF ONE LINCOLN CENTER SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
VINCENT LOVE 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
CAERESA RICHARDSON 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
IRIS ST. MERAN 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.

THE ROSAMOND GIFFORD CHARITABLE	CORPORAT		<u>15</u>	-0572881
RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TREASURER 4.00	0.	0.	0.
MEGHAN TIDD, S.N 115 WEST FAYETTE ST. SYRACUSE, NY 13202	VICE PRESIDENT 4.00	0.	0.	0.
MERIKE TREIER 115 WEST FAYETTE ST. SYRACUSE, NY 13202	PRESIDENT 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VII	0.	0.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

#### 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 VIII-A, LINE 3 EXPENSES 85,552.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unac Cost (	djusted 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	1	6 1	,217.				1,217.	1,217.		0.	1,217.
2	CONFERENCE TABLE	10/02/97	SL	7.00	1	6 5	,908.				5,908.	5,908.		0.	5,908.
3	14 CHAIRS	10/06/97	SL	7.00	1	6 6	,981.				6,981.	6,981.		0.	6,981.
4	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 9	,705.				9,705.	9,705.		0.	9,705.
5	COMPUTER SYSTEM	06/01/99	SL	7.00	1	6 12	,980.				12,980.	12,980.		0.	12,980.
6	COMPUTERS	06/01/99	SL	7.00	1	6 2	,500.				2,500.	2,500.		0.	2,500.
7	5 LATERAL FILES	06/01/99	SL	7.00	1	6 3	,370.				3,370.	3,370.		0.	3,370.
8	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 2	,000.				2,000.	2,000.		0.	2,000.
9	HURBSON CHAIR	06/01/99	SL	7.00	1	6	100.				100.	100.		0.	100.
10	COMPUTERS	06/01/99	SL	7.00	1	6 8	,738.				8,738.	8,738.		0.	8,738.
11	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 6	,883.				6,883.	6,883.		0.	6,883.
12	STICKLEY FURNITURE	06/01/99	SL	7.00	1		,491.				8,491.	8,491.		0.	8,491.
13	SOLVAY GLASS	06/01/99		7.00	1		228.				228.	228.		0.	228.
14	STICKLEY FURNITURE	06/01/99		7.00	1		593.				593.	593.		0.	593.
15	HURBSON CHAIR	06/01/99		7.00	1		380.				380.	380.		0.	380.
16	PHONE SYSTEM	06/01/99		7.00	1		,906.				3,906.	3,906.		0.	3,906.
17	STICKLEY FURNITURE	06/01/99		7.00	1		,547.				3,547.	3,547.		0.	3,547.
	STICKLEY FURNITURE	06/01/99		7.00	1		,944.				1,944.	1,944.		0.	1,944.

128111 04-01-21

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	unadjusto Cost Or Ba	d Bus sis % 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	1	5 16	3.			168.	168.		0.	168.
20	SOLVAY GLASS - CONF TABLE	10/24/00	SL	7.00	1	5 47	١.			471.	471.		0.	471.
21	LAPTOP COMPUTER	01/01/01	SL	3.00	1	2,37	5.			2,376.	2,376.		0.	2,376.
22	COMPUTER - DELL PC	04/01/01	SL	3.00	1	1,05	7.			1,057.	1,057.		0.	1,057.
23	KITCHEN CABINETS/PLUMBING	02/01/01	SL	10.00	1	4,80	).			4,800.	4,800.		0.	4,800.
24	DELL SERVER, BACKUP	01/15/04	SL	3.00	1	4,89	5.			4,896.	4,896.		0.	4,896.
25	DELL DESKTOP	01/15/04	SL	3.00	1	1,25	).			1,250.	1,250.		0.	1,250.
26	INSPIRON LAPTOP	01/15/04	SL	3.00	1	5 2,15	).			2,150.	2,150.		0.	2,150.
27	COMPUTER HARDWARE NETWORKING	01/08/04	SL	3.00	1	5 54	7.			547.	547.		0.	547.
28	STEVENS BRIAN	01/08/04	SL	7.00	1	5 1,51	).			1,510.	1,510.		0.	1,510.
29	STEVENS JOANNE	01/08/04	SL	7.00	1	1,99	9.			1,999.	1,999.		0.	1,999.
30	STEVENS DEPOSIT ON CONFERENCE TABLE	01/08/04	SL	7.00	1	9,26	3.			9,268.	9,268.		0.	9,268.
31	XP UPGRADE	03/08/04	SL	3.00	1	5 1,73	5.			1,735.	1,735.		0.	1,735.
32	XP UPGRADE SERVER SETUP, PC, LAPTOP	03/08/04	SL	3.00	1					2,125.	2,125.		0.	2,125.
33	STEVENS RECEPTION FURNITURE, CONFERENCE TABLE, ETC	04/27/04		7.00	1					12,486.	12,486.		0.	12,486.
34	MICROEDGE	04/01/05		3.00	1					12,312.	12,312.		0.	12,312.
	* TOTAL 990-PF PG 1 DEPR					138,62				138,621.	,		0.	138,621.
	I I I I I I I I I I I I I I I I I I I					233,32				200,021.	200,021.		3.	200,021,

128111 04-01-21

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

DocuSign Envelope ID: 431ED441-F5B3-499E-8258-7623E3BC72FD **IRS e-file Signature Authorization** OMB No. 1545-0047 Form **8879-TE** for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning , 2021, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer THE ROSAMOND GIFFORD CHARITABLE EIN or SSN CORPORATION 15-0572881 SHEENA SOLOMON Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** 1a Form 990 check here ...... **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... 4a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... > X 6a 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... > b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 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 X | authorize BONADIO & CO., LLP 02459 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated withir PIN時間例例付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. Date > 10/31/22 Signature of officer or person subject to tax

#### Certification and Authentication Part III

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 2021 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 > 10/31/22

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	<b>)</b>	OMB No. 1545-0047
		For cal	endar year 2021 or other tax year beginning, and ending		2021
Depar Interna	tment of the Treasury al Revenue Service	<b>•</b>	► 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
<b>A</b>	Check box if address changed.		Name of organization (	DEmpl	oyer identification number
<b>B</b> E:	xempt under section	Print	CORPORATION		5-0572881
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  100 CLINTON SQ, 126 N SALINA ST	EGroup (see i	o exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	•	
H	Check if filing only to	<b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1 (	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.	<b>▶</b> □	Yes X No
	The books are in car	re of <b></b>	JOHN LORENCE Telephone number ▶ 3	315-	474-2489
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2				2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro			7	
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9	
10	Total deductions	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
	enter zero			11	0.
Ра	rt II Tax Com			_	
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	⊀educt	on Act Notice, see instructions.		Form <b>990-T</b> (2021)

Form 990-T (2021) Page 2 Tax and Payments Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 5,600. Payments: A 2020 overpayment credited to 2021 2021 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 5,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 5,600 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$\infty\$ \_ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain in </u>Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. reperBititissSigned(bby; 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, ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

11/15/2022 Sign Sheena Solomon May the IBS discuss this return with Here EXECUTIVE DIRECTOR the preparer shown below (see Signature of officer instructions)? X Yes Date Print/Type preparer's name Preparer's signature Date PTIN Check self- employed **Paid** MICHELLE MUNDY MICHELLE MUNDY 10/31/22 P01982856 **Preparer** Firm's name ▶ BONADIO & CO., LLP 16-1131146 Firm's EIN ▶ **Use Only** 432 NORTH FRANKLIN NY 13204 (315) 422-7109 SYRACUSE, Form 990-T (2021)

123711 01-31-22

# SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2021

Open to Public Inspection for

Department of the Treasury Internal Revenue Service ► 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

<b>A</b> N	ame of the organization THE ROSAMOND GIFFORD CI		er identific	ation numb	er			
cι	Inrelated business activity code (see instructions)   1				<b>D</b> Sequer	nce: 1	1 of	1
<b>E</b> [	escribe the unrelated trade or business  COLCHESTER,	SANI	DERSON,	FPA &	SIGULE	R GUF	F K-1	
Pai	t I Unrelated Trade or Business Income		(A) Inco	me	(B) Expen	ses	(C	) Net
					(-,-,-			
	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12		_				
13	Total. Combine lines 3 through 12	13		0.				
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			s on dedi	uctions. De	ductions	s must b	е
1	Compensation of officers, directors, and trustees (Part X)					. 1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts							
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions			7				
8	Less depreciation claimed in Part III and elsewhere on return			Ва		8b		
9	Depletion							
10	Contributions to deferred compensation plans							
11	Employee benefit programs							
12	Excess exempt expenses (Part VIII)							
13	Excess readership costs (Part IX)							
14	Other deductions (attach statement)							
15	Total deductions. Add lines 1 through 14					15		0.
16	Unrelated business income before net operating loss deduction. So							^
	column (C)							0.
17	Deduction for net operating loss. See instructions							0.
18	Unrelated business taxable income. Subtract line 17 from line 16	<u>і</u>				. 18		
LHA	For Paperwork Reduction Act Notice, see instructions.					Schedul	le A (Form	990-T) 2021

	1
Page	2

Part	III Cost of Goods Sold Fnter me	thod of inventory valuation	n <b>•</b>		Page Z
1		and of inventory valuation	., -	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property an	d Personal Property	Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns a	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5 Part	Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income	nter here and on Part I, lir	ne 6, column (B)	<u></u>	0.
		,	and if a division and Can in		
1	Description of debt-financed property (street address,	city, state, ZIP codej. Che	eck ii a dual-use. See ii	istructions.	
	B				
	D				
	<b>Б</b>	A	В	С	
2	Gross income from or allocable to debt-financed	A -	В		<u>U</u>
2					
3	property  Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				
b	Total deductions (add lines 3a and 3b,				
С	•				
4	columns A through D)  Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
_					
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)		0/	0/	
6	Divide line 4 by line 5		<u>%</u>	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		L line 7 column (A)		0.
8	Total gross income (add line 7, columns A through D	n. ⊏nter here and on Part	i, iirie 7, column (A)	<b>P</b>	<u>U•</u>
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	urough D. Enter hard and a	on Part Lline 7 column	n (R)	0.
11	Total dividends-received deductions included in line				0.
				······	

Schedule A (Form 990-T) 2021 Page

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age <b>o</b>
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlle organization	d	identification inco		unrelated me (loss) structions)	1	al of specified nents made	that is	rt of colur included olling orga gross inc	in the aniza-	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)					2						
	/ Tayahla Inaama				Controlled Or otal of specif			of oolur	mm 0	44	Doductions directly
,	7. Taxable Income  8. Net unrelated income (loss) (see instructions)				yments mad		that is inc controlling gross	luded i	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instr	ructions)		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	<b>4.</b> Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del anno accepto de
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Evaloited E	vomnt A	Activity Income,	Other 1	Than Adve	0.	l lnoomo				0.
	Description of exploite		ctivity income,	, Other	Illali Auve	ı uəni	g income (	see ins	tructions)		
1 2	Gross unrelated busin	-	e from trade or busi	ness Ente	r here and or	n Part I	line 10 colum	- (Δ)		2	
3	Expenses directly con						•				
3										3	
4	Net income (loss) from										
•							-			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodical	s on a consolidated bas	is.	
	A				
	В				
	c 🗆				
	D				
nter a	mounts for each periodical listed above in th	e corresponding column			
itoi u	induite for each periodical listed above in an	A	В	С	D
_	Cura a advantiain a income		<u></u>		<u> </u>
2	Gross advertising income	-	\		0.
	Add columns A through D. Enter here and c	on Part I, line 11, column (A	)	<b>&gt;</b>	<u> </u>
а			<u> </u>		1
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and c	on Part I, line 11, column (E	8)	<b>&gt;</b>	0.
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				
	line 4 showing a loss or zero, do not comple	ete			
	lines 5 through 7, and enter zero on line 8 .				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less tha				
	line 5, subtract line 6 from line 5. If line 5 is	less			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	n on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the	· ·	mns total or zero here a	nd on	•
	Part II, line 13			_	0.
Part 2		irectors, and Truste	es (see instructions)	,	
			,	3. Percentage	4. Compensation
	1. Name	2.	Γitle	of time devoted	attributable to
				to business	unrelated business
)				%	
<u>,                                    </u>				%	
3)				%	
) I)				%	
				70	
[ntal	Enter here and on Part II line 1				0.
	Enter here and on Part II, line 1			<b>&gt;</b>	0.
Total. Part 2		see instructions)		<b>&gt;</b>	0.
		see instructions)		<u> </u>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)		<b>&gt;</b>	0.
		see instructions)			0.
		see instructions)			0.
		see instructions)			0.
		see instructions)			0.
		see instructions)			0.
		see instructions)			0.

FORM 990-T	DESCRIPTION	OF ORGANIZATION	n's	UNRELATED	STATEMENT	14
SCHEDULE A		BUSINESS ACT	IVIT	Y		

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

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	17,063.	0.	17,063.	17,063.
NOL CARRYOV	ER AVAILABLE THIS Y	/EAR	17,063.	17,063.

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

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury

Information furnished for the foreign partnership's tax year

Attachment Sequence No. 865 JAN 1 , 2021, and ending DEC . 2021 Internal Revenue Service Filer's identification number Name of person filing this return THE ROSAMOND GIFFORD CHARITABLE 15-0572881 CORPORATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 X Filer's tax vea 2021 , and ending DEC R 31 JAN beginning 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; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 2(a) EIN (if any) **G1** Name and address of foreign partnership CVI CREDIT VALUE FUND B III LP 98-1186758 2(b) Reference ID number 9320 EXCELSIOR BOULEVARD MS 144-7-2 55343 3 Country under whose laws organized HOPKINS, MN CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 8a Functional currency Principal business activity 07/15/2014 551112 INVESTMENT HOLDUSD 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 2 Check if the foreign partnership must file: Form 1042 Form 8804 X Form 1065 Service Center where Form 1065 is filed: CINCINNATI, OH 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 3 Name and address of foreign partnership's agent in country of organization, if any CONSTANCE KOTULA 9320 EXCELSIOR BLVD MS144-7-2 HOPKINS, 55343 MNDuring the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? X No X Yes No 7 Were any special allocations made by the foreign partnership? 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 PARTNERSHIP 9 How is this partnership classified under the law of the country in which it's organized? 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 Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b X No Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? No 11 Does this partnership meet **both** of the following requirements? 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. No If "Yes," don't complete Schedules L, M-1, and M-2.

110651 11-22-21

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2021)

Form 88	65 (202	1) 「	THE ROSAMOND	GIF:	FORD	CHARITAB	LE (	CORPORA	$\mathbf{T}$			1	5-0:	5728	881	Page 2
12 a	Is the fi	ler of th	nis Form 8865 claiming a for	eign-de	rived inta	ngible income dedu	iction (u	nder section 2	50) with re	spect t	.0					
	any am	ounts li	sted on Schedule N?									🕨	<b></b>	Yes		No
b	If "Yes,"	' enter t	he amount of gross income	derived	from sale	es, leases, exchange	es, or ot	her disposition	s (but not	license	s)					
			ons with or by the foreign pa		-			-								
			(FDDEI)									Þ	<b>-</b>			
C	•		he amount of gross income				-	• •				_				
			n its computation of FDDEI										<b>-</b>			
d	,		•	unt of gross income derived from services provided to or by the foreign partnership that the filer												
10						964(a)(9) as a result of transferring all are portion of an interest in							_			
13				partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in ng a distribution from the partnership												
14		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	•		transfers of property or mo													
		-	uire disclosure under Regula	-		-										
	transfer	rs, the a	mount or value of each tran	sfer, an	d an expla	anation of the tax tre	eatment	. See instructio	ns for exce	eptions		Þ	<b></b>	Yes		No
b	Did the	partnei	ship assume a liability or re	ceive pr	operty su	bject to a liability w	here sud	ch liability was	incurred by	y a par	tner wi	ithin				
	a 2-yea	r period	of transferring the property	to the	partnersh	ip? If "Yes," attach a	statem	ent identifying	the proper	ty trans	sferred	l,	_	,		_
Sign Here	the amo	ount or	value of each transfer, the d abiseosignatusy:declare that I ha	ebt assı	umed or to	aken by the partners	ship, an	d an explanation	on of the ta	x treatr	ment	knowle	odge and	Yes	ic true	No
if You're F	iling co	orrect, ar	d complete. Declaration of prepar													
This Form Separately		;	sheena Solomon										- 1	1	1/15	/2022
Not With \		Sig	-755358C68E88493 nature of general partner or limited	l liability	company m	nember								<b>•</b>	ate	
			preparer's name			er's signature			Date		Chec	k	] <sub>if</sub> P	TIN		
Paid												employe	ed "			
Prepa Use	Fii	rm's na	me 🕨							Fir	m's El	N ►	ı			-
Only	Fii	rm's ad	dress								one no					
Sche	dule A		Constructive Owner	-		-							•			
			box <b>b</b> , enter the nam					tification nu	ımber (if	any)	of the	pers	son(s)	whos	е	
			interest you construc	-	own. S	ee instructions.										
			a X Owns a direct in	terest	Ι		b [	Owns a	constructiv I	/e inter	est				Check if	Check if
			Name			Ad	Idress			Iden	ntificatio	n numb	per (if any	)	foreign	direct
															person	partner
Sche	dule A	-1	Certain Partners of	Forei	un Part	nership (see ii	nstruc	tions)								
					Ĭ			,								Check if
			Name			Ad	Idress				Identif	fication	number	(if any)		foreign person
NO U	S PI	ERSC	ONS OWNING >	10%												
Sche	dule A	-2	Foreign Partners of	Secti	on 721(		(see	instruction								
	of foreign		Address			Country of organization		U.S. taxpidentification			ck if rela			Percenta	age intere	st
pai	rtner					(if any)		(if an	y)	0.5	S. trans	teror	Ca	pital	P	rofits
										_				9	+	%
													1	9	<u>6                                    </u>	<u>%</u>
		_	ve any other foreign person					mootic\ is :			ian =		X Ye			No
Sche	dule A	-ა	Affiliation Schedule a direct interest or inc					ornestic) in v	wnich the	e Tore	ign p	artne	rsnip	owns		
			a another to to the	J., COL	J OWIIS	<u> </u>			Т				Т.			Check it
			Name			Ad	Idress				EIN (if any)			Total or income of	•	foreign partner-
									$\overline{}$				+			ship
													+			+-

Form **8865** (2021)

#### **SCHEDULE O** (Form 8865)

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

(Rev. October 2021) Department of the Treasury

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor					HARITABLI	<u> </u>		Filer's identif		
	CORPOR								572881	
Name of foreign pa	artnership CV	I CRE	DIT V	LUE F	UND B II:	I LP	EIN (if any) 98-118		Reference ID num	ber (see instr)
<ul><li>b If "Yes," was</li><li>2 Was any int time thereaf</li></ul>	s the gain deferral angible property t fter, a platform co	method app transferred c intribution as	lied to avoid onsidered of defined in F	I the recognit r anticipated	ion of gain upon th to be, at the time o	ne contribu of the trans	(14))? See instruction of property?	ns	Yes Yes Yes	No No No
Part I Tra	ansfers Reportab		ction 6038B				Г		<u> </u>	
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	c) ket value of transfer	(d) Cost or other basis		(e) Recovery period	(f) Section 704 allocation met		(g) recognized 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										
Totals										
3 Enter the tra	ansferor's percent ormation Require	_					%	(b) After	the transfer	%
Part II Dis	spositions Repor	table Under	Section 603	8B						
(a) Type of property	(b) Date of original transfer	<b>I</b>	(c) Date of position	(d) Manner of disposition		ed by	(f) Depreciation recapture recognized by partnership	(g) Gain alloca to partne	er recapti	(h) reciation ire allocated partner
Part III Is						section 904	4(f)(3) or section 904		Yes	

110661 10-05-21

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

### TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

### FOR THE YEAR ENDING

December 31, 2021

Prepared For:		
THE ROSAMOND GIFFO CORPORATION 100 CLINTON SQ, 126 N SYRACUSE, NY 13202		
Prepared By:		
Bonadio & Co., LLP 432 North Franklin Street Syracuse, NY 13204		
To be Signed and Dated By:		
Not applicable		
Amount of Tax:		
Total Tax	\$	250
Less: payments and credits	\$	250
Plus: other amount	Ψ	0
Plus: nterest and penalties	\$	0
No payment required	\$	
Overpayment:		
Credited to your estimated tax	\$	0
Other amount	\$	Ö
Refunded to you	\$	0
Make Check Payable To:		
Not applicable		
Mail Tax Return and Check (if applicable	e) To:	
completeness and accura	cy, please sign, date return electronically	fter you have reviewed the return for e and return Form TR-579-CT to our office. to the NYSDTF. Do not mail the paper
Return Must be Mailed On or Before:		
Not applicable		
Special Instructions:		
Special Instructions:		

### TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

### FOR THE YEAR ENDING

December 31, 2021

Prepared For:	
	THE ROSAMOND GIFFORD CHARITABLE
	CORPORATION
	100 CLINTON SQ, 126 N SALINA ST
	SYRACUSE, NY 13202
Prepared By:	
	Bonadio & Co., LLP
	432 North Franklin Street
	Syracuse, NY 13204
Amount of Ta	x:
	Balance due of \$775
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn To:
	The New York Form Form CHAR500 should be filed via the web at:
	https://charitiesnys.com/online_annual_filing_22.html
Return Must E	Be Mailed On Or Before:
	Please mail as soon as possible.
Special Instru	ictions:

### 2022 ESTIMATED TAX FILING INSTRUCTIONS

**NEW YORK ESTIMATED TAX** 

#### FOR THE YEAR ENDING

December 31, 2022

#### **Prepared For:**

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

### Prepared By:

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

#### **Amount of Tax:**

Total Estimated Tax	\$ 300
Less credit from prior year	\$ 0
Less amount already paid on 2022 Estimate	\$ 0
Balance Due	\$ 300

#### Payable in full or in installments as follows:

Voucher	Amount		Due Date
No 1	\$	0	Not Applicable
No 2	\$ 	100	June 15, 2022
No 3	\$	100	September 15, 2022
No 4	\$ 	100	December 15, 2022

### Make Check Payable To:

New York State Corporation Tax

#### Mail Voucher and Check To:

NYS Estimated Corporation Tax P.O. Box 15200 Albany, NY 12212-5200

#### **Special Instructions:**

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2021

Open to Public Inspection

### 1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021								
Check if Applicable:  Address Change	Name of Organization: THE ROSAMOND G	IFFORD CHARITA	ABLE CORPORAT	Employer Identification Number (EIN): 15-0572881				
Name Change	Mailing Address:			NY Registration Number:				
Initial Filing	100 CLINTON SQ	100 CLINTON SQ, 126 N SALINA ST 002250						
Final Filing	City / State / ZIP:			Telephone:				
Amended Filing	SYRACUSE, NY	13202		315 474-2489				
Reg ID Pending	Website:	NDAMION ODG		Email:				
	WWW.GIFFORDFOU	NDATION • ORG						
Check your organization' registration category:	s 7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at <a href="https://www.charities.nys.com">www.charities.nys.com</a> .				
2. Certification								
See instructions for certif	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires				
two signatories.			,					
We cortify under a	consisting of porium that we revi	awad this report, including	all attachments, and to the	best of our knowledge and belief,				
	re true, correct and complete ir							
,	,		MERIKE TRE					
President or Authorized	Officer:		PRESIDENT					
	Signature		Print Name	e and Title Date				
	· ·		RONALD TAS	CARELLA				
Chief Financial Officer o	r Treasurer:		VICE PRESI	DENT				
	Signature		Print Name	e and Title Date				
O Americal Describe	F							
3. Annual Reporting	•							
				gory (7A or EPTL only filers) or both				
1				ed Char500. No fee, schedules, or				
	•	an exemption or are a DO	AL filer that claims only on	e exemption, you must file applicable				
scriedules and attachme	nts and pay applicable fees.							
3a 7A fili	ng exemption: Total contributio	ons from NY State including	residents foundations do	overnment agencies, etc. did not				
	25,000 <u>and</u> the organization die	_		,				
	ons during the fiscal year.		, ,	, ,				
3b. EPTL	filing exemption: Gross receipt	ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time				
	e fiscal year.							
4. Schedules and A	ttachments							
See the following page								
for a checklist of				aising counsel or commercial co-venturer				
schedules and	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a.				
attachments to								
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:					
next page to calculate yo		2. 12 ming 100.	100.	Make a single check or money order				
fee(s). Indicate fee(s) you				payable to:				
are submitting here:	\$ 25.	\$ 750.	\$ 775.	"Department of Law"				

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019

Page 1

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

## **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:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
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	·
Audit Report if you received total revenue and support greater than \$1,000,000	0 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total rev	· · · · · · · · · · · · · · · · · · ·
No Review Report or Audit Report is required because total revenue and support	
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon
— Calculate the 7A lee.	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
Fav FDTI and DUAL files, polyulate the FDTI for	EPTL filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports but may do so voluntarily.
\$1500, if the NET WORTH is \$50,000,000 or more	
	Confirm your Registration Category and learn more about NY law at <a href="https://www.charitiesNYS.com">www.charitiesNYS.com</a> .
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
ANYO Office of the Alberta October	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between

#### Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

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

2021

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. 206,619.
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: 206,619.

### Form **990-PF**

EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

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



Department of the Treasury Internal Revenue Service

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

For c	alen	dar year 2021 or tax year beginning		, and ending		
		foundation	A Employer identification	number		
		ROSAMOND GIFFORD CHARI				
	DR.	PORATION			15-0572881	
		nd street (or P.O. box number if mail is not delivered to street a	•	Room/suite	reichilotte trattibet	
_1(	00	CLINTON SQ, 126 N SALII	NA ST		315-474-24	<u>89</u>
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
_S	ZR.	ACUSE, NY 13202				
<b>G</b> Cl	neck	all that apply: Initial return	Initial return of a fo	rmer public charity	<b>D</b> 1. Foreign organizations	s, check here
		Final return	Amended return		2 Foreign organizations me	eting the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	mputation
H CI		type of organization: $X$ Section 501(c)(3) ex			E If private foundation sta	tus was terminated
			Other taxable private founda		under section 507(b)(1)	(A), check here
		· I —	ng method: Cash	X Accrual	<b>F</b> If the foundation is in a	
•			ther (specify)		under section 507(b)(1)	(B), check here
		22,041,882. (Part I, colur	nn (d), must be on cash basi	S.)		T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a).)	' '	IIICOIIIC		(cash basis only)
	1	Contributions, gifts, grants, etc., received	269,394.		N/A	
	2	Check \[ \bigsel \bigsel X \] if the foundation is not required to attach Sch. B Interest on savings and temporary	2 000	2 000		стапамами 1
	3	cash investments	2,000.	2,000 485,379		STATEMENT 1
	4	Dividends and interest from securities	485,379.	485,379	•	STATEMENT 2
		Gross rents				
	_	Net rental income or (loss)	1,500,076.			
<u>e</u>	ьa	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a 4,429,767.	1,300,076.			
Revenue		assets on line 6a 4,423,707.  Capital gain net income (from Part IV, line 2)		1,500,076		
Be	7			1,300,070	•	
	8 9	Net short-term capital gain				
	э 10а	Income modifications Gross sales less returns				
		and allowances  Less: Cost of goods sold				
		Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	2,256,849.	1,987,455		
$\rightarrow$	13	Compensation of officers, directors, trustees, etc.	100,000.	70,000		48,556.
	14	Other employee salaries and wages	184,761.	0		184,761.
		Pension plans, employee benefits	68,348.	0		68,508.
တ္ထ		Legal fees	,			,
Sus	b	Accounting fees STMT 3	38,495.	0		40,185.
ž	C	Other professional fees STMT 4	80,167.	72,984	•	7,183.
<u>б</u>						
Administrative Expense	18	Taxes STMT 5	25,434.	6,722	•	18,712.
istr	19	Depreciation and depletion				
崩	20	Occupancy	62,740.	0		62,740.
	21	Travel, conferences, and meetings	14,679.	0	•	14,378.
and	22	Printing and publications				
ㅁ	23	Other expenses STMT 6	250,755.	20,221	•	222,949.
peratin	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	825,379.	169,927	•	667,972.
0	25	Contributions, gifts, grants paid	572,743.			611,380.
	26	Total expenses and disbursements.		4 6 6 6		4 000 000
$\dashv$		Add lines 24 and 25	1,398,122.	169,927	•	1,279,352.
	27	Subtract line 26 from line 12:	050 505			
		Excess of revenue over expenses and disbursements	858,727.	1 015 500		
		Net investment income (if negative, enter -0-)		1,817,528	N/A	
- 1	r	Adjusted net income (if penative enter -0-)			I N/A	

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

D	art	Balance Sheets Attached schedules and amounts in the		Beginning of year	End	of year
	ai t	column should be for end-of-year amou	ınts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		40,398.	762,947.	
	2	Savings and temporary cash investments		413,770.	411,989.	411,989.
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable		24,146.	158,172.	158,172.
	6	Receivables due from officers, directors, trustees, and ot	her			
		disqualified persons				
	7	Other notes and loans receivable	.00,000.			
		Less: allowance for doubtful accounts		100,000.	100,000.	100,000.
ठ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		7,082.	15,302.	15,302.
Ä		Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 7	2,689,430.	3,541,769.	
	C	Investments - corporate bonds	STMT 8	4,603,133.	4,445,474.	4,445,474.
	11	Investments - land, buildings, and equipment: basis				
		Less: accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other	STMT 9	12,427,455.	12,606,229.	12,606,229.
	14	Land, buildings, and equipment: basis	.38,6∠⊥.			
		Less: accumulated depreciation $STMT 10  ightharpoonup 1$	38,621.			
	15	Other assets (describe >	)			
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)		20,305,414.	22,041,882.	22,041,882.
	17	Accounts payable and accrued expenses		108,692.		
	18	Grants payable		112,657.	74,020.	
S		Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified person	ns			
abi	21	Mortgages and other notes payable				
_	22	Other liabilities (describe >STATE	<u> MENT 11</u> )	61,382.	0.	
				222 524		
_	23	Total liabilities (add lines 17 through 22)		282,731.	270,706.	
		Foundations that follow FASB ASC 958, check here	<b>&gt;</b> [X]			
es		and complete lines 24, 25, 29, and 30.		14 000 600	16 600 106	
ů	24	Net assets without donor restrictions		14,938,683.	16,687,176.	
3ag	25	Net assets with donor restrictions		5,084,000.	5,084,000.	
둳		Foundations that do not follow FASB ASC 958, check he	ere 🕨 📖 📗			
큔		and complete lines 26 through 30.				
٥	26	Capital stock, trust principal, or current funds				
ets	27	Paid-in or capital surplus, or land, bldg., and equipment				
Ass	28	Retained earnings, accumulated income, endowment, or		20 000 602	01 771 176	
Net Assets or Fund Balances	29	Total net assets or fund balances		20,022,683.	21,771,176.	
2				20 205 414	00 041 000	
_	30			20,305,414.	22,041,882.	
P	art	Analysis of Changes in Net Assets	or Fund Ba	lances		
_	Total	not accord or fund halances at hasinging of user. Don't !!	column (a) line (	20	Τ	T
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29				1	20,022,683.	
•	(must agree with end-of-year figure reported on prior year's return)					
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► NET UNREALIZED GAIN ON INVESTMENTS					N/FSTMFNTS 2	858,727. 889,766.
						21,771,176.
		ines 1, 2, and 3 eases not included in line 2 (itemize)			5	0.
		net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II col	lumn (h) line 20		21,771,176.
<u> </u>	, otal	The access of faire balances at one of your time 4 milles i	0 1 411 11, 00	(0); iiiio 20		Form <b>990-PF</b> (2021)

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Pa	art IV Capital Gains a	and Losses for Tax on In	vestment l	ncome					
	(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>b</b> )	How acqu - Purcha ) - Donation	uired se on	<b>c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	PUBLICALLY TRAI	DED SECURITIES				P			
b									
С									
d									
е									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other ba pense of sa			(	<b>(h)</b> Gain or (loss ((e) plus (f) minus	
a	4,429,767.		2	,929,	691.				1,500,076.
b									
C									
d									
е									
	Complete only for assets showin	ng gain in column (h) and owned by t	he foundation o	n 12/31/69	).		(I) (	Gains (Col. (h) gair	n minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	. ,	ess of col. ( ol. (j), if an	( )		còl. (	k), but not less tha Losses (from col.	ın -0-) <b>or</b>
a									1,500,076.
b									
C									
d									
e									
		( If gain, also enter	in Dart I ling 7		)				
2	Capital gain net income or (net ca	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter -0.} \end{cases} $	in Part I, line 7	,	<b>)</b>	2			1,500,076.
2	Not chart tarm capital gain or (los	ss) as defined in sections 1222(5) an							
		column (c). See instructions. If (loss			)				
	Part I, line 8	column (c). Occ manachona. n (1032			<b>j</b>	3		N/A	_
		sed on Investment Incom	e (Section	4940(a)	, 4940(	b), or 4	1948 - s	ee instruction	ons)
1	a Exempt operating foundations (	described in section 4940(d)(2), chec	ck here	and en	ter "N/A" o	n line 1.	)		
	Date of ruling or determination	, , , , ,	ach copy of let				ons)	1	25,264.
	•	enter 1.39% (0.0139) of line 27b. Ex			-		····· }		,
		2, col. (b)		-					
2	Tax under section 511 (domest	ic section 4947(a)(1) trusts and taxa	hle foundations	only: other	rs enter -0		······	2	0.
3								3	25,264.
4	Subtitle A (income) tax (domes	tic section 4947(a)(1) trusts and tax	ahle foundations	only othe	ers enter -	 N-1		4	0.
5		<b>me.</b> Subtract line 4 from line 3. If ze						5	25,264.
	Credits/Payments:	Subtract into 4 from into 0. If 20	. 5 01 1000, 011101	J					
		nd 2020 overnayment credited to 20	91	6a		21	,267.		
						1			
	b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c				0.	1			
	the fact that part and approximation of the Commission of the Comm								
						7	21,267.		
8	7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						8	1	
9		and 8 is more than 7, enter <b>amount c</b>						9	3,998.
10		than the total of lines 5 and 8, enter		d			····· [	10	3,330.
11		De: Credited to 2022 estimated tax		sipaid		Do4	iunded	11	
	Entor the amount of fine 10 to t	oo, ordered to LOLL commuted tax	<u> </u>			1161	unuou 🚩		Form <b>990-PF</b> (2021)

Pa	rt VI-A	Statements Regarding Activities				
1a	During the	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No	
	any politica	al campaign?	1a		X	
b	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 answ	ver is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed	by the foundation in connection with the activities.				
C	Did the fou	indation file Form 1120-POL for this year?	1c		X	
d		mount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the	e foundation. > \$ (2) On foundation managers. > \$				
е		eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
		▶\$0.				
2	Has the for	undation engaged in any activities that have not previously been reported to the IRS?	2		X	
	•	ach a detailed description of the activities.				
3		undation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
		other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>	
		indation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
		s it filed a tax return on <b>Form 990-T</b> for this year?	4b		<u> </u>	
5		a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
_		ach the statement required by General Instruction T.				
6		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
		age in the governing instrument, or				
	-	legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		v		
_	remain in t	he governing instrument?	6	X		
1	Did the fou	indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Λ		
_						
Вa		tates to which the foundation reports or with which it is registered. See instructions.				
	NY	in Was to line 7 has the foundation foundation of Foundation for the foundation of t				
D		ver is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	۸۲	Х		
^		te as required by General Instruction G? If "No," attach explanation	8b	Λ		
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	9		Х	
10		or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII  rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X	
			10		^	
"	-	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	11		x	
10		2(b)(13)? If "Yes," attach schedule. See instructions Indation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?				
12		ach statement. See instructions	12		х	
12	,	indation comply with the public inspection requirements for its annual returns and exemption application?	13	Х		
10		Idress • WWW.GIFFORDFOUNDATION.ORG				
14		are in care of ► JOHN LORENCE Telephone no. ► 315-47	4-2	489		
	I ocated at	► 100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR ZIP+4 ► 13				
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here		<b></b>		
. •		he amount of tax-exempt interest received or accrued during the year	N	/A		
16		e during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No	
	-	or other financial account in a foreign country?	16		Х	
	,	structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign cou					
	-		m <b>99</b> 0	)-PF	(2021)	

Part VI-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	e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
(2) Borrov	v money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqu	ialified person?	1a(2)		X
(3) Furnisl	n goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
(5) Transf	er any income or assets to a disqualified person (or make any of either available			
for the	benefit or use of a disqualified person)?			
	to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
if the f	oundation agreed to make a grant to or to employ the official for a period after			
termin	ation of government service, if terminating within 90 days.)	1a(6)		X
	er is "Yes" to 1a(1)-(6), did <b>any</b> 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 1b		<u> </u>
	ns relying on a current notice regarding disaster assistance, check here			
<b>d</b> Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the t	irst day of the tax year beginning in 2021?	1d		X
2 Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in s	ection 4942(j)(3) or 4942(j)(5)):			
	of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e)	for tax year(s) beginning before 2021?	2a		X
If "Yes," list	the years $\blacktriangleright$			
	ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
statement -	see instructions.)	N/A 2b		<u> </u>
c If the provi	sions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
▶				
	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the		3a		X
	it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after			
	69; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispos	se l		
	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	27.72		
Schedule C	, to determine if the foundation had excess business holdings in 2021.)	N/A 3b	$\vdash$	37
	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			37
had not bee	en removed from jeopardy before the first day of the tax year beginning in 2021?		┷	X
		Form <b>99</b>	U-PF (	(2021)

15-0572881

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Part VI-B Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea <sub>(contini</sub>	ued)			
<b>5a</b> During the year, did the foundation pay or incur any amount to:					Yes	No X
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(2) Influence the outcome of any specific public election (see section 4955); o		• •				
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes				5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions				5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
the prevention of cruelty to children or animals?				5a(5)		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und			<b>37 / 3</b>			
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b		
c Organizations relying on a current notice regarding disaster assistance, check h			▶∟			
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			<b>37</b> / <b>3</b>			
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to				_		77
a personal benefit contract?				6a		X
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.				_		77
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax s				7a		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						37
Part VII Information About Officers, Directors, Truste	as Foundation Mon	anava Hisbri		8		X
Paid Employees, and Contractors	es, roundation Mar	lagers, nignly				
List all officers, directors, trustees, and foundation managers and the second se	neir compensation					
List all silicolo, all cottolo, a asteco, and roundation managers and a		(c) Compensation	(d) Contributions t	0	<b>(e)</b> Exp	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions t employee benefit pla and deferred	ns a	count,	other
	ιο μοδιτίοιι	enter -0-)	compensation	+	allowai	ices
SEE STATEMENT 12		0.	0			0.
DEE STATEMENT 12		0.	0	$\div$		<del>•</del>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."				
	(b) Title, and average		(d) Contributions t employee benefit pla	0	<b>(е)</b> Ехр	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		ccount, allowai	other nces
SHEENA SOLOMON - 100 CLINTON SQUARE,	EXEC. DIRECTO	R	compensation		anomai	1000
126 N. SALINA STREET, SYRACUSE, NY	40.00	100,000.	10,000			0.
LINDSAY MCCLUNG - 100 CLINTON		RANT MAKI		+		<del></del>
SQUARE, 126 N. SALINA STREET,	40.00	81,649.	8,165			0.
Decimal, 120 M. Dimini Dimini	10.00	01/013	0/103	1		<del>-•</del>
				$\top$		
Total number of other employees paid over \$50,000	1	1	<b>•</b>	Γ'		0
Of other origina your paid of the doughton			Fni	m <b>99</b> 0	)-PF	
						· · /

Part VII 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  Part VIII-A Summary of Direct Charitable Activities	▶ 0
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.	222 162
2 SUPPORTING ORGANIZATIONS & COMMUNITY EVENTS, SPONSORSHIPS - TO SUPPORT LOCAL ORGANIZATIONS WITHIN THE COMMUNITY TO	228,163.
CONTINUE THEIR MISSION. 3	297,665.
SEE STATEMENT 13	85,552.
4	
Part VIII-B Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 N/A	Amount
2	
All other program-related investments. See instructions.  3	
Total. Add lines 1 through 3	0.

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P	art IX Minimum Investment Return (All domestic foundations must complete	ete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	oses:		
а			1a	21,379,747.
b	Average of monthly cash balances		1b	168,978.
С	Fair market value of all other assets (see instructions)		1c	
d	Total (add lines 1a, b, and c)		1d	21,548,725.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	21,548,725.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see in	structions)	4	323,231.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		5	21,225,494.
6	Minimum investment return. Enter 5% (0.05) of line 5		6	1,061,275.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priv foreign organizations, check here ▶ and do not complete this part.)		nd certain	
1	Minimum investment return from Part IX, line 6		1	1,061,275.
2a	Tax on investment income for 2021 from Part V, line 5	25,264.		
b	Income tax for 2021. (This does not include the tax from Part V.)			
C	Add lines 2a and 2b		2c	25,264.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,036,011.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1,036,011.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.		7	1,036,011.
P	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	1,279,352.
b	Program-related investments - total from Part VIII-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4		4	1,279,352.
				Form <b>990-PF</b> (2021)

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,	оограз	16413 61101 10 2020	2020	2021
line 7				1,036,011.
2 Undistributed income, if any, as of the end of 2021:				, ,
a Enter amount for 2020 only			0.	
<b>b</b> Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016 289,720.				
<b>b</b> From 2017 265,690.				
c From 2018 589,675.				
d From 2019 329,410.				
e From 2020 154,651.				
f Total of lines 3a through e	1,629,146.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: $\triangleright$ \$ 1,279,352.				
a Applied to 2020, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2021 distributable amount				1,036,011.
e Remaining amount distributed out of corpus	243,341.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as				
indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,872,487.			
<b>b</b> Prior years' undistributed income. Subtract	1,072,407.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		•		
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
7 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.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	289,720.			
9 Excess distributions carryover to 2022.	-			
Subtract lines 7 and 8 from line 6a	1,582,767.			
10 Analysis of line 9:				
<b>a</b> Excess from 2017 265,690.				
<b>b</b> Excess from 2018 589,675.				
c Excess from 2019 329,410.				
<b>d</b> Excess from 2020				
e Excess from 2021 243,341.				

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Part XIII	Private Operating Fo	oundations (see ins	structions and Part VI-	A, question 9)	N/A	
1 a If the fou	ındation has received a ruling o	determination letter that	t it is a private operating			
foundation	on, and the ruling is effective for	2021, enter the date of t	the ruling	•		
	ox to indicate whether the found				4942(j)(3) or 49	42(j)(5)
	e lesser of the adjusted net	Tax year		Prior 3 years		
	rom Part I or the minimum	(a) 2021	<b>(b)</b> 2020	(c) 2019	(d) 2018	(e) Total
	ent return from Part IX for	( )		( )		( )
	r listed					
	35) of line 2a					
	g distributions from Part XI,					
	r each year listed					
	s included in line 2c not					
	ectly for active conduct of					
	activities					
<b>e</b> Qualifyin	g distributions made directly					
	e conduct of exempt activities.					
3 Complete alternativ a "Assets" :	line 2d from line 2c e 3a, b, or c for the /e test relied upon: alternative test - enter: le of all assets					
	ue of assets qualifying er section 4942(j)(3)(B)(i)					
<b>b</b> "Endowm 2/3 of mi shown in	nent" alternative test - enter inimum investment return n Part IX, line 6, for each year					
<b>c</b> "Support	" alternative test - enter:					
inve divid secu	al support other than gross stment income (interest, dends, rents, payments on urities loans (section (a)(5)), or royalties)					
(2) Sup and orga	port from general public 5 or more exempt anizations as provided in ion 4942(j)(3)(B)(iii)					
	gest amount of support from					
an e	xempt organization					
	ss investment income					
	Supplementary Info	mation (Complet	te this part only if	the foundation I	nad \$5,000 or mor	e in assets
	at any time during tl	ne year-see instr	uctions.)			
1 Informa	ation Regarding Foundation	Managers:				
	managers of the foundation who	-	than 2% of the total contr	ibutions received by the t	foundation before the close	e of any tax
	t only if they have contributed m			,		
NONE						
<b>b</b> List any	managers of the foundation who			or an equally large portio	n of the ownership of a pa	rtnership or
NONE		-				
2 Informa	ation Regarding Contribution			_		
	ere ▶ if the foundation o dation makes gifts, grants, etc.,					ests for funds. If
	e, address, and telephone numb					89
	INTON SQUARE 31		-			
MINIMUN	n in which applications should b  M INFORMATION S		•		•	
c Any subr	mission deadlines:					
<b>d</b> Any restr	rictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	other factors:	

2021.05000 THE ROSAMOND GIFFORD CHAR GIF00401

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3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
ACCESS CNY	NONE	EXEMPT	PUBLIC SUPPORT	
1603 COURT ST				
SYRACUSE, NY 13208				1,000
ART IN THE PALACE	NONE	EXEMPT	PUBLIC SUPPORT	
19 UTICA ST.				2 22
HAMILTON, NY 13346				3,000
ASSOCIATION OF FUNDRAISING	NONE	ЕХЕМРТ	PUBLIC SUPPORT	
PROFESSIONALS				
4200 WILSON BLVD #480				E E /
ARLINGTON, VA 22203				550
BELLEGROVE MISSIONARY BAPTIST CHURCH	NONE	EXEMPT	PUBLIC SUPPORT	
219 DOCTOR M.L.K. W SYRACUSE, NY 13025				5,900
JIMCODE, NI 13023				3,500
BISHOP NURSING HOME	NONE	EXEMPT	PUBLIC SUPPORT	
918 JAMES ST. SYRACUSE, NY 13203				261
•	NTINUATION SHEE	T(S)	► 3a	611,380
<b>b</b> Approved for future payment				
EMBRACING DISRUPTION - RESILIENCE	NONE	EXEMPT	PUBLIC SUPPORT	
AMIDST A CHANGING ENVIRONMENT				
100 CLINTON SQUARE				<b></b>
SYRACUSE, NY 13202				64,941
OTHER	NONE	EXEMPT	PUBLIC SUPPORT	
100 CLINTON SQUARE SYRACUSE, NY 13202				9,079
				3,013
Total			<b>&gt;</b> 3b	74,020
10.01		•••••		rm <b>990-PF</b> (20)

Form 990-PF (2021)

#### Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	business income		ed by section 512, 513, or 514	(e)
	(a) Business	<b>(b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	7 in our	code	Amount	Tunicuon micomic
a					
b					
C					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,000.	
4 Dividends and interest from securities			14	485,379.	
5 Net rental income or (loss) from real estate:				·	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	1,500,076.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					_
12 Subtotal. Add columns (b), (d), and (e)		0		1,987,455.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,987,455.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2021)

#### THE ROSAMOND GIFFORD CHARITABLE

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Pa	rt XVI	Information Re Exempt Organi		sfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable		
1	Did the o	· ·		of the followin	ng with any other organizati	on described in sect	ion 501(c)		Yes	No
				of the following with any other organization described in section 501(c) on 527, relating to political organizations?						
		•						1a(1)		X
										X
		nsactions:								
	(1) Sales of assets to a noncharitable exempt organization						1b(1)		X	
	(2) Purchases of assets from a noncharitable exempt organization							1b(2)		X
	(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
	<b>(4)</b> Reim	bursement arrangements						1b(4)		X
	<b>(5)</b> Loan	s or loan guarantees						1b(5)		X
					ns					X
	, , , , , , , , , , , , , , , , , , , ,									X
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other asset or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.										
(a) Line no. (b) Amount involved (c) Name of noncharitable exempt orga						(d) Description	n of transfers, transaction	ns, and sharing arra	angemen	ts
-		. ,	. ,	N/A		, ,				
2a	Is the fou	ndation directly or indirect	ı tly affiliated with, or ı	related to, one	or more tax-exempt organ	izations described				
in section 501(c) (other than section 501(c)(3)) or in section 527?									X	No
<u>b</u>	If "Yes," c	omplete the following schedule.								
		(a) Name of organization			(b) Type of organization		(c) Description of relationship			
		N/A								
						+				
	Unde	ுறுகூழ்த்துத் அவர்சுர், I declare ti	hat I have examined this	return, includina	accompanying schedules and s	I tatements, and to the be	st of my knowledge			
Sig	ın ard b	Under position of the probability, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information 11/15/2022					as any knowledge.	May the IRS of return with the	prepare	er
He	re	Shuna Solomon DIRECT						shown below		itr. No
	Sig	755358C68E88493 nature of officer or trustee			Date	Title				] 140
	1	Print/Type preparer's na		Preparer's s		Date	Check if	PTIN		
				'			self- employed			
Pai		MICHELLE M	UNDY	MICHEL	LE MUNDY	10/31/22		P01982	856	
Preparer Use Only		Firm's name ▶ BONADIO & CO., LLP					Firm's EIN ► 16-1131146			
		Firm's address ► 432 NORTH FRANKLIN STREET								
		SY	Phone no. (315) 422-7109							
								Form <b>990</b>	)-PF	(2021)

Part XIV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
wante and address (nome of business)	or substantial contributor	recipient		
BOYS & GIRLS CLUB	NONE	EXEMPT	PUBLIC SUPPORT	
212 VAN BUREN ST.				11 601
SYRACUSE, NY 13202				11,695
CAMP GOOD DAYS & SPECIAL TIMES 356 N. MIDLER AVE	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13206				3,000
,				, , , , , ,
CATHOLIC CHARITIES	NONE	EXEMPT	PUBLIC SUPPORT	
527 N SALINA ST	1012		TOBLIC BOTTON	
SYRACUSE, NY 13208				20,929
CENTER FOR THE ARTS OF HOMER	NONE	EXEMPT	PUBLIC SUPPORT	
72 S. MAIN ST.				
HOMER, NY 13077				1,500
CENTRAL NEW YORK COMMUNITY FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
431 E. FAYETTE ST. SUITE 100				1 000
SYRACUSE, NY 13202			_	1,000
CENTRAL NEW YORK DIAPER BANK 4645 CROSSROADS PARK	NONE	EXEMPT	PUBLIC SUPPORT	
LIVERPOOL, NY 13088				2,226
CHADWICK RESIDENCE	NONE	EXEMPT	PUBLIC SUPPORT	
335 VALLEY DR				
SYRACUSE, NY 13207				2,400
CONSORTIUM FOR CHILDREN'S SERVICES	NONE	EXEMPT	PUBLIC SUPPORT	
1010 JAMES ST.				15 000
SYRACUSE, NY 13203				15,000
SPONGE WELL HOUSE TOO	TONE		DUDI TO GUDDON	
CROUSE HEALTH FOUNDATION 736 IRVING AVE.	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13210				4,000
DAVID'S REFUGE	NONE	EXEMPT	PUBLIC SUPPORT	
8195 CAZENOVIA RD				
MANLIUS, NY 13104				12,740 600,669

Part XIV Supplementary Information	n			_
3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
DETERMINATION CENTER OF CNY	NONE	EXEMPT	PUBLIC SUPPORT	
1640 SOUTH AVE				
SYRACUSE, NY 13207				5,000.
DOWNTOWN COMMITTEE	NONE	EXEMPT	PUBLIC SUPPORT	
115 W FAYETTE ST. SYRACUSE, NY 13202				140.
51MC00E, N1 13202				140.
DUNBAR ASSOCIATION 1453 S STATE ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13205				5,000.
EDUCATING YOUTH THRU EMPOWERMENT CAMP-YOUTH CHAMPIONSHIP	NONE	EXEMPT	PUBLIC SUPPORT	
811 MILTON AVE APT. 2				
SYRACUSE, NY 13204				2,600.
EMBRACING DISRUPTION - RESILIENCE	NONE	EXEMPT	PUBLIC SUPPORT	
AMIDST A CHANGING ENVIRONMENT	NONE	EXEMP 1	FOBILC SUFFORT	
100 CLINTON SQUARE				
SYRACUSE, NY 13202				141,409.
EMERGENT LLC	NONE	EXEMPT	PUBLIC SUPPORT	
126 N SALINA ST				9 500
SYRACUSE, NY 13202				8,500.
EVERSON MUSEUM 401 HARRISON ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				21,600.
FIGHT FOR HEARTS	NONE	EXEMPT	PUBLIC SUPPORT	
103 CLAIRE RD	NONE	DADAI I	TOBBIC BOTTORT	
SYRACUSE, NY 13214				4,400.
FOCUS GREATER SYRACUSE	NONE	EXEMPT	PUBLIC SUPPORT	
201 E WASHINGTON ST				
SYRACUSE, NY 13202			-	1,500.
FORWARD POINT CHURCH	NONE	EXEMPT	PUBLIC SUPPORT	
2384 JAMES ST SYRACUSE, NY 13206				2 760
Total from continuation sheets		1		2,760.

CORPORA  Part VIVI Supplementary Information			15-05	72881
Part XIV Supplementary Informatio				T
3 Grants and Contributions Paid During the	Year (Continuation)  If recipient is an individual,	T		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS OF ROSAMOND GIFFORD ZOO	NONE	EXEMPT	PUBLIC SUPPORT	
1 CONSERVATION PL SYRACUSE, NY 13204				37,450.
DIMEGOL, NI 19204				37,430.
GIRLS, INC.	NONE	EXEMPT	PUBLIC SUPPORT	
401 DOUGLAS ST				
SYRACUSE, NY 13203				3,000.
GREATER SYRACUSE PROPERTY DEV.CORP	NONE	EXEMPT	PUBLIC SUPPORT	
431 E FAYETTE ST, SUITE 375				
SYRACUSE, NY 13202				45,000.
GREATER SYRACUSE SOUTHSIDE HOA	NONE	EXEMPT	PUBLIC SUPPORT	
2221 S SALINA ST SYRACUSE, NY 13205				4,900.
211110022, 112 20200				1,555.
HELPING HOUNDS DOG RESCUE	NONE	EXEMPT	PUBLIC SUPPORT	
7268 CASWELL AVE	NONE	EXEMPI	FOBILC SOFFORT	
NORTH SYRACUSE, NY 13212				2,500.
HENNINGER VOLLEYBALL TEAM	NONE	EXEMPT	PUBLIC SUPPORT	
600 ROBINSON ST				
SYRACUSE, NY 13206				925.
HUMANITARIAN ORG.FOR MULTICULTURAL	NONE	EXEMPT	PUBLIC SUPPORT	
EXP.				
831 JAMES ST				
SYRACUSE, NY 13203				3,000.
HUNTINGTON FAMILY CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
405 GIFFORD ST SYRACUSE, NY 13204				459.
	1			199.
INTERFAITH WORKS OF CNY	NONE	ЕХЕМРТ	PUBLIC SUPPORT	
1010 JAMES ST				
SYRACUSE, NY 13203				350.
IT TAKES A VILLAGE FOR ALL	NONE	EXEMPT	PUBLIC SUPPORT	
146 LAKEVIEW AVE SYRACUSE NY 13204				3,500.
SYRACUSE, NY 13204  Total from continuation sheets				3,300.

	RATION		15-05	72881
Part XIV Supplementary Informat				1
3 Grants and Contributions Paid During th	If recipient is an individual,	1		
Recipient  Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JUBILEE HOMES OF SYR.	NONE	EXEMPT	PUBLIC SUPPORT	
119 SOUTH AVE				
SYRACUSE, NY 13204				4,318.
LANDMARK THEATRE	NONE	EXEMPT	PUBLIC SUPPORT	
362 S SALINA ST				
SYRACUSE, NY 13202				15,000.
LEADERSHIP GREATER SYR	NONE	ЕХЕМРТ	PUBLIC SUPPORT	
5703 ENTERPRISE PKWY				
EAST SYRACUSE, NY 13057				750.
LITERACYCNY	NONE	EXEMPT	PUBLIC SUPPORT	
100 NEW ST	NONE		TOBBIC BOTTORT	
SYRACUSE, NY 13202				2,000.
MCMAHON/RYAN CHILD ADVOCACY	NONE	EXEMPT	PUBLIC SUPPORT	
601 E GENSSEE ST	NONE		TOBBIC BOTTORT	
SYRACUSE, NY 13202				12,000.
MEALS ON WHEELS	NONE	EXEMPT	PUBLIC SUPPORT	
300 BURT ST				
SYRACUSE, NY 13202				3,000.
Voge Borner William				
MOST FOUNDATION 500 S FRANKLIN ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13202				23,000.
NATIONAL ACTION NETWORK	NONE	EXEMPT	PUBLIC SUPPORT	
106 W. 145TH STREET				1 500
HARLEM, NY 10039		1		1,500.
NATIONAL ASSOCIATION FOR THE	NONE	EXEMPT	PUBLIC SUPPORT	
ADVANCEMENT OF COLORED PEOPLE				
224 HARRISON ST				
SYRACUSE, NY 13202				2,500.
NEAR WEST SIDE INITIATIVE	NONE	ЕХЕМРТ	PUBLIC SUPPORT	
115 OTISCO ST				
SYRACUSE, NY 13204				3,375.
Total from continuation sheets				

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NORTHSIDE LEARNING CENTER NONE EXEMPT PUBLIC SUPPORT 501 PARK ST SYRACUSE, NY 13203 1,000. NOURISHING TOMORROW'S LEADERS NONE EXEMPT PUBLIC SUPPORT 100 CLINTON SQUARE SYRACUSE, NY 13202 9,263. OCC FOUNDATION PUBLIC SUPPORT NONE EXEMPT 4585 W SENECA TURNPIKE SYRACUSE, NY 13215 402. ONONDAGA EARTH CORPS NONE EXEMPT PUBLIC SUPPORT 100 NEW ST SYRACUSE, NY 13202 2,000. ONONDAGA HISTORICAL ASSOC. NONE EXEMPT PUBLIC SUPPORT 321 MONTGOMERY ST 3,400. SYRACUSE, NY 13202 ONPOINT FOR COLLEGE NONE EXEMPT PUBLIC SUPPORT 488 W ONONDAGA ST SYRACUSE, NY 13202 2,585. OPHELIA'S PLACE NONE EXEMPT PUBLIC SUPPORT 407 TULIP ST LIVERPOOL, NY 13088 5,600. NONE EXEMPT PUBLIC SUPPORT 100 CLINTON SQUARE SYRACUSE, NY 13202 10,172. PAIGE'S BUTTERFLY RUN NONE EXEMPT PUBLIC SUPPORT 50 PRESIDENTIAL PLAZA SUITE LL-3 SYRACUSE, NY 13202 1,500. PGR FOUNDATION NONE EXEMPT PUBLIC SUPPORT 100 EAST AVE ROCHESTER, NY 14604 20,560.

Total from continuation sheets

Part XIV Supplementary Informa	tion			_
3 Grants and Contributions Paid During t				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
PURPOSE FARM	NONE	EXEMPT	PUBLIC SUPPORT	
1454 W GENESEE RD				
BALDWINSVILLE, NY 13027				2,500.
RECLAIMING OUR AFRICAN PRIDE	NONE	EXEMPT	PUBLIC SUPPORT	
208 CHAFFEE AVE				
SYRACUSE, NY 13207				4,381.
RED HOUSE ARTS CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
400 S SALINA ST				
SYRACUSE, NY 13202				2,000.
RISE	NONE	EXEMPT	PUBLIC SUPPORT	
302 BURT ST				
SYRACUSE, NY 13202				500.
RISE ABOVE POVERTY	NONE	EXEMPT	PUBLIC SUPPORT	
600 W GENESEE ST				
SYRACUSE, NY 13204				2,000.
RIVER CHURCH	NONE	EXEMPT	PUBLIC SUPPORT	
750 JAMES ST.	10112		TODATO BOTTONI	
SYRACUSE, NY 13203				800.
SALT CITY HARVEST FARM	NONE	EXEMPT	PUBLIC SUPPORT	
449 FYLER RD				
KIRKVILLE, NY 13082				3,500.
SAMARITAN CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
215 N STATE ST				
SYRACUSE, NY 13203				2,875.
SCSD EDUCATIONAL FOUNDATION	NONE	EXEMPT	PUBLIC SUPPORT	
725 HARRISON STREET				
SYRACUSE, NY 13210				800.
SOUTH SUDAN INITATIVES	NONE	EXEMPT	PUBLIC SUPPORT	
335 VILLAGE DRIVE				
SYRACUSE, NY 13206				5,055.
Total from continuation sheets				

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SOUTHWEST COMMUNTIY CENTER LIBRARY NONE EXEMPT PUBLIC SUPPORT 401 SOUTH AVE. SYRACUSE, NY 13204 2,500. STONE QUARRY HILL ART PARK NONE EXEMPT PUBLIC SUPPORT 3883 STONE QUARRY RD CAZENOVIA, NY 13035 10,000. SUNSHINE HORSES EXEMPT PUBLIC SUPPORT NONE 3721 VERPLANK RD CLAY, NY 13041 5,000. SYMPHORIA NONE EXEMPT PUBLIC SUPPORT 234 HARRISON ST SYRACUSE, NY 13202 112. SYRACUSE COMMUNITY CONNECTIONS NONE EXEMPT PUBLIC SUPPORT 425 SOUTH AVE SYRACUSE, NY 13204 155. SYRACUSE HOUSING AUTHORITY NONE EXEMPT PUBLIC SUPPORT 516 BURT ST. SYRACUSE, NY 13202 6,000. SYRACUSE STAGE NONE EXEMPT PUBLIC SUPPORT 820 E GENESEE ST SYRACUSE, NY 13210 4,033. SYRACUSE UNIVERSITY NONE EXEMPT PUBLIC SUPPORT 900 SOUTH CROUSE AVE SYRACUSE, NY 13244 3,000. THE ALAMONT PROGRAM NONE EXEMPT PUBLIC SUPPORT 420 GIFFORD ST. SYRACUSE, NY 13204 3,000. THE GUEST HOUSE NONE EXEMPT PUBLIC SUPPORT 722 W. MANLUS ST EAST SYRACUSE, NY 13057 100.

Total from continuation sheets

Part XIV Supplementary Informati			15-05	72881
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE WOMANS ECONOMIC INSTITUTE	NONE	EXEMPT	PUBLIC SUPPORT	
LINCOLN BUILDING, 109 OTISCO ST	NONE		OBBIG BOITONI	
SYRACUSE, NY 13204				6,000
,				,
TOMORROWS NEIGHBORHOODS TODAY	NONE	EXEMPT	PUBLIC SUPPORT	
201 E. WASHINGTON ST				
SYRACUSE, NY 13202				3,850
UNITED WAY	NONE	EXEMPT	PUBLIC SUPPORT	
980 JAMES ST				
SYRACUSE, NY 13203				15,000
VERA HOUSE	NONE	EXEMPT	PUBLIC SUPPORT	
723 JAMES ST				
SYRACUSE, NY 13203		+		2,100
VIETNAMESE COMMUNITY OF SYRACUSE	NONE	EXEMPT	PUBLIC SUPPORT	
1323 N. SALINA ST				
SYRACUSE, NY 13208		+		2,000
VOLUNTEER LAWYERS PROJECT	NONE	EXEMPT	PUBLIC SUPPORT	
100 CLINTON SQUARE				5 000
SYRACUSE, NY 13202				5,000
THOLD WE TWO	NOVE		DUDI IG GUDDODE	
WHOLE ME INC. 1010 JAMES ST	NONE	EXEMPT	PUBLIC SUPPORT	
SYRACUSE, NY 13203				10,000
,				,
WOMEN'S OPPORTUNITY CENTER	NONE	EXEMPT	PUBLIC SUPPORT	
28 ELWOOD DAVIS RD 290 SUITE	[			
LIVERPOOL, NY 13088				5,000
YMCA OF GREATER SYRACUSE -	NONE	EXEMPT	PUBLIC SUPPORT	
UNRESTRICTED INTEREST WRITING				
WORKSHOP				
340 MONTGOMERY ST				1 000
SYRACUSE, NY 13202			+	1,000
Total from continuation sheets				

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unac Cost (	djusted 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	1	6 1	,217.				1,217.	1,217.		0.	1,217.
2	CONFERENCE TABLE	10/02/97	SL	7.00	1	6 5	,908.				5,908.	5,908.		0.	5,908.
3	14 CHAIRS	10/06/97	SL	7.00	1	6 6	,981.				6,981.	6,981.		0.	6,981.
4	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 9	,705.				9,705.	9,705.		0.	9,705.
5	COMPUTER SYSTEM	06/01/99	SL	7.00	1	6 12	,980.				12,980.	12,980.		0.	12,980.
6	COMPUTERS	06/01/99	SL	7.00	1	6 2	,500.				2,500.	2,500.		0.	2,500.
7	5 LATERAL FILES	06/01/99	SL	7.00	1	6 3	,370.				3,370.	3,370.		0.	3,370.
8	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 2	,000.				2,000.	2,000.		0.	2,000.
9	HURBSON CHAIR	06/01/99	SL	7.00	1	6	100.				100.	100.		0.	100.
10	COMPUTERS	06/01/99	SL	7.00	1	6 8	,738.				8,738.	8,738.		0.	8,738.
11	STICKLEY FURNITURE	06/01/99	SL	7.00	1	6 6	,883.				6,883.	6,883.		0.	6,883.
12	STICKLEY FURNITURE	06/01/99	SL	7.00	1		,491.				8,491.	8,491.		0.	8,491.
13	SOLVAY GLASS	06/01/99		7.00	1		228.				228.	228.		0.	228.
14	STICKLEY FURNITURE	06/01/99		7.00	1		593.				593.	593.		0.	593.
15	HURBSON CHAIR	06/01/99		7.00	1		380.				380.	380.		0.	380.
16	PHONE SYSTEM	06/01/99		7.00	1		,906.				3,906.	3,906.		0.	3,906.
17	STICKLEY FURNITURE	06/01/99		7.00	1		,547.				3,547.	3,547.		0.	3,547.
	STICKLEY FURNITURE	06/01/99		7.00	1		,944.				1,944.	1,944.		0.	1,944.

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	unadjusto Cost Or Ba	d Bus sis % 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	1	5 16	3.			168.	168.		0.	168.
20	SOLVAY GLASS - CONF TABLE	10/24/00	SL	7.00	1	5 47	١.			471.	471.		0.	471.
21	LAPTOP COMPUTER	01/01/01	SL	3.00	1	2,37	5.			2,376.	2,376.		0.	2,376.
22	COMPUTER - DELL PC	04/01/01	SL	3.00	1	1,05	7.			1,057.	1,057.		0.	1,057.
23	KITCHEN CABINETS/PLUMBING	02/01/01	SL	10.00	1	4,80	).			4,800.	4,800.		0.	4,800.
24	DELL SERVER, BACKUP	01/15/04	SL	3.00	1	4,89	5.			4,896.	4,896.		0.	4,896.
25	DELL DESKTOP	01/15/04	SL	3.00	1	1,25	).			1,250.	1,250.		0.	1,250.
26	INSPIRON LAPTOP	01/15/04	SL	3.00	1	5 2,15	).			2,150.	2,150.		0.	2,150.
27	COMPUTER HARDWARE NETWORKING	01/08/04	SL	3.00	1	5 54	7.			547.	547.		0.	547.
28	STEVENS BRIAN	01/08/04	SL	7.00	1	5 1,51	).			1,510.	1,510.		0.	1,510.
29	STEVENS JOANNE	01/08/04	SL	7.00	1	1,99	9.			1,999.	1,999.		0.	1,999.
30	STEVENS DEPOSIT ON CONFERENCE TABLE	01/08/04	SL	7.00	1	9,26	3.			9,268.	9,268.		0.	9,268.
31	XP UPGRADE	03/08/04	SL	3.00	1	5 1,73	5.			1,735.	1,735.		0.	1,735.
32	XP UPGRADE SERVER SETUP, PC, LAPTOP	03/08/04	SL	3.00	1					2,125.	2,125.		0.	2,125.
33	STEVENS RECEPTION FURNITURE, CONFERENCE TABLE, ETC	04/27/04		7.00	1					12,486.	12,486.		0.	12,486.
34	MICROEDGE	04/01/05		3.00	1					12,312.	12,312.		0.	12,312.
	* TOTAL 990-PF PG 1 DEPR					138,62				138,621.	,		0.	138,621.
	I I I I I I I I I I I I I I I I I I I					233,32				200,021.	200,021.		3.	200,021,

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ו	OMB No. 1545-0047
		For ca	lendar year 2021 or other tax year beginning and ending		2021
Depart Interna	ment of the Treasury I Revenue Service	<b>•</b>	► 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
Α _	Check box if address changed.		Name of organization (		loyer identification number
	rempt under section [ 501( <b>c</b> )( <b>3</b> )	Print or	CORPORATION  Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Grou	. 5 – 0 5 7 2 8 8 1 p exemption number
	408(e) 220(e)	Туре	100 CLINTON SQ, 126 N SALINA ST	(see	instructions)
	] 408A		City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202	F	Check box if
	, (,	С Во	ok value of all assets at end of year 22,041,882.	1 _	an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	-	
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b></b>
			ed Schedules A (Form 990-T)		1
K [	Ouring the tax year,	was th			Yes X No
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.		
			JOHN LORENCE Telephone number	315-	474-2489
Pai	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	0.
Pai	rt II Tax Com			_	
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	· <u>1</u>	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6	-		cility income. See instructions	6	0
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	⊀educt	ion Act Notice, see instructions.		Form <b>990-T</b> (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021) Page 2 Tax and Payments Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 5,600. Payments: A 2020 overpayment credited to 2021 2021 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 5,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 5,600 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$\infty\$ \_ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain in </u>Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. reperBititissSigned(bby; 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, ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

11/15/2022 Sign Sheena Solomon May the IBS discuss this return with Here EXECUTIVE DIRECTOR the preparer shown below (see Signature of officer instructions)? X Yes Date Print/Type preparer's name Preparer's signature Date PTIN Check self- employed **Paid** MICHELLE MUNDY MICHELLE MUNDY 10/31/22 P01982856 **Preparer** Firm's name ▶ BONADIO & CO., LLP 16-1131146 Firm's EIN ▶ **Use Only** 432 NORTH FRANKLIN NY 13204 (315) 422-7109SYRACUSE, Form 990-T (2021)

123711 01-31-22

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2021

**ZUZ I** 

Department of the Treasury Internal Revenue Service ► 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

<b>A</b> N	ame of the organization THE ROSAMOND GIFFORD CI CORPORATION	HARI	TABLE			oloyer identific -057288	
						-1	
C U	nrelated business activity code (see instructions)   1				D Sec	uence: 1	L of 1
E D	escribe the unrelated trade or business    COLCHESTER,	SANI	DERSON,	FPA &	SIGUI	LER GUF	F K-1
Par			(A) Inco				(C) Net
rai	Chrelated Trade of Business income		(A) IIICO	ille	(D) EX	penses	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12 13 0.						
Par	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			s on ded	uctions. I	Deductions	s must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return		Li	8a		8b	
9	Depletion						
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	0
16	Unrelated business income before net operating loss deduction. Su	ubtract	line 15 from F	Part I, line 1	3,		_
	column (C)						0
17	Deduction for net operating loss. See instructions					1 1	0
18	Unrelated business taxable income. Subtract line 17 from line 16	3					
LHA	For Paperwork Reduction Act Notice, see instructions.					Schedul	e A (Form 990-T) 20

Pac	ıe	2

<ul><li>1 Inventory at beginning of year</li><li>2 Purchases</li></ul>		
	1	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)		
5 Other costs (attach statement)		
6 Total. Add lines 1 through 5		
7 Inventory at end of year		
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organiz		Yes No
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property Leased w	roperty)	
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions	3.	
A <u> </u>		
В		
c <u> </u>		
D 🔲	<del></del>	
A B	С	<u>D</u>
2 Rent received or accrued		
a From personal property (if the percentage of		
rent for personal property is more than 10%		
but not more than 50%)		
<b>b</b> From real and personal property (if the		
percentage of rent for personal property exceeds		
50% or if the rent is based on profit or income)		
c Total rents received or accrued by property.		
Add lines 2a and 2b, columns A through D		
		0
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column	(A) <b>&gt;</b>	0.
Deductions directly connected with the income		
4 in lines 2(a) and 2(b) (attach statement)		
F. Takal da dantaga. Add Fan Anakayan Albayank D. Fatarkayan and an Bart Life of Carkayan (D)	_	0.
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	P	<u> </u>
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions		
A	5110113.	
B -		
c 🗆		
D		
	С	
2 Gross income from or allocable to debt-financed		
property		
3 Deductions directly connected with or allocable		
to debt-financed property		
a Straight line depreciation (attach statement)		
b Other deductions (attach statement)		
c Total deductions (add lines 3a and 3b,		
columns A through D)		
4 Amount of average acquisition debt on or allocable		
to debt-financed property (attach statement)		
5 Average adjusted basis of or allocable to debt-		
5 Average adjusted basis of or allocable to debt-		
5 Average adjusted basis of or allocable to debt- financed property (attach statement)	%	%
5 Average adjusted basis of or allocable to debt- financed property (attach statement)	%	%
5 Average adjusted basis of or allocable to debt- financed property (attach statement) 6 Divide line 4 by line 5 % %		% 0.
5 Average adjusted basis of or allocable to debt- financed property (attach statement) 6 Divide line 4 by line 5		
5 Average adjusted basis of or allocable to debt- financed property (attach statement) 6 Divide line 4 by line 5		0.
5 Average adjusted basis of or allocable to debt- financed property (attach statement) 6 Divide line 4 by line 5	<b>&gt;</b>	0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (see instr	uctions)	Page 3
		-					Exempt Contro	· · · · · · · · · · · · · · · · · · ·		
	Name of controlle organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Part of co that is includ controlling o tion's gross	olumn 4 ed in the rganiza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
<u>(4)</u>										
	· + · · · ·				Controlled O					D 1 11 11 11
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif syments mad		that is inc	of column 9 cluded in the organization's income	.   .	Deductions directly connected with one in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•		0		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orga	nization (s	ee instruction		<del>-</del>
		cription of			2. Amou incor	nt of	3. Deduction directly connumber (attach states	ected (attach	Set-asides n statemen	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>										
(2)										
(3)										
(4)					Add amou	ınto in				Add amounts in
Totals				<b>&gt;</b>	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other 1	Than Adve	ertisin	g Income	(see instructio	ns)	
1	Description of exploite	ed activity:							_	
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	. 2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						• .			
5	Gross income from ac									
6	Expenses attributable								6	
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan tr	ne amount on I	ine	,	
	The street of the street and the street of t	arrii, iii le	14							

Schedule A (Form 990-T) 2021

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or i	more periodicals on a	a consolidated basi	S.	
	A 🔲	_	·			
	В					
	c					
	D					
			P 1			
Enter	amounts for each periodical listed above in the	correspor		T _		
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)		▶	·0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line	e 11, column (B)		<b>&gt;</b>	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column ir	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6						
7	Circulation income  Excess readership costs. If line 6 is less than					
,	•					
	line 5, subtract line 6 from line 5. If line 5 is les					
	than line 6, enter zero			_		
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	reater of the	he line 8a, columns t	otal or zero here an	id on	_
	Part II, line 13		······		·····	0.
Part	X Compensation of Officers, Dir	rectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		<b>2.</b> Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u>.,</u>					70	
Total	Enter here and on Part II, line 1					0.
Part			iona)			
ıaıı	Supplemental information (se	e instruct	ions)			

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	I INVESTMENTS	STATEMENT 1
SOURCE		(A REVEI PER BO	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NBT - MONEY MARKET		2,000.	2,000.		
TOTAL TO PART I, LI	NE 3		2,000.	2,000.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SI	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU S PER BOO		
WILMINGTON TRUST	485,379		0. 485,3	379. 485,3	79.
TO PART I, LINE 4	485,379	•	0. 485,3	379. 485,3	79.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
ACCOUNTING FEES		38,495.		0.	40,185.
TO FORM 990-PF, PG	1, LN 16B	38,495.		0.	40,185.
FORM 990-PF	O <sup>r</sup>	THER PROFES	SIONAL FEES	3	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
INVESTMENT FEES CONSULTANTS	_	72,984. 7,183.	72,98	34. 0.	0. 7,183.
TO FORM 990-PF, PG	1, LN 16C	80,167.	72,98	34.	7,183.
	=				

FORM 990-PF	TAX	ES	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES NYS FILING FEE	24,659. 775.	5,947. 775.		18,712.	
TO FORM 990-PF, PG 1, LN 18	25,434.	6,722.		18,712.	
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 SUPPLIES AND POSTAGE TELEPHONE DUES & SUBSCRIPTIONS INSURANCE MAINTENANCE CONTRACTUAL EXPENSES FEDERAL EXCISE TAX	2,601. 9,623. 7,385. 9,369. 6,482. 13,061. 185,863. 16,371.	6,736.		7,200. 2,887. 2,215. 9,369. 7,565. 13,254. 180,459.	
TO FORM 990-PF, PG 1, LN 23	250,755.	20,221.		222,949.	

FORM 990-PF	CORPORATE STOCK	STATEMENT 7

		EATD MADVED
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
META PLATFORMS, INC-A	51,798.	51,798.
ABBOTT LABORATORIES	77,970.	77,970.
ACV AUCTIONS INC CL A	301,459.	301,459.
ADOBE INC	51,602.	51,602.
ALCON INC	32,670.	32,670.
AMAZON.COM INC	63,352.	63,352.
AMERICAN TOWER CORP CL A	50,017.	50,017.
AMERIPRISE FINANCIAL INC	38,311.	38,311.
AMGEN INC COM	27,446.	27,446.
AMPHENOL CORP NEW CL A	61,047.	61,047.
ANSYS INC	46,530.	46,530.
APTIV PLC	49,650.	49,650.
AUTOMATIC DATA PROCESSING INC	49,563.	49,563.
AVALARA INC	21,690.	21,690.
BENTLEY SYS INC CLASS B	28,515.	28,515.
CAPITAL ONE FINANCIAL CORP	38,159.	38,159.
CDW CORP	60,001.	60,001.
CHUBB LTD	24,550.	24,550.
CINCINNATI FINANCIAL CORP COMMON	27,115.	27,115.
CLEARWATER ANALYTICS HOLDINGS CL A	20,567.	20,567.
COCA COLA CO COM	31,263.	31,263.
COMMERCE BANCSHARES INC	20,072.	20,072.
CONSTELLATION BRANDS INC CL A	47,182.	47,182.
COPART INC	35,024.	35,024.
CORTEVA INC	40,850.	40,850.
COTERRA ENERGY, INC.	25,859.	25,859.
CROWN CASTLE INTL CORP REIT	37,573.	37,573.
CULLEN FROST BANKER INC COM	20,549.	20,549.
DANAHER CORP COM	64,157.	64,157.
DUCK CREEK TECHNOLOGIES INC	13,580.	13,580.
EAST WEST BANCORP INC	14,634.	14,634.
ECOLAB INC COM	34,719.	34,719.
ELANCO ANIMAL HEALTH INC	39,306.	39,306.
EQUITY LIFESTYLE PROPERTIES REIT	16,480.	16,480.
FACTSET RESEARCH SYSTEMS INC	27,703.	27,703.
FAIR ISAAC INC	18,214.	
FIVE9 INC	19,087.	19,087.
GENERAL DYNAMICS CORP COM	27,935.	27,935.
GLOBUS MEDICAL INC	21,732.	
HEALTHEQUITY INC	16,236.	
HEICO CORPORATION CLASS A	30,202.	•
HENRY JACK & ASSOC INC COM	22,377.	22,377.
HONEYWELL INTL INC COM	31,485.	31,485.
INTL FLAVORS & FRAGRANCES INC COM	24,857.	24,857.
IQVIA HOLDINGS INC	69,689.	69,689.
JOHNSON CONTROLS INTERNATIONAL PLC	45,208.	45,208.
LAMB WESTON HOLDINGS INC	15,148.	
LENNAR CORP CL A	42,515.	
LENNAR CORP CL B	765 <b>.</b>	765.
MARKETAXESS HOLDINGS INC	24,676.	
MARTIN MARIETTA MATERIALS INC MASTERCARD INC CL A	41,409. 83,722.	41,409. 83,722.
MADIENCARD INC CD A	03,144.	03,144.

THE ROSAMOND GIFFORD CHARITABLE CORPORAT		15-0572881
MEDIAALPHA INC CL A	8,770.	8,770.
MEDTRONIC PLC	27,621.	27,621.
MICHELIN (CGDE) - UNSPONSORED ADR	32,659.	32 659
MICROCHIP TECHNOLOGY INC COM	45,098.	45,098.
MICROSOFT CORP	168,160.	
MITSUBISHI UFJ FINANCIAL GRP-ADR	15,818.	168,160. 15,818. 13,002.
NCINO INC	13,002.	13,002.
NIKE INC CL B	70,668.	70,668.
OLD DOMINION FREIGHT LINE INC	56,266.	56,266.
OLLIE'S BARGAIN OUTLET HOLDINGS INC	13,719.	13,719.
OLO INC CL A	12,985.	12,985.
PARKER HANNIFIN CORP	38,493.	38,493.
PAYPAL HOLDINGS INC	24,515.	24,515.
PHILLIPS 66	21,666.	21,666.
PNC FINANCIAL SERVICES GROUP INC.	41,307.	41,307.
PROCTER & GAMBLE CO COM	29,772.	29,772.
QUALCOMM INC COM	41,877.	41,877.
RIGHTMOVE PLC UNSPONS ADR	27,484.	27,484.
RPM INTERNATIONAL INC COMMON	28,886.	28,886.
RYAN SPECIALTY GROUP HOLDINGS CL A	35,024.	35,024.
SCHWAB CHARLES CORP NEW COM	68,373.	68,373.
SILK ROAD MEDICAL INC	28,080.	28,080.
SITEONE LANDSCAPE SUPPLY INC	43,368.	43,368.
SONY GROUP CORPORATION SPONS ADR	47,526.	47,526.
STERICYCLE INC COM	34,054.	34,054.
SUN COMMUNITIES INC (REIT)	18,267.	18,267.
TELEDYNE TECHNOLOGIES INC COM	24,903.	24,903.
THE COOPER COMPANIES INC	18,852.	18,852.
TJX COMPANIES COM	44,945.	44,945.
TRANSUNION	26,088.	26,088.
TWITTER INC	21,307.	21,307.
TYLER TECHNOLOGIES INC	34,429.	34,429.
TYSON FOODS INC COM	29,111.	29,111.
VERISK ANALYTICS INC. COMMON STOCK	56,725.	56,725.
WALGREENS BOOTS ALLIANCE INC	14,240.	14,240.
WEST PHARMACEUTICAL SERVICES INC	49,246.	49,246.
XYLEM INC W/I	35,137.	35,137.
ZOETIS INC	67,108.	67,108.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,541,769.	3,541,769.

FORM 990-PF COR	RPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
METWEST TOTAL RETURN BOND FUND		1,701,375.	1,701,375
VANGUARD HIGH YIELD CORP CL ADML		494,730.	494,730
VANGUARD INFLATION-PROTECTED CL ADM	<b>1</b> L	151,573.	151,573
VANGUARD TOTAL BOND MKT IND ADM		814,592.	
WILMINGTON BROAD MARKET BOND FUND-1	_	1,057,773.	
VIRTUS SEIX FLT RT HI INC		225,431.	225,431
TOTAL TO FORM 990-PF, PART II, LINE	E 10C	4,445,474.	4,445,474
FORM 990-PF OTHE	ER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
———————	METHOD		VALUE
AMG RIVER RD SM-CAP VALUE FD CL I	FMV	553,026.	553,026
ARMORY SQUARE VENTURES	FMV	77,223.	
BAILLIE GIFFORD EMERG MKTS CL K	FMV	743,644.	743,644
BLACKROCK EVENT DRIVEN EQUITY FUND	FMV		
CLASS INSTITUTIONAL		558,522.	558,522
COLUMBIA OVERSEAS VALUE-I3	FMV	890,623.	890,623
CVI CREDIT VALUE FUND B	FMV	3,579.	3,579
CVI CREDIT VALUE FUND B III	FMV	215,729.	215,729
DIAMOND HILL LARGE-CAP CL I	FMV	816,577.	816,577
DISTRESSED COMPANIES FUND GATEWAY FUND CLASS N	FMV	78,653. 481,647.	78,653 481,647
ISHARES CORE MSCI EAFE ETF	FMV FMV	1,111,763.	1,111,763
ISHARES CORE MSCI EMERGING	FMV	542,032.	542,032
ISHARES MSCI USA QUALITY FACTOR ETF		761,279.	761,279
ISHARES RUSSELL 2000 ETF	FMV	364,818.	364,818
JOHCM INTERNATIONAL SELECT CL I	FMV	745,935.	745,935
PRINCIPAL GLOBAL RE FD CL-R6	FMV	408,736.	408,736
T. ROWE PRICE LG-CAP GR FD CL I	FMV	777,276.	777,276
VANGUARD 500 INDEX CL ADML	FMV	1,632,897.	1,632,897
VANGUARD COMMODITY STRAT FD CL ADM	FMV	340,121.	340,121
WCM FOCUS INTL GROWTH FD	FMV	1,033,255.	1,033,255
WILMINGTON GLOBAL ALPHA EQUITIES	FMV		
THIND		160 001	160 00

468,894.

12,606,229. 12,606,229.

468,894.

TOTAL TO FORM 990-PF, PART II, LINE 13

FUND

DESCRIPTION	ENT 10
VISUAL BOARD  COMFERENCE TABLE  5,908. 5,908. 14 CHAIRS 6,981. 6,981. 5TICKLEY FURNITURE 9,705. 9,705.  COMPUTER SYSTEM 12,980. 12,980.  COMPUTERS 2,500. 2,500. 5 LATERAL FILES 3,370. 3,370.  STICKLEY FURNITURE 2,000. 2,000.  HURBSON CHAIR 100. 100.  COMPUTERS 8,738. 8,738.  STICKLEY FURNITURE 6,883. 6,883.  STICKLEY FURNITURE 8,491. 8,491.  SOLVAY GLASS 228. 228.  STICKLEY FURNITURE 593. 593.  HURBSON CHAIR 380. 380.  PHONE SYSTEM 3,906. 3,906.  STICKLEY FURNITURE 3,547. 3,547.  STICKLEY FURNITURE 4,741.  LAPTOP COMPUTER 2,376. 2,376.  COMPUTER DELL PC 1,057. 1,057.  KITCHEN CABINETS/PLUMBING 4,800.  DELL SERVER, BACKUP 4,896. 4,896.  DELL DESKTOP 1,250. 1,250.  INSPIRON LAPTOP 2,150. 2,150.  COMPUTER BRIAN 1,510. 1,510.  STEVENS BRIAN 1,510. 1,510.  STEVENS DEPOSIT ON CONFERENCE TABLE 3,268. 9,268.  XP UPGRADE XP UPGRADE XP UPGRADE SERVER SETUP, PC, LAPTOP 2,125. 2,125.  STEVENS RECEPTION FURNITURE, CONFERENCE TABLE, ETC 12,486. 12,486.  MICROEBGE 12,312. 12,312.	
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COMPUTER SYSTEM  COMPUTERS  COMPUTERS  2,500. 2,500. 5 LATERAL FILES 3,370. STICKLEY FURNITURE 2,000. LOOD. 100. COMPUTERS 8,738. 8. 948. 94. 94. 94. 94. 94. 94. 94. 94. 94. 94	0
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COMPUTERS  STICKLEY FURNITURE  SCICKLEY FURNIT	0
## STICKLEY FURNITURE	0
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HURBSON CHAIR  PHONE SYSTEM  3,906. 3,906. 3,906. STICKLEY FURNITURE  STICKLEY FURNITURE  STICKLEY FURNITURE  SOLVAY GLASS - GLASS TOP  168.  SOLVAY GLASS - CONF TABLE  APTOP COMPUTER  COMPUTER - DELL PC  KITCHEN CABINETS/PLUMBING  DELL SERVER, BACKUP  DELL DESKTOP  1,250.  CINSPIRON LAPTOP  COMPUTER HARDWARE NETWORKING  STEVENS BRIAN  STEVENS BRIAN  1,510.  STEVENS DEPOSIT ON CONFERENCE  TABLE  KP UPGRADE  KP	0
## STICKLEY FURNITURE	0
STICKLEY FURNITURE 3,547. 3,547.  STICKLEY FURNITURE 1,944. 1,944.  SOLVAY GLASS - GLASS TOP 168. 168.  SOLVAY GLASS - CONF TABLE 471. 471.  LAPTOP COMPUTER 2,376. 2,376.  COMPUTER - DELL PC 1,057. 1,057.  KITCHEN CABINETS/PLUMBING 4,800. 4,800.  DELL SERVER, BACKUP 4,896. 4,896.  DELL DESKTOP 1,250. 1,250.  INSFIRON LAPTOP 2,150. 2,150.  COMPUTER HARDWARE NETWORKING 547. 547.  STEVENS BRIAN 1,510. 1,510.  STEVENS DEPOSIT ON CONFERENCE 7ABLE 9,268. 9,268.  KP UPGRADE 1,735. 1,735.  KP UPGRADE 1,735. 1,735.  KP UPGRADE 2,125. 2,125.  SETEVENS RECEPTION FURNITURE,  CONFERENCE TABLE, ETC 12,486. 12,486.  MICROEDGE 12,312. 12,312.  FOTAL TO FM 990-PF, PART II, LN 14 138,621. 138,621.	0
### STICKLEY FURNITURE	0
SOLVAY GLASS - GLASS TOP   168.   168.   168.   SOLVAY GLASS - CONF TABLE   471.   4	0
### SOLVAY GLASS - CONF TABLE	0
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DELL SERVER, BACKUP  DELL DESKTOP  INSPIRON LAPTOP  COMPUTER HARDWARE NETWORKING  STEVENS BRIAN  STEVENS JOANNE  STEVENS DEPOSIT ON CONFERENCE  FABLE  KP UPGRADE  KP UPGRADE SERVER SETUP, PC,  LAPTOP  CONFERENCE TABLE, ETC  MICROEDGE  FOTAL TO FM 990-PF, PART II, LN 14  1,896.  4,896.  1,250.  2,150.  547.  548.  9,268.  9,268.  9,268.  9,268.  1,735.  2,125.  2,125.  52,125.	0
DELL DESKTOP 1,250. 1,250.  INSPIRON LAPTOP 2,150. 2,150.  COMPUTER HARDWARE NETWORKING 547. 547.  STEVENS BRIAN 1,510. 1,510.  STEVENS JOANNE 1,999. 1,999.  STEVENS DEPOSIT ON CONFERENCE 7ABLE 9,268. 9,268.  KP UPGRADE 1,735. 1,735.  KP UPGRADE SERVER SETUP, PC,  LAPTOP 2,125. 2,125.  STEVENS RECEPTION FURNITURE,  CONFERENCE TABLE, ETC 12,486. 12,486.  MICROEDGE 12,312. 12,312.  FOTAL TO FM 990-PF, PART II, LN 14 138,621. 138,621.	0
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COMPUTER HARDWARE NETWORKING 547. 547. 547. 547. 547. 547. 547. 547.	0
### STEVENS BRIAN	
### STEVENS JOANNE	0
### STEVENS DEPOSIT ON CONFERENCE ###################################	0
PABLE 9,268. 9,268.  KP UPGRADE 1,735. 1,735.  KP UPGRADE SERVER SETUP, PC, LAPTOP 2,125. 2,125.  ESTEVENS RECEPTION FURNITURE, CONFERENCE TABLE, ETC 12,486. 12,486. MICROEDGE 12,312. 12,312.  FOTAL TO FM 990-PF, PART II, LN 14 138,621. 138,621.	0
XP UPGRADE       1,735.       1,735.         XP UPGRADE SERVER SETUP, PC,       2,125.       2,125.         CAPTOP       2,125.       2,125.         STEVENS RECEPTION FURNITURE,       12,486.       12,486.         MICROEDGE       12,312.       12,312.         FOTAL TO FM 990-PF, PART II, LN 14       138,621.       138,621.	c
KP UPGRADE SERVER SETUP, PC,       2,125.       2,125.         CAPTOP       2,125.       2,125.         STEVENS RECEPTION FURNITURE,       12,486.       12,486.         CONFERENCE TABLE, ETC       12,312.       12,312.         MICROEDGE       12,312.       12,312.         FOTAL TO FM 990-PF, PART II, LN 14       138,621.       138,621.	0
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TOTAL TO FM 990-PF, PART II, LN 14 138,621. 138,621.	0
	0
FORM 990-PF OTHER LIABILITIES STATEM	0
FORM 990-PF OTHER LIABILITIES STATEM	
	ENT 11
DESCRIPTION BOY AMOUNT EOY AMO	TNUC
DEFERRED FEDERAL EXCISE TAX 61,382.	0
FOTAL TO FORM 990-PF, PART II, LINE 22 61,382.	0

	OF OFFICERS, DI OFOUNDATION MANA		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
PASTOR PHIL TURNER 149 BEATTIE ST. SYRACUSE, NY 13224	TRUSTEE 2.00	0.	0.	0.
RYAN YORK 7421 OSWEGO ROAD LIVERPOOL, NY 13090	TRUSTEE 2.00	0.	0.	0.
JAIME ALICEA 103 PHILLIPS ROAD SYRACUSE, NY 13214	TRUSTEE 2.00	0.	0.	0.
MAITHREYEE DUBE 150 CROUSE DR. SYRACUSE, NY 13244	TRUSTEE 2.00	0.	0.	0.
MICHAEL FENG 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
MATT GARDNER 304 S. FRANKLIN STREET #200 SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
SUSAN KATZOFF ONE LINCOLN CENTER SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
VINCENT LOVE 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
CAERESA RICHARDSON 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
IRIS ST. MERAN 100 CLINTON SQ, 126 N SALINA ST SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.

THE ROSAMOND GIFFORD CHARITABLE	CORPORAT		15-0	572881
RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TREASURER 4.00	0.	0.	0.
MEGHAN TIDD, S.N 115 WEST FAYETTE ST. SYRACUSE, NY 13202	VICE PRESIDENT 4.00	0.	0.	0.
MERIKE TREIER 115 WEST FAYETTE ST. SYRACUSE, NY 13202	PRESIDENT 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VII =	0.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

#### 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 VIII-A, LINE 3 EXPENSES 85,552.

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 14 SCHEDULE A BUSINESS ACTIVITY

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

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	17,063.	0.	17,063.	17,063.
NOL CARRYOV	ER AVAILABLE THIS Y	ZEAR	17,063.	17,063.



# Department of Taxation and Finance **Estimated Tax for Corporations**

	<b>de easy:</b> File and p CT-400-I, <i>Instructions fo</i>				ervices at wi	ww.tax.ı	ny.gov.						
Employer	identification number	<u>,                                      </u>		File no.	Return type (re	equired)	Tax sub type	Tax yea	r: beg	inning (mm-yy)	ending (mm-y	<i>y)</i>	
15-05	572881			мм6	СТ13		26	21	L	01-22	12-22		
Business te	elephone number	State or country of	incorporat	tion		Date of i	incorporation			nstallment due	date		
315-4	174-2489									06-15-	22		
	of corporation THE DRATION	ROSAMOND	GIFF	ORD CH	ARITABL	E				Foreign corporation pusiness in NYS	ns: date began		
	ess or PO box	126 N SAL	INA	ST						For office use	only		
City					State	ZIF	P code						
SYRAC	CUSE				NY	1	L3202						
					·					Payment	enclosed		
	e payable to: <i>New Yor</i> ose your payment. <i>(De</i>			nstructions fo	or details )			A		•	100	<u> </u>	
	(DC	taon an oncon stak	00, 000 III	istructions re	or detaile.			,,					
Installm	nent payment am	ount											
	rcharge								1 2		100	).	
	tion of estimated												
Doolard								1				_	
<b>3</b> Tax									3		300	).	
4 MTA su	rcharge								4				
Third - p		Designee'	's name (	(print)						Designee's n	ame		
design (see instruction	Designee's e-m									PIN		=	
Certificat		is form and any	attachn	nents are to	the best of	my kno	wledge and	belief	true				
Authorized	Printed name of auth	•	S	Signature of a	authorized per	rson		Official EXEC		IVE DIR	ECTOR		
person	E-mail address of aut	•	DATIC	ON.ORG				Telepho		umber 4 – 2489	Date 10-31-2	22	
Paid	Firm's name (or yours						Firm's EII <b>16-1</b>		46	Preparer's PTIN or SSN			
preparer use	Signature of individual p	reparing this return	Address				City			State ZI	P code		
only	MICHELLE N		•		FRANKL	IN S	SYRAC Preparer's						
(see instr.)	E-mail address of indi  MMUNDY@BOI		ins return	1			Fiehaieis	INT I PRII	10	Excl. code	10-31-2	22	
See instructi	ons for where to file.						•			•	-	_	

150572881 MM 6 1222



# Department of Taxation and Finance **Estimated Tax for Corporations**

	de easy: File and p				ervices at wv	vw.tax.n	y.gov.				
	CT-400-I, Instructions fo	or Form CT-400, 10			IIn	· n.II-	<del>-</del>	I <del></del>			
Employer i	dentification number		File	no.	Return type (re	quirea)	lax sub type	Tax year	: begir	ining (mm-yy)	ending (mm-yy)
15-05	572881		М	М6	CT13		26	21	0	1-22	12-22
Business te	lephone number	State or country of	incorporation			Date of in	corporation		In	stallment due d	ate
315-4	174-2489									09-15-2	22
	of corporation THE DRATION	ROSAMOND	GIFFOR	D CH	IARITABL:	E				oreign corporations usiness in NYS	: date began
	ess or PO box	126 N SAL	INA ST						F	or office use o	nly
City					State	ZIP	code				
SYRAC	CUSE				NY	1	3202				
A Moke	navabla ta: A/	1.01.1.0								Payment e	nclosed
	e payable to: <i>New York</i> ose your payment. <i>(De</i>			ctions f	or details.)			A			100.
	, , , ,= ,		.,								
Installm	ent payment am	ount									
<b>1</b> Tax								[	1		100.
2 MTA sui	rcharge							<b>L</b>	2		
Declara	tion of estimated	l tax									
								Г	ı		
3 Tax									3		300.
• rax								·····			
4 MTA sui	rcharge							<u>L</u>	4		
Third - p	aut a	Designee'	s name <i>(print</i>	-1						Designee's na	me
design			oriame (prim,	,						ocoignoc o na	····c
(see	Designee's e-m										
instruction Certificat		is form and any	attachment	e are t	o the best of	my knov	vledge and	l baliaf t	ruo	PIN	complete
Certificat	Printed name of auth				authorized pers		wieuge and	Official t		correct, and	complete.
Authorized	SHEENA SOI		Olgrid	tare or	adtriorized per	3011				VE DIRE	ECTOR
person	E-mail address of aut	•						Telepho			Date
	SHEENA@GIF			ORG			Firm's FII		474	-2489	10-31-22
Paid	Firm's name (or yours						Firm's EII 16-1	ง 1311	46		r's PTIN or SSN 982856
preparer use	Signature of individual preparing this return Address City									code	
only	MICHELLE N			RTH	FRANKLI	N S	SYRAC				
(see instr.)	E-mail address of indi		nis return				Preparer's	NYTPRIN	or	Excl. code	
See instruction	MMUNDY@BON ons for where to file.	NADIO COM								03	10-31-22

150572881 MM 6 1222 





# Department of Taxation and Finance **Estimated Tax for Corporations**

	de easy: File and p			line S	ervices at wv	vw.tax.n	y.gov.				
	CT-400-I, Instructions f	or Form CT-400, to			11-			1_			
Employer i	identification number		File i	no.	Return type (re	quired)	Tax sub type	Tax year	begir	nning (mm-yy)	ending (mm-yy)
15-05	572881		M	M6	CT13		26	21		1-22	12-22
Business te	elephone number	State or country of	incorporation			Date of in	ncorporation		lr	nstallment due d	ate
315-4	174-2489									12-15-2	22
	of corporation THE DRATION	ROSAMOND	GIFFORI	D CI	HARITABI	ıΕ				oreign corporations usiness in NYS	: date began
	ess or PO box	126 N SA	LINA ST						F	or office use c	nly
City					State	ZIP	code				
SYRAC	CUSE				NY	1	3202				
A Make	e payable to: New Yor	d. Otata Oassa assatia	- T		•	·		T L		Payment e	nclosed
	ose your payment. <i>(De</i>			tions fo	or details.)			Α			100.
			,		,			<b>.</b>			
Installm	ent payment am	ount									
<b>1</b> Tax								[	1		100.
2 MTA sui	rcharge							L	2		
Declara	tion of estimated	l tax									
<b>3</b> Tax								🖡	3		300.
4 MTA sui	rcharge								4		
		I Basisasas								D	
Third - p design			's name (print)							Designee's na	me
(see	Designee's e-m										
instruction Certificat		nis form and any	attachments	are to	o the best of	my knov	wledge and	l belief t	rue	PIN correct and	complete
	Printed name of auth	orized person			authorized pers	_	Wodgo and	Official t	itle	VE DIR	
Authorized person	E-mail address of aut							Telepho			Date
	SHEENA@GI	•	DATION.	ORG						1-2489	10-31-22
Paid	Firm's name (or your						Firm's El				r's PTIN or SSN
preparer	BONADIO &	-	Addrage					1311			
use only	Signature of individual p		Address 432 NOT	гтн	FRANKLI		City SYRAC	USE	State ZIP code NY 13204		
(see instr.)	E-mail address of ind						Preparer's		or	Excl. code	Date
ľ	MMUNDY@BOI	NADIO.COM								03	10-31-22
See mstructi	ons for where to file.										

150572881 MM 6 1222 





## CT-2

Department of Taxation and Finance

## **Corporation Tax Return Summary**

THIS FORM MUST
BE FILED WITH
YOUR RETURN

1	Legal name of corporation		
	THE ROSAMOND GIFFORD CHARITABLE Payment		
	1. CORPORATION enclosed	2.	
3	Return type		3. CT13
4	Employer ID number (EIN)		4. 15 0572881
5	File number (FCC)		5. MM6
6	Period beginning date (mm-dd-yy)		6. 01-01-21
7	Period ending date (mm-dd-yy)		7. 12 31 21
8	Amended (Y=1; N=0)		8. 0
9	Final (Y=1; N=0)		9.
10	NAICS code		10.
11	MTA indicator (None = 0; $Y = 1$ ; $N = 2$ ; Both = 3)		11.
12	Federal 1120-H filed $(Y = 1; N = 0)$		12.
13	REIT/RIC indicator $(Y = 1; N = 0)$		13.
14	Tax due/MTA surcharge	14.	250.00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	15.	
16	Balance due	16.	
17	Amount of overpayment credited to next period - NYS	17.	
18	Refund of overpayment	18.	
19	Refund of unused tax credits	19.	
20	Tax credits to be credited as an overpayment to next year's return	20.	
21	Amount of overpayment credited to next period - MTA	21.	
22	Amount of MTA surcharge retaliatory tax credit to be refunded	22.	
23	Fixed dollar minimum	23.	
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	<u> </u>	
25	New York receipts	25.	
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?		26.
27	Paid preparer's EIN		27. 16 1131146
28	Preparer's NYTPRIN		28.
29	Excl. code		29. 03

541001211019

For office use only

### THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Page 2 of 2 CT-2 (2021)

### Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.
32	Total excise tax on telecommunication services	32.
33	Tax on gross income - NYS	33.
34	MTA surcharge related to non-mobile telecommunication services	34.
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.
36	Total MTA surcharge related to telecommunication services	36.
37	MTA surcharge on gross income	37.
38	Balance due - NYS	38.
39	Balance due - MTA	39.
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$ ; $N = 2$ ; $Both = 3$ )  Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44.
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS  Refund of overpayment - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45.
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax · NYS  Overpayment credited to next year's tax · MTA  Refund of overpayment · NYS  Refund of overpayment · MTA  Refund of unused tax credits · NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45. 46.



Department of Taxation and Finance

### New York State E-File Authorization for Tax Year 2021

TR-579-CT

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

	Electronic return	n originator (ERO)/p	paid preparer: <b>Do not</b>	mail this form to	the Tax Departmen	t. Keep it for your	records.
Legal name	e of corporation THE	ROSAMOND	GIFFORD CH	ARITABLE			
	(mark an X for all that						
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					oreparers must com		
corporation electronic fu  General ins Part A must authorized t electronicall Tax Return; Tax Return; Return; CT-S Unrelated B Franchise Ta Franchise Ta Tax Return; CT-33-NL, N Transportati Capital Stoc Surcharge F Franchise Ta and Transmut Mandatory F	9-CT must be completed tax return and to trans unds withdrawal.  tructions be completed by an or or or sign the corporation or y filed Form CT-3, General Busine CT-3-M, General Busine GT-3-M, General Busine GT-3-M, General Busine GT-33-M, Life ax Return; CT-33-A, Life ax Return; CT-33-A, Life ax Return; CT-33-M, Insurance Corporation and Transmission Colon-Life Insurance Corporation CT-183-M, Transporteturn; CT-184, Transporteturn; CT	officer of the corports return before the seral Business Corporation Corporation Franchise Insurance Corporation Franchise Insurance Corporation Franchise Corporation Franchise Corporation Franchise Corporation Franchise Corporation Franchise Corporation and Transmiortation and Transmiortation and Transmiortation and Transmiortation Franchise CT-184-M, A Surcharge Return d Utility Services of Estimated Tax for	ration who is the ERO transmits the coration Franchise or ERO transmits the coration Franchise or Erange ax Return; CT-13, asurance Corporation ration Combined or Erange Return; Tax Return; CT-183, ise Tax Return on ission Corporation MTA mission Corporation MTA mission Corporation Transportation; CT-186-E, Tax Return; CT-300,	ERO are received both the paid as the paid this case. N TSB-M-20(1) Using a Paid website at v Do not maid keep this for request.  Do not use Six-Month E or both); CT franchise tax CT-5.4, Request Franchise To Three-M tax return an New York S	quired to sign Part Ed preparer and the preparer. It is not not tote that an electron IC, (2)I, E-File Author Preparer for Electrowww.tax.ny.gov to file this form to the Trim for three years a strike form for electro faxtension to File (for 5-5.3, Request for Six. Return; CT-5.6, File (for utility corporation); CT-5.9, Request for six tax returns, MT. Jonth Extension to File 1 tax returns of this corporation of the strength of the 1 tax returns of tax	A. However, if an inc ERO, he or she is a ecessary to include ic signature can be prizations (TR-579 the prizations (TR-579 the prizations (TR-579 the prizations (TR-579 the prizations (TR-579 the prizations (TR-579 the mically filed Form Cartension to franchise/business to the mically filed Form Cartension to the franchise tax in the for Three-Month the surcharge, or both the Form CT-186-Earte treatmp. Instead us the franchise tax in the franchise due to the form CT-186-Earte treatmp. Instead us the form CT-186-Earte treatmp. Instead us the franchise treatmp.	ROs/paid preparers mue Tax Department upon CT-5, Request for a taxes, MTA surcharge, to File (for combined
Financial i	nstitution information	required if electi	ronic payment is autho	rized)			
1 Amount	of authorized debit					1	
	al institution routing nu						
3 Financia	al institution account nu	umber				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-A, CT-33-C, CT-33-M, CT-33-NL, CT-183-M, CT-184-M, 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 2021 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 filling 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 2021 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 2021 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.					
S	igrafure of authorized officer of the corporation	Print your na	me and title			Date
	3 Steetha Sotomon	SHEENA	SOLOMON,	EXECUTIVE	DIRECTOR	10-31-22

#### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2021 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2021 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 2021 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
MICHELLE MUNDY	MICHELLE MUNDY	10-31-22
Paid preparer's signature MICHELLE MUNDY	Print name MICHELLE MUNDY	Date 10-31-22

1019

New CT-13	Unrelate Tax Ret	ed Busir	ess Inco	me			
2021	Tax neu	um	All filers e	nter tax perio	d:		
amended return	Tax Law - Ar	ticle 13		01-01-		ending	12-31-21
Employer identification number (EIN)	File number	Business telepho	ne number		•		If you claim an
15-0572881	MM6	315-47	4-2489				overpayment, mark an $\chi$ in the box
Legal name of corporation THE ROSAMOND	GIFFORD CH	ARITABLI	Trade nan	ne/DBA			
CORPORATION							
Mailing address			State or c	ountry of incorporat	tion		
Care of (c/o)							
Number and street or PO Box			Date of in	corporation	Foreig	n corpora	tions: date began business in N
100 CLINTON SQ, 126 N S	SALINA ST						
City U.S. state/Canadian pr	rovince ZIP/Postal code	Country (if	not United States)		For off	ice use or	nly
SYRACUSE, NY 13202							
NAICS business code number (from federal return)	you need to update y	our address o	phone informati	on			
	or corporation tax, or	other tax types	, you can do so				
Principal unrelated business activity (see instructions)		online. See <i>Bus</i>	siness information	<sub>7</sub> in			
PARTNERSHIP PERCENTAGE	F	Form CT-1.					
Mark an $\chi$ in this box if you are an employee tr Mark an $\chi$ in this box if you ceased operating t (see section Who must file Form CT-13 in the	he unrelated businesse instructions)	during the tax	year covered by	this return			•
<ul><li>A. Pay amount shown on line 22. Make pays</li><li>Attach your payment here. Detach all che</li></ul>	able to: New York Sta	te Corporation	Tax		A	l	Payment enclosed
Computation of income and tax	sek stabs. (See Instru	ctions for detai	is.)		_ ^ _		
Federal unrelated business taxable income before	e net onerating loss dedu	ection and after 9	1 000 specific ded	uction		1	0
2 New York State Article 13 and Article 23 ta						2	
3 Additions required for shareholders of fede						3	
4 Grossed-up taxes for shareholders of New	York S corporations	ensinations)	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠			4	
5 Other additions (see instructions)						5	
6 Add lines 1 through 5					····	6	
7 Other income (see instructions)						<u> </u>	
8 Federal S corporation shareholder subtract							
9 Other subtractions (see instructions)							
			· •			10	
IU LOTAL SUDTRACTIONS (add lines 7 9 and 0)							
<b>10</b> Total subtractions (add lines 7, 8, and 9) <b>11</b> Taxable income before net operating loss of							0
11 Taxable income before net operating loss of	leduction (subtract lin	e 10 from line	6)		1	11	0
	leduction (subtract line each federal and NYS o	e 10 from line computations;	6)see instructions)		1		0

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

\_\_\_\_\_\_\_% from line 42; or enter amount

from line 13 if allocation is not claimed) ......

15 Tax based on income (multiply line 14 by 9% (.09))

Total prepayments from line 46

Balance (if line 18 is less than line 17, subtract line 18 from line 17)

Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)

Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)

Amount of overpayment on line 23 to be credited to next year

25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)

Interest on late payment (see instructions)

Late filing and late payment penalties (see instructions)

Minimum tax

Tax (line 15 or line 16, whichever is larger)



17

18

19

20

21

14 Allocated taxable income (multiply line 13 by\_\_\_\_

0.

250 . 00

250.

250.

14

15

16

17

19

21

22

23

24

25

Have	you been audited by the Internal Revenue Service in the past 5 y	/ears?	Yes	] No	o X If Yes, list years:		
Fede	ral return was filed on: 990-T X Other:			At	ttach a complete copy	of yo	ur federal return.
Sch	edule A - Unrelated business allocation						
warel	did not maintain a regular place of business outside New York S nouse, or other space regularly used by the taxpayer in its unrelated acation, nature of activities, and number and duties of employees.	ted bus			•		
			A Navy Varia Cha		В		
	rage value of:	$\vdash$	New York Sta	ate	Everywhere		_
	Real estate owned (see instructions)	26					4
27	Gross rents (attach list; see instructions)	27					-
28	Inventories owned	28					4
29	Other tangible personal property owned (see instructions)	29					-
30	Total (add lines 26 through 29)	30				1	
	Percentage in New York State (divide line 30, column A, by line 3 eipts in the regular course of business from:	30, col	umn B)			31	%
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 3	3 <u>7, col</u>	umn 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 3	39, col	lumn B)			40	%
41	Total of New York State percentages (add lines 31, 38, and 40	D)				41	%
42	Business allocation percentage (divide line 41 by three or by the	numb	er of percentages) .		Data maid	42	%
	nposition of prepayments claimed on line 18*				Date paid		Amount
	Payment with extension request, Form CT-5, line 5			43			48.
	Second installment from Form CT-400			44a			
	Third installment from Form CT-400		<u> </u>	44b			
	Fourth installment from Form CT-400			44c			
45	Amount of overpayment credited from prior years						202.
46	Total prepayments (add lines 43 through 45; enter here and on li	ine 18)			46		250.
	* Taxpayers subject to the unrelated business income tax are r If you did make these unrequired payments, report them on li			ated ta	ax payments.		
Ame	ended return information						
If filin	g an amended return, mark an $\chi$ in the box for any items that ap	ply an	d attach documenta	ation.			
Final	federal determination • If marked, enter	date o	f determination:	•_			
Capit	al loss carryback	led			Form 1139 •		
Amer	nded Form 990-T						



Third - part designee (see	Yes No Designee's name	(print)		Designee's phone number						
instructions	Designee's email address	Designee's email address								
Certification	tion: I certify that this return and any attachments are to the lagst of my knowledge and belief true, correct, and complete.									
Authorized	Printed name of authorized person SHEENA SOLOMON	Signature of authorized perso	on	Official title EXECUTIVE D	DIRECTOR					
person	Email address of authorized person SHEENA@GIFFORDFOUNDAT	ION • ORG		Telephone number 315-474-24	89	Date 03-18-22				
	Firm's name (or yours if self-employed) BONADIO & CO., LLP		11	n's EIN 5-1131146		arer's PTIN or SSN 1982856				
Paid preparer use only	Signature of individual preparing this return  MICHELLE MUNDY	City TREET	State	ZIP code						
(see instr.)	Email address of individual preparing this ret MMUNDY@BONADIO.COM	urn	Preparer's N	YTPRIN or Excl. co  ■ 03	de Da	te 10-31-22				

See instructions for where to file.

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))			o. 1545-0047
		For cal	lendar year 2021 or other tax year beginning , and ending		2	021
	ment of the Treasury I Revenue Service	<b>•</b>	► 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 Pu	ablic Inspection for rganizations Only
A [	Check box if address changed.		Name of organization (	DEmpl	loyer identifi	cation number
<b>B</b> Ex	empt under section	Print	CORPORATION	1	5-05	72881
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  100 CLINTON SQ, 126 N SALINA ST	EGrou (see i	p exemptior instructions)	ı number
	] 408A		City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202	F $\square$	Check	s box if
		С Во	ok value of all assets at end of year > 22,041,882.		an am	ended return.
G	Check organization t	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust			
H C	Check if filing only to	<b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439			
I C	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			<b>&gt;</b>
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.	<b>&gt;</b> [	Yes	X No
L T			JOHN LORENCE Telephone number ▶ 3	15-	474-	2489
Par	rt I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			1		0.
2	Reserved			2		
3	Add lines 1 and 2			3		
4	Charitable contribu	utions (	see instructions for limitation rules)	4		0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5		
6	Deduction for net	operati	ng loss. See instructions	6		
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from	m line 5	5	7		
8	Specific deduction	ı (genei	rally \$1,000, but see instructions for exceptions)	8		1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9		
10	Total deductions.	. Add lii	nes 8 and 9	10		1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
_	enter zero			11		0.
Pai	rt II Tax Com				1	
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1		0.
2			ates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See ins			3		
4	Other tax amounts			4		
5	Alternative minimu			5		
6			cility income. See instructions	6		
7			h 6 to line 1 or 2, whichever applies	7	<u> </u>	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form	990-T <sub>(2021)</sub>

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021) Page 2 Tax and Payments Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 5,600. Payments: A 2020 overpayment credited to 2021 2021 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 5,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 5,600 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$\infty\$ \_ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain in </u>Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. reperBititissSigned(bby; 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, ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

11/15/2022 Sign Sheena Solomon May the IBS discuss this return with Here EXECUTIVE DIRECTOR the preparer shown below (see Signature of officer instructions)? X Yes Date Print/Type preparer's name Preparer's signature Date PTIN Check self- employed **Paid** MICHELLE MUNDY MICHELLE MUNDY 10/31/22 P01982856 **Preparer** Firm's name ▶ BONADIO & CO., LLP 16-1131146 Firm's EIN ▶ **Use Only** 432 NORTH FRANKLIN NY 13204 (315) 422-7109SYRACUSE, Form 990-T (2021)

123711 01-31-22

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

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

OMB No. 1545-0047

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

	■ Do not enter SSN numbers on this form as it	may be	e made public	if you	r organiz	zation is a	a 501(c)(3).		open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b>	lame of the organization THE ROSAMOND GIFFORD CI CORPORATION	HAR]	TABLE				mployer ident 5-0572		
<u>c                                    </u>	Inrelated business activity code (see instructions)   1					D S	equence:	1	of 1
_	COL CUECEED	C 7 11		13.1	- A C	атат	II ED CI	r ta ta	ı <del>1</del> 2 1
=	Describe the unrelated trade or business COLCHESTER,	SAM	DERSON	, F1	A &	SIG	JLER GU	<u> </u>	K-1
Pa	t I Unrelated Trade or Business Income		(A) Ind	come		(B) E	xpenses		(C) Net
1a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)). See instructions	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Part IV)	6						$\perp$	
7	Unrelated debt-financed income (Part V)	7						$\perp$	
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8						$\perp$	
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9						$\perp$	
10	Exploited exempt activity income (Part VIII)	10						$\perp$	
11	Advertising income (Part IX)	11			-			_	
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13			0.				
Pa	TII Deductions Not Taken Elsewhere See instruction			ns o	n dedu	uctions	. Deductio	ns	must be
	directly connected with the unrelated business in	come	)						
1	Compensation of officers, directors, and trustees (Part X)						1	Т	
2	Salaries and wages							$\neg$	
3	Repairs and maintenance							$\neg$	
4	Bad debts							$\neg$	
5	Interest (attach statement). See instructions							$\neg$	
6	Taxes and licenses							$\neg$	
7	Depreciation (attach Form 4562). See instructions								
8	Less depreciation claimed in Part III and elsewhere on return						8b	$\Box$	
9	Depletion							-	
10	Contributions to deferred compensation plans							,	
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)						13		
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14						l		0.
16	Unrelated business income before net operating loss deduction. Su								
	column (C)						16	<u> </u>	0.
17	Deduction for net operating loss. See instructions						17	`_	0.
18	Unrelated business taxable income. Subtract line 17 from line 16							3	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Р	a	a	۵	1

Part	III Cost of Goods Sold Fnter me	thod of inventory valuatio	n <b>•</b>		Page Z
1		and of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Property	/ Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	Α				
	В				
	c				_
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				_
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5 Part	Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income	nter here and on Part I, lir	ne 6, column (B)	<b>&gt;</b>	0.
		,	and the short one One to		
1	Description of debt-financed property (street address,	city, state, ZIP code). Che	eck it a dual-use. See ii	nstructions.	
	A				
	B				
	D	Ι	В	С	
•	Cross income from a allegable to debt financed	Α	В	C	<u> </u>
2	Gross income from or allocable to debt-financed				
•	property  Deductions directly connected with or allocable				
3	3				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)		+		
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		– .		
8	Total gross income (add line 7, columns A through D	). Enter here and on Part	I, line 7, column (A)	<b>&gt;</b>	0.
_		Т	Г	T	
9	Allocable deductions. Multiply line 3c by line 6			(2)	
10	Total allocable deductions. Add line 9, columns A th				0.
<u> 11</u>	Total dividends-received deductions included in line	e 10		<b>&gt;</b>	<u> </u>

Schedule A (Form 990-T) 2021 Page 3

	VI Interest, Annu	iities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)	r age <b>c</b>
			_			E	xempt Contro	lled Or	ganization	s .	
	Name of controlled organization		2. Employer identification number			al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	5. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)					2	<u> </u>					
	Tayabla Ingome		No Net unrelated		Controlled Or otal of specif			of colu	mn 0	44 1	Dadustiana directly
,	. Taxable Income	in	net unrelated scome (loss) e instructions)		lyments mad		that is inc controlling gross	luded	in the zation's	(	Deductions directly connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
				_	line 9, colu						line 9, column (B)
Totals Part	VIII Exploited E	vomnt 1	ativity Income	▶	Than Adve	0.	, Incomo	, .			0.
	Expidited E		activity Income,	, Julei I	IIIaII AUVE	ะเนอเก่	y income (	see ins	structions)		
1 2	Description of exploite Gross unrelated busine	•	e from trade or busin	ness Ento	r here and a	n Dart I	line 10 colum	n (A)		2	
3	Expenses directly con						•			-	
•										3	
4	Net income (loss) from										
-							-			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expens										
	4. Enter here and on P	art II, line	12	<u></u>	<u></u>	<u></u>	·····			7	

Schedule A (Form 990-T) 2021

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting to	wo or more periodicals on a c	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the cor	responding column.			
	•	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			<u> </u>	0.
а		( )			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa			<u> </u>	0.
	, and the second	, , , , , , , , , , , , , , , , , , , ,			
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			<u> </u>	
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ter of the line 8a, columns tota	al or zero here and or	า	
	Part II, line 13			<b>)</b>	0.
Part	X Compensation of Officers, Direct	tors, and Trustees (Se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title	(	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
_					
Total.	Enter here and on Part II, line 1				0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	 nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>•</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total. Part	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)		<b>&gt;</b>	0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.
Total.	Enter here and on Part II, line 1  XI Supplemental Information (see in	nstructions)			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 1
SCHEDULE A	BUSINESS ACTIVIT	Y	

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

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	17,063.	0.	17,063.	17,063.
NOL CARRYOVE	ER AVAILABLE THIS Y	/EAR	17,063.	17,063.