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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.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

EIN or SSN
15-0572881

Name and title of officer or person subject to tax **SHEENA SOLOMON
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.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>25,264.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ 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

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

as my signature on the tax year 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 return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Sheena Solomon* 755358C68E88493 Date ▶ **10/31/22**

Part III Certification and Authentication

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

16605213204

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

JOHN LORENCE - 100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR - SYRACUSE, NY 13202

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,896.
c 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.	3c	\$	0.

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.

Return of Private Foundation

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

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

2021

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or tax year beginning , and ending

Name of foundation THE ROSAMOND GIFFORD CHARITABLE CORPORATION		A Employer identification number 15-0572881
Number and street (or P.O. box number if mail is not delivered to street address) 100 CLINTON SQ, 126 N SALINA ST	Room/suite	B Telephone number 315-474-2489
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 22,041,882.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	269,394.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,000.	2,000.		STATEMENT 1
	4 Dividends and interest from securities	485,379.	485,379.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,500,076.			
	b Gross sales price for all assets on line 6a	4,429,767.			
	7 Capital gain net income (from Part IV, line 2)		1,500,076.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	2,256,849.	1,987,455.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	100,000.	70,000.		48,556.
	14 Other employee salaries and wages	184,761.	0.		184,761.
	15 Pension plans, employee benefits	68,348.	0.		68,508.
	16a Legal fees				
	b Accounting fees STMT 3	38,495.	0.		40,185.
	c Other professional fees STMT 4	80,167.	72,984.		7,183.
	17 Interest				
	18 Taxes STMT 5	25,434.	6,722.		18,712.
	19 Depreciation and depletion				
	20 Occupancy	62,740.	0.		62,740.
	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 expenses. Add lines 13 through 23	825,379.	169,927.		667,972.
	25 Contributions, gifts, grants paid	572,743.			611,380.
26 Total expenses and disbursements. Add lines 24 and 25	1,398,122.	169,927.		1,279,352.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	858,727.				
b Net investment income (if negative, enter -0-)		1,817,528.			
c Adjusted net income (if negative, enter -0-)			N/A		

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881

Page 2

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	40,398.	762,947.	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 other disqualified persons			
	7 Other notes and loans receivable	100,000.		
	Less: allowance for doubtful accounts ▶	0.	100,000.	100,000.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,082.	15,302.	15,302.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 7 2,689,430.	3,541,769.	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 ▶	138,621.			
Less: accumulated depreciation	STMT 10 138,621.			
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.	
Liabilities	17 Accounts payable and accrued expenses	108,692.	196,686.	
	18 Grants payable	112,657.	74,020.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶	STATEMENT 11 61,382.	0.	
23 Total liabilities (add lines 17 through 22)	282,731.	270,706.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	14,938,683.	16,687,176.	
	25 Net assets with donor restrictions	5,084,000.	5,084,000.	
	Foundations that do not follow FASB ASC 958, check here ▶	<input type="checkbox"/>		
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances	20,022,683.	21,771,176.		
30 Total liabilities and net assets/fund balances	20,305,414.	22,041,882.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	20,022,683.
2 Enter amount from Part I, line 27a	2	858,727.
3 Other increases not included in line 2 (itemize) ▶ NET UNREALIZED GAIN ON INVESTMENTS	3	889,766.
4 Add lines 1, 2, and 3	4	21,771,176.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,771,176.

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881 Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICALLY TRADED SECURITIES	P		
b			
c			
d			
e			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 4,429,767.		2,929,691.	1,500,076.
b			
c			
d			
e			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			1,500,076.
b			
c			
d			
e			
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 1,500,076.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }		3 N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1 25,264.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2 0.
3 Add lines 1 and 2		3 25,264.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5 25,264.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a 21,267.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	
d Backup withholding erroneously withheld	6d 0.	
7 Total credits and payments. Add lines 6a through 6d		7 21,267.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8 1.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9 3,998.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Part VI-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NY</u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ <u>WWW.GIFFORDFOUNDATION.ORG</u>			
14 The books are in care of ▶ <u>JOHN LORENCE</u> Telephone no. ▶ <u>315-474-2489</u> Located at ▶ <u>100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR</u> ZIP+4 ▶ <u>13202</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> <u>N/A</u>			
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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 in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	X
	1a(6)	X
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	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
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 before the first day of the tax year beginning in 2021?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 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 ▶ _____, _____, _____, _____		
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.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
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	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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

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

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHEENA SOLOMON - 100 CLINTON SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	EXEC. DIRECTOR 40.00	100,000.	10,000.	0.
LINDSAY MCCLUNG - 100 CLINTON SQUARE, 126 N. SALINA STREET,	DIRECTOR OF GRANT MAKING 40.00	81,649.	8,165.	0.

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

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a	5,600.	
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g	7		5,600.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		5,600.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 5,600. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
5 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		
1	\$ 17,063.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<i>Sheena Solomon</i> Signature of officer	11/15/2022 Date	EXECUTIVE DIRECTOR Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE MUNDY	MICHELLE MUNDY	10/31/22		P01982856
	Firm's name ▶ BONADIO & CO., LLP	Firm's EIN ▶ 16-1131146			
Firm's address ▶ 432 NORTH FRANKLIN STREET			Phone no. (315) 422-7109		
Firm's address ▶ SYRACUSE, NY 13204					

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1: NONE.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Row 1: NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL ORGANIZATIONS TO SUPPORT IMPROVEMENT PROJECTS. 228,163.

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1: N/A.

Total. Add lines 1 through 3 0.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	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.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	21,548,725.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	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.

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

1	Minimum investment return from Part IX, line 6	1	1,061,275.
2a	Tax on investment income for 2021 from Part V, line 5	2a	25,264.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
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.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,279,352.
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., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,279,352.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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 Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	289,720.			
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: ▶ \$ 1,279,352.				
a Applied to 2020, but not more than line 2a ...			0.	
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.			
d 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 must be shown in column (a).)	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 Prior years' undistributed income. Subtract 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:				
a 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.			

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Part XIII Private Operating Foundations (see instructions 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 the ruling ▶ _____

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

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d 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 "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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SHEENA SOLOMON, THE ROSAMOND GIFFORD CHARITABLE CORP., 315-474-2489
100 CLINTON SQUARE 3RD FLOOR, SYRACUSE, NY 13202**

b The form in which applications should be submitted and information and materials they should include:

MINIMUM INFORMATION SHEET PROVIDED BY THE CORPORATION.

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NO RESTRICTIONS.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881 Page 11

Part XIV Supplementary Information (continued)

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

Form 990-PF (2021)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			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 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.)

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

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash		X
(2) Other assets		X
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization		X
(2) Purchases of assets from a noncharitable exempt organization		X
(3) Rental of facilities, equipment, or other assets		X
(4) Reimbursement arrangements		X
(5) Loans or loan guarantees		X
(6) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
1c		X

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
- (2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, 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 (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Signature of officer or trustee: Sheena Solomon Date: 11/15/2022 Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE MUNDY	MICHELLE MUNDY	10/31/22		P01982856
	Firm's name ▶ BONADIO & CO., LLP		Firm's EIN ▶ 16-1131146		
	Firm's address ▶ 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204			Phone no. (315) 422-7109	

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name THE ROSAMOND GIFFORD CHARITABLE CORPORATION	Employer identification number 15-0572881
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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), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
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 complete 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 return. See 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 on line 5		4	21,081.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	21,081.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	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 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.
13 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.		
18 Overpayment. 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.	

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
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 $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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 total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			1.

* 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 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) THE ROSAMOND GIFFORD CHARITABLE CORPORATION					Identifying Number 15-0572881
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	5,270.	5,270.			
05/15/21	-5,300.	-30.			
05/15/21	-4,896.	-4,926.			
06/15/21	5,271.	345.	22	.000082192	1.
07/07/21	-5,771.	-5,426.			
09/08/21	-5,300.	-10,726.			
09/15/21	5,270.	-5,456.			
12/15/21	5,270.	-186.			
03/31/22	0.	-186.	45	.000109589	
Penalty Due (Sum of Column F)					1.

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

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NBT - MONEY MARKET	2,000.	2,000.	
TOTAL TO PART I, LINE 3	2,000.	2,000.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WILMINGTON TRUST	485,379.	0.	485,379.	485,379.	
TO PART I, LINE 4	485,379.	0.	485,379.	485,379.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	38,495.	0.		40,185.
TO FORM 990-PF, PG 1, LN 16B	38,495.	0.		40,185.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	72,984.	72,984.		0.
CONSULTANTS	7,183.	0.		7,183.
TO FORM 990-PF, PG 1, LN 16C	80,167.	72,984.		7,183.

FORM 990-PF

TAXES

STATEMENT 5

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

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

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.	18,214.
FIVE9 INC	19,087.	19,087.
GENERAL DYNAMICS CORP COM	27,935.	27,935.
GLOBUS MEDICAL INC	21,732.	21,732.
HEALTH EQUITY 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.
MASTERCARD INC CL A	83,722.	83,722.

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.	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.
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	<u>3,541,769.</u>	<u>3,541,769.</u>

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 ADML	494,730.	494,730.
VANGUARD INFLATION-PROTECTED CL ADML	151,573.	151,573.
VANGUARD TOTAL BOND MKT IND ADM	814,592.	814,592.
WILMINGTON BROAD MARKET BOND FUND-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 INVESTMENTS

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 FUND CLASS INSTITUTIONAL	FMV	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 ETF	FMV	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 FUND	FMV	468,894.	468,894.
TOTAL TO FORM 990-PF, PART II, LINE 13		12,606,229.	12,606,229.

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

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

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	61,382.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	61,382.	0.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.

RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TREASURER 4.00	0.	0.	0.
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MEGHAN TIDD, S.N 115 WEST FAYETTE ST. SYRACUSE, NY 13202	VICE PRESIDENT 4.00	0.	0.	0.
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MERIKE TREIER 115 WEST FAYETTE ST. SYRACUSE, NY 13202	PRESIDENT 4.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>0.</u>	<u>0.</u>	<u>0.</u>
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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 13
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ACTIVITY THREE

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

TO FORM 990-PF, PART 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	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VISUAL BOARD	09/26/97	SL	7.00		16	1,217.				1,217.	1,217.		0.	1,217.
2	CONFERENCE TABLE	10/02/97	SL	7.00		16	5,908.				5,908.	5,908.		0.	5,908.
3	14 CHAIRS	10/06/97	SL	7.00		16	6,981.				6,981.	6,981.		0.	6,981.
4	STICKLEY FURNITURE	06/01/99	SL	7.00		16	9,705.				9,705.	9,705.		0.	9,705.
5	COMPUTER SYSTEM	06/01/99	SL	7.00		16	12,980.				12,980.	12,980.		0.	12,980.
6	COMPUTERS	06/01/99	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
7	5 LATERAL FILES	06/01/99	SL	7.00		16	3,370.				3,370.	3,370.		0.	3,370.
8	STICKLEY FURNITURE	06/01/99	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
9	HURBSON CHAIR	06/01/99	SL	7.00		16	100.				100.	100.		0.	100.
10	COMPUTERS	06/01/99	SL	7.00		16	8,738.				8,738.	8,738.		0.	8,738.
11	STICKLEY FURNITURE	06/01/99	SL	7.00		16	6,883.				6,883.	6,883.		0.	6,883.
12	STICKLEY FURNITURE	06/01/99	SL	7.00		16	8,491.				8,491.	8,491.		0.	8,491.
13	SOLVAY GLASS	06/01/99	SL	7.00		16	228.				228.	228.		0.	228.
14	STICKLEY FURNITURE	06/01/99	SL	7.00		16	593.				593.	593.		0.	593.
15	HURBSON CHAIR	06/01/99	SL	7.00		16	380.				380.	380.		0.	380.
16	PHONE SYSTEM	06/01/99	SL	7.00		16	3,906.				3,906.	3,906.		0.	3,906.
17	STICKLEY FURNITURE	06/01/99	SL	7.00		16	3,547.				3,547.	3,547.		0.	3,547.
18	STICKLEY FURNITURE	06/01/99	SL	7.00		16	1,944.				1,944.	1,944.		0.	1,944.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

EIN or SSN
15-0572881

Name and title of officer or person subject to tax **SHEENA SOLOMON
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.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ 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

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

as my signature on the tax year 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 return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Sheena Solomon* 755358C68E88493... Date ▶ **10/31/22**

Part III Certification and Authentication

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

16605213204

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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)

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

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE ROSAMOND GIFFORD CHARITABLE CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 100 CLINTON SQ, 126 N SALINA ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202</p> <p>C Book value of all assets at end of year ▶ 22,041,882.</p>	<p>D Employer identification number 15-0572881</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

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

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a	5,600.	
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total			
7 Total payments. Add lines 6a through 6g	7		5,600.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		5,600.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11		0.
Refunded			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			Yes No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			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		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
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.			
5 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		
1	\$ 17,063.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer <i>Sheena Solomon</i> 755358C68E88493	Date 11/15/2022	Title EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE MUNDY	MICHELLE MUNDY	10/31/22		P01982856
	Firm's name ▶ BONADIO & CO., LLP			Firm's EIN ▶ 16-1131146	
Firm's address ▶ 432 NORTH FRANKLIN STREET			Phone no. (315) 422-7109		
Firm's address ▶ SYRACUSE, NY 13204					

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T 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).

1

OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(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			
c 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.		

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

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	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
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. Subtract line 15 from Part I, line 13, column (C)			16	0.
17 Deduction for net operating loss. See instructions			17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16			18	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
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 organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
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 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				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
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-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
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)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

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

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

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

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

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

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 CARRYOVER AVAILABLE THIS YEAR			17,063.	17,063.

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

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

2021

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

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

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> B Filer's tax year beginning JAN 1 , 2021, and ending DEC 31 , 2021
---	---

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

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

Name	EIN
Address	

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

F Information about certain other partners (see instructions)

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

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

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

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

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

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

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

3 Name and address of foreign partnership's agent in country of organization, if any	4 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 CONSTANCE KOTULA 9320 EXCELSIOR BLVD MS144-7-2 HOPKINS, MN 55343
---	--

5 During 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 \$ _____

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

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

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

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

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under 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 Yes No

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)? Yes 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.
 If "Yes," **don't** complete Schedules L, M-1, and M-2. Yes No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

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

Sheena Solomon
755358C68E88493
Signature of general partner or limited liability company member

11/15/2022
Date

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

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

a Owns a direct interest b Owns a constructive interest

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

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

Name	Address	Identification number (if any)	Check if foreign person
NO US PERSONS OWNING > 10%			

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

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

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

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

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

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1668

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

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

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

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

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

Part I Transfers Reportable Under Section 6038B

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

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

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 10-2021

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 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

To be Signed and Dated By:

Not applicable

Amount of Tax:

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

Overpayment:

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

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

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

Return Must be Mailed On or Before:

Not applicable

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 Tax:

Balance due of \$775

Make Check Payable To:

Not applicable

Mail Tax Return To:

The New York Form Form CHAR500 should be filed via the web at:
https://charitiesnys.com/online_annual_filing_22.html

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

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

2. Certification

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

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

President or Authorized Officer:	MERIKE TREIER		
Signature	Print Name and Title	Date	
	RONALD TASCARELLA		
Chief Financial Officer or Treasurer:	VICE PRESIDENT		
Signature	Print Name and Title	Date	

3. Annual Reporting Exemption

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

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

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

5. Fee

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

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)
 *The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

CHAR500

Annual Filing Checklist

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
[X] Audit Report if you received total revenue and support greater than \$1,000,000 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 revenue and support is greater than \$750,000
No Review Report or Audit Report is required because total revenue and support is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Send Your Filing

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

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

Need Assistance?

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

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.

Return of Private Foundation

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

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

2021

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or tax year beginning , and ending

Name of foundation THE ROSAMOND GIFFORD CHARITABLE CORPORATION		A Employer identification number 15-0572881
Number and street (or P.O. box number if mail is not delivered to street address) 100 CLINTON SQ, 126 N SALINA ST	Room/suite	B Telephone number 315-474-2489
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 22,041,882.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	269,394.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,000.	2,000.		STATEMENT 1
	4 Dividends and interest from securities	485,379.	485,379.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,500,076.			
	b Gross sales price for all assets on line 6a	4,429,767.			
	7 Capital gain net income (from Part IV, line 2)		1,500,076.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	2,256,849.	1,987,455.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	100,000.	70,000.		48,556.
	14 Other employee salaries and wages	184,761.	0.		184,761.
	15 Pension plans, employee benefits	68,348.	0.		68,508.
	16a Legal fees				
	b Accounting fees STMT 3	38,495.	0.		40,185.
	c Other professional fees STMT 4	80,167.	72,984.		7,183.
	17 Interest				
	18 Taxes STMT 5	25,434.	6,722.		18,712.
	19 Depreciation and depletion				
	20 Occupancy	62,740.	0.		62,740.
	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 expenses. Add lines 13 through 23	825,379.	169,927.		667,972.
	25 Contributions, gifts, grants paid	572,743.			611,380.
26 Total expenses and disbursements. Add lines 24 and 25	1,398,122.	169,927.		1,279,352.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	858,727.				
b Net investment income (if negative, enter -0-)		1,817,528.			
c Adjusted net income (if negative, enter -0-)			N/A		

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881

Page 2

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	40,398.	762,947.	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 other disqualified persons			
	7 Other notes and loans receivable	100,000.		
	Less: allowance for doubtful accounts ▶	0.	100,000.	100,000.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,082.	15,302.	15,302.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 7 2,689,430.	3,541,769.	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 ▶	138,621.			
Less: accumulated depreciation	STMT 10 ▶ 138,621.			
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.	
Liabilities	17 Accounts payable and accrued expenses	108,692.	196,686.	
	18 Grants payable	112,657.	74,020.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶	STATEMENT 11) 61,382.	0.	
23 Total liabilities (add lines 17 through 22)	282,731.	270,706.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	14,938,683.	16,687,176.	
	25 Net assets with donor restrictions	5,084,000.	5,084,000.	
	Foundations that do not follow FASB ASC 958, check here ▶	<input type="checkbox"/>		
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances	20,022,683.	21,771,176.		
30 Total liabilities and net assets/fund balances	20,305,414.	22,041,882.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	20,022,683.
2 Enter amount from Part I, line 27a	2	858,727.
3 Other increases not included in line 2 (itemize) ▶ NET UNREALIZED GAIN ON INVESTMENTS	3	889,766.
4 Add lines 1, 2, and 3	4	21,771,176.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,771,176.

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881 Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICALLY TRADED SECURITIES		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 4,429,767.		2,929,691.	1,500,076.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			1,500,076.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	1,500,076.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	25,264.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	25,264.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	25,264.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	21,267.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	21,267.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	1.	
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	3,998.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.GIFFORDFOUNDATION.ORG</u>		
14 The books are in care of ▶ <u>JOHN LORENCE</u> Telephone no. ▶ <u>315-474-2489</u> Located at ▶ <u>100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR</u> ZIP+4 ▶ <u>13202</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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 in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	X
	1a(6)	X
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	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
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 before the first day of the tax year beginning in 2021?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 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 ▶ _____, _____, _____, _____		
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.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
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	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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

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

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHEENA SOLOMON - 100 CLINTON SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	EXEC. DIRECTOR 40.00	100,000.	10,000.	0.
LINDSAY MCCLUNG - 100 CLINTON SQUARE, 126 N. SALINA STREET,	DIRECTOR OF GRANT MAKING 40.00	81,649.	8,165.	0.

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881 Page 7

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 0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL ORGANIZATIONS TO SUPPORT IMPROVEMENT PROJECTS.	228,163.
2 SUPPORTING ORGANIZATIONS & COMMUNITY EVENTS, SPONSORSHIPS - TO SUPPORT LOCAL ORGANIZATIONS WITHIN THE COMMUNITY TO CONTINUE THEIR MISSION.	297,665.
3 SEE STATEMENT 13	85,552.
4	

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.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 0.	

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	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.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	21,548,725.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	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.

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

1	Minimum investment return from Part IX, line 6	1	1,061,275.
2a	Tax on investment income for 2021 from Part V, line 5	2a	25,264.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
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.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,279,352.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,279,352.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

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 Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	289,720.			
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: ▶ \$ 1,279,352.				
a Applied to 2020, but not more than line 2a ...			0.	
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.			
d 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 must be shown in column (a).)	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 Prior years' undistributed income. Subtract 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:				
a 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.			

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Part XIII Private Operating Foundations (see instructions 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 the ruling ▶ _____

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

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d 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 "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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
NONE

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

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

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

c Any submission deadlines:
NONE

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2021)

15-0572881 Page 11

Part XIV Supplementary Information *(continued)*

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

Form 990-PF (2021)

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

15-0572881

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE WOMANS ECONOMIC INSTITUTE LINCOLN BUILDING, 109 OTISCO ST SYRACUSE, NY 13204	NONE	EXEMPT	PUBLIC SUPPORT	6,000.
TOMORROWS NEIGHBORHOODS TODAY 201 E. WASHINGTON ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	3,850.
UNITED WAY 980 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	15,000.
VERA HOUSE 723 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	2,100.
VIETNAMESE COMMUNITY OF SYRACUSE 1323 N. SALINA ST SYRACUSE, NY 13208	NONE	EXEMPT	PUBLIC SUPPORT	2,000.
VOLUNTEER LAWYERS PROJECT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
WHOLE ME INC. 1010 JAMES ST SYRACUSE, NY 13203	NONE	EXEMPT	PUBLIC SUPPORT	10,000.
WOMEN'S OPPORTUNITY CENTER 28 ELWOOD DAVIS RD 290 SUITE LIVERPOOL, NY 13088	NONE	EXEMPT	PUBLIC SUPPORT	5,000.
YMCA OF GREATER SYRACUSE - UNRESTRICTED INTEREST WRITING WORKSHOP 340 MONTGOMERY ST SYRACUSE, NY 13202	NONE	EXEMPT	PUBLIC SUPPORT	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	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VISUAL BOARD	09/26/97	SL	7.00		16	1,217.				1,217.	1,217.		0.	1,217.
2	CONFERENCE TABLE	10/02/97	SL	7.00		16	5,908.				5,908.	5,908.		0.	5,908.
3	14 CHAIRS	10/06/97	SL	7.00		16	6,981.				6,981.	6,981.		0.	6,981.
4	STICKLEY FURNITURE	06/01/99	SL	7.00		16	9,705.				9,705.	9,705.		0.	9,705.
5	COMPUTER SYSTEM	06/01/99	SL	7.00		16	12,980.				12,980.	12,980.		0.	12,980.
6	COMPUTERS	06/01/99	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
7	5 LATERAL FILES	06/01/99	SL	7.00		16	3,370.				3,370.	3,370.		0.	3,370.
8	STICKLEY FURNITURE	06/01/99	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
9	HURBSON CHAIR	06/01/99	SL	7.00		16	100.				100.	100.		0.	100.
10	COMPUTERS	06/01/99	SL	7.00		16	8,738.				8,738.	8,738.		0.	8,738.
11	STICKLEY FURNITURE	06/01/99	SL	7.00		16	6,883.				6,883.	6,883.		0.	6,883.
12	STICKLEY FURNITURE	06/01/99	SL	7.00		16	8,491.				8,491.	8,491.		0.	8,491.
13	SOLVAY GLASS	06/01/99	SL	7.00		16	228.				228.	228.		0.	228.
14	STICKLEY FURNITURE	06/01/99	SL	7.00		16	593.				593.	593.		0.	593.
15	HURBSON CHAIR	06/01/99	SL	7.00		16	380.				380.	380.		0.	380.
16	PHONE SYSTEM	06/01/99	SL	7.00		16	3,906.				3,906.	3,906.		0.	3,906.
17	STICKLEY FURNITURE	06/01/99	SL	7.00		16	3,547.				3,547.	3,547.		0.	3,547.
18	STICKLEY FURNITURE	06/01/99	SL	7.00		16	1,944.				1,944.	1,944.		0.	1,944.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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

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

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE ROSAMOND GIFFORD CHARITABLE CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 100 CLINTON SQ, 126 N SALINA ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202</p>	<p>D Employer identification number 15-0572881</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 22,041,882.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

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

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a	5,600.	
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7 Total payments. Add lines 6a through 6g	7		5,600.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		5,600.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 5,600. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			Yes No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			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		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
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.			
5 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		
1	\$ 17,063.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<i>Sheena Solomon</i> Signature of officer	11/15/2022 Date	EXECUTIVE DIRECTOR Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE MUNDY	MICHELLE MUNDY	10/31/22		P01982856
	Firm's name ▶ BONADIO & CO., LLP	Firm's EIN ▶ 16-1131146			
Firm's address ▶ 432 NORTH FRANKLIN STREET	Phone no. (315) 422-7109				
Firm's address ▶ SYRACUSE, NY 13204					

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T 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).

1
OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(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			
c 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.		

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

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	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
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. Subtract line 15 from Part I, line 13, column (C)		16		0.
17 Deduction for net operating loss. See instructions		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
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 organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
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	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			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
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-financed property (attach statement)			
6	Divide line 4 by line 5 % % % %			
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) 0.			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.			
11	Total dividends-received deductions included in line 10 0.			

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

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

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

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

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

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

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NBT - MONEY MARKET	2,000.	2,000.	
TOTAL TO PART I, LINE 3	2,000.	2,000.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WILMINGTON TRUST	485,379.	0.	485,379.	485,379.	
TO PART I, LINE 4	485,379.	0.	485,379.	485,379.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	38,495.	0.		40,185.
TO FORM 990-PF, PG 1, LN 16B	38,495.	0.		40,185.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	72,984.	72,984.		0.
CONSULTANTS	7,183.	0.		7,183.
TO FORM 990-PF, PG 1, LN 16C	80,167.	72,984.		7,183.

FORM 990-PF

TAXES

STATEMENT 5

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

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

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.	18,214.
FIVE9 INC	19,087.	19,087.
GENERAL DYNAMICS CORP COM	27,935.	27,935.
GLOBUS MEDICAL INC	21,732.	21,732.
HEALTH EQUITY 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.
MASTERCARD INC CL A	83,722.	83,722.

STATEMENT(S) 7

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.	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.
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	<u>3,541,769.</u>	<u>3,541,769.</u>

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 ADML	494,730.	494,730.
VANGUARD INFLATION-PROTECTED CL ADML	151,573.	151,573.
VANGUARD TOTAL BOND MKT IND ADM	814,592.	814,592.
WILMINGTON BROAD MARKET BOND FUND-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 INVESTMENTS

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 FUND CLASS INSTITUTIONAL	FMV	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 ETF	FMV	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 FUND	FMV	468,894.	468,894.
TOTAL TO FORM 990-PF, PART II, LINE 13		12,606,229.	12,606,229.

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

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

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	61,382.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	61,382.	0.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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

15-0572881

RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TREASURER 4.00	0.	0.	0.
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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		<u>0.</u>	<u>0.</u>	<u>0.</u>
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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.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3	<u>85,552.</u>
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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 CARRYOVER AVAILABLE THIS YEAR			17,063.	17,063.



Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 15-0572881	File no. MM6	Return type (required) CT13	Tax sub type 26	Tax year: beginning (mm-yy) 21	ending (mm-yy) 01-22	12-22
Business telephone number 315-474-2489	State or country of incorporation		Date of incorporation	Installment due date 06-15-22		
Legal name of corporation THE ROSAMOND GIFFORD CHARITABLE CORPORATION					Foreign corporations: date began business in NYS	
Street address or PO box 100 CLINTON SQ, 126 N SALINA ST					For office use only	
City SYRACUSE		State NY	ZIP code 13202			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)		Payment enclosed
	A	100.

Installment payment amount

1 Tax	1	100.
2 MTA surcharge	2	

Declaration of estimated tax

3 Tax	3	300.
4 MTA surcharge	4	

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

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

Authorized person	Printed name of authorized person SHEENA SOLOMON	Signature of authorized person	Official title EXECUTIVE DIRECTOR
	E-mail address of authorized person SHEENA@GIFFORDFOUNDATION.ORG		Telephone number 315-474-2489
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP	Firm's EIN 16-1131146	Preparer's PTIN or SSN P01982856
	Signature of individual preparing this return MICHELLE MUNDY	Address 432 NORTH FRANKLIN S	City SYRACUSE, NY
	E-mail address of individual preparing this return MMUNDY@BONADIO.COM	State 13204	ZIP code 10-31-22
		Preparer's NYTPRIN or	Excl. code 03
		Date 10-31-22	

See instructions for where to file.

150572881 MM 6 1222 2600000000000010000
448001221019





Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 15-0572881	File no. MM6	Return type (required) CT13	Tax sub type 26	Tax year: beginning (mm-yy) 21	ending (mm-yy) 01-22	12-22
Business telephone number 315-474-2489	State or country of incorporation		Date of incorporation	Installment due date 09-15-22		
Legal name of corporation THE ROSAMOND GIFFORD CHARITABLE CORPORATION					Foreign corporations: date began business in NYS	
Street address or PO box 100 CLINTON SQ, 126 N SALINA ST					For office use only	
City SYRACUSE		State NY	ZIP code 13202			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)		Payment enclosed
	A	100.

Installment payment amount

1 Tax	1	100.
2 MTA surcharge	2	

Declaration of estimated tax

3 Tax	3	300.
4 MTA surcharge	4	

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

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

Authorized person	Printed name of authorized person SHEENA SOLOMON	Signature of authorized person		Official title EXECUTIVE DIRECTOR		
	E-mail address of authorized person SHEENA@GIFFORDFOUNDATION.ORG			Telephone number 315-474-2489	Date 10-31-22	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP		Firm's EIN 16-1131146	Preparer's PTIN or SSN P01982856		
	Signature of individual preparing this return MICHELLE MUNDY	Address 432 NORTH FRANKLIN S	City SYRACUSE, NY	State 13204	ZIP code	
	E-mail address of individual preparing this return MMUNDY@BONADIO.COM		Preparer's NYTPRIN or	Excl. code 03	Date 10-31-22	

See instructions for where to file.

150572881 MM 6 1222 2600000000000010000
448001221019





Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 15-0572881	File no. MM6	Return type (required) CT13	Tax sub type 26	Tax year: beginning (mm-yy) 21	ending (mm-yy) 01-22	12-22
Business telephone number 315-474-2489	State or country of incorporation		Date of incorporation	Installment due date 12-15-22		
Legal name of corporation THE ROSAMOND GIFFORD CHARITABLE CORPORATION					Foreign corporations: date began business in NYS	
Street address or PO box 100 CLINTON SQ, 126 N SALINA ST					<i>For office use only</i>	
City SYRACUSE		State NY	ZIP code 13202			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)		Payment enclosed
	A	100.

Installment payment amount

1 Tax	1	100.
2 MTA surcharge	2	

Declaration of estimated tax

3 Tax	3	300.
4 MTA surcharge	4	

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

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

Authorized person	Printed name of authorized person SHEENA SOLOMON	Signature of authorized person		Official title EXECUTIVE DIRECTOR		
	E-mail address of authorized person SHEENA@GIFFORDFOUNDATION.ORG			Telephone number 315-474-2489	Date 10-31-22	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP			Firm's EIN 16-1131146	Preparer's PTIN or SSN P01982856	
	Signature of individual preparing this return MICHELLE MUNDY	Address 432 NORTH FRANKLIN S		City SYRACUSE, NY	State 13204	ZIP code
	E-mail address of individual preparing this return MMUNDY@BONADIO.COM			Preparer's NYTPRIN or	Excl. code 03	Date 10-31-22

See instructions for where to file.

150572881 MM 6 1222 2600000000000010000
448001221019





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Payment 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

24. -

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



184951 11-18-21 1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to non-mobile telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

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Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2021
For Certain Corporation Tax Returns and Estimated Tax
Payments for Corporations

188021 09-20-21
TR-579-CT
 (8/21)

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

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

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

Purpose

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

General instructions

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

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at www.tax.ny.gov to find this document.

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

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579-1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2021 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

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

1	
2	
3	

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

Under penalty of perjury, I declare that I have examined the information on this 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 filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 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:

Signature of authorized officer of the corporation <i>Sheena Solomon</i> 75535868E88493...	Print your name and title SHEENA SOLOMON, EXECUTIVE DIRECTOR	Date 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 MICHELLE MUNDY	Print name MICHELLE MUNDY	Date 10-31-22
Paid preparer's signature MICHELLE MUNDY	Print name MICHELLE MUNDY	Date 10-31-22



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

Recommended return

Tax Law - Article 13

All filers enter tax period:

beginning 01-01-21 ending 12-31-21

Form fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Mailing address, City, State, ZIP/Postal code, etc.

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

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

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

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return

Payment section: A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax

Computation of income and tax

Table with 25 rows for tax computation, including lines for Federal unrelated business taxable income, New York State Article 13 and Article 23 tax, additions, subtractions, total taxable income, tax based on income, minimum tax, and balance due.

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

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

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

Schedule A - Unrelated business allocation

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

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

Receipts in the regular course of business from:

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

Composition of prepayments claimed on line 18*

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	48.
44a Second installment from Form CT-400	44a	
44b Third installment from Form CT-400	44b	
44c Fourth installment from Form CT-400	44c	
45 Amount of overpayment credited from prior years	45	202.
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46	250.

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

Amended return information

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

Final federal determination If marked, enter date of determination: • _____

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T



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

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

Authorized person	Printed name of authorized person SHEENA SOLOMON	Signature of authorized person <i>Sheena Solomon</i>	Official title EXECUTIVE DIRECTOR	
	Email address of authorized person SHEENA@GIFFORDFOUNDATION.ORG		Telephone number 315-474-2489	Date 03-18-22

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP		Firm's EIN 16-1131146	Preparer's PTIN or SSN P01982856
	Signature of individual preparing this return MICHELLE MUNDY	Address City State ZIP code 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204		
	Email address of individual preparing this return MMUNDY@BONADIO.COM	Preparer's NYTPRN or Excl. code 03	Date 10-31-22	

See instructions for where to file.

400003211019



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

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE ROSAMOND GIFFORD CHARITABLE CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 100 CLINTON SQ, 126 N SALINA ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202</p> <p>C Book value of all assets at end of year ▶ 22,041,882.</p>	<p>D Employer identification number 15-0572881</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

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

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T 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).

1
OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(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			
c 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.		

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

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	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
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. Subtract line 15 from Part I, line 13, column (C)		16		0.
17 Deduction for net operating loss. See instructions		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
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 organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 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				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
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) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

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

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

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

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

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

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

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 1
 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 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	17,063.	0.	17,063.	17,063.
NOL CARRYOVER AVAILABLE THIS YEAR			17,063.	17,063.