EXTENDED TO NOVEMBER 15, 2018 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.

OMB No. 1545-0052

De	partme ernal R	ent of the Treasury levenue Service Do not enter Go to www.	social security numbers or irs.gov/Form990PF for inst	n this form as	it may be ma	ade public.	Open to Public Inspection
		endar year 2017 or tax year beginning		, and e		Jimadon.	Open to Public Inspection
		of foundation E ROSAMOND GIFFORD CHARI	TABLE	·		A Employer identification	number
		RPORATION				15-0572881	
N	umber	and street (or P.O. box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
) CLINTON SQ, 126 N SALI				315-474-24	.89
		town, state or province, country, and ZIP or foreign pRACUSE, NY 13202	postal code			C If exemption application is p	ending, check here
G	Chec	k all that apply: Initial return	Initial return of a f	ormer public o	harity	D 1. Foreign organization:	s, check here
		Final return	Amended return			2. Foreign organizations me	seting the 85% test
—	Chec	Address change k type of organization: X Section 501(c)(3) e.	Name change			2. Foreign organizations me check here and attach co	
Γ	_		Other taxable private foundation	ation		E If private foundation sta under section 507(b)(1)	
		narket value of all assets at end of year J Account		X Accr	ual	F If the foundation is in a	
		Part II, col. (c), line 16)	ther (specify)			under section 507(b)(1)	
_	>\$	20,688,784. (Part I, colui	mn (d) must be on cash basi	s.)			
<u> </u>	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net in inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	148,401.			N/A	
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	4,426.		4,426.		STATEMENT 1
	4	Dividends and interest from securities	509,183.	50	9,183.		STATEMENT 2
	1 58	a Gross rents b Net rental income or (loss)					
	68	Net gain or (loss) from sale of assets not on line 10	209,726.			- 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
3		Gross sales price for all		2.5		19	
	7			209	726.		
٥	8	Net short-term capital gain					
	9	Income modifications		- 15 T			
	10a	and allowances					
		Cross profit or (loss)					
	11	Gross profit or (loss) Other income		X 7.40 (48.05)			
	12	Total. Add lines 1 through 11	871,736.	723	3,335.		
	13	Compensation of officers, directors, trustees, etc.	130,913.		1,639.		20,421.
	14	Other employee salaries and wages	268,175.		0.		266,772.
		Pension plans, employee benefits	80,422.		0.		81,760.
900	16a	Legal fees	25 605				
ā	D	Accounting fees STMT 3 Other professional fees STMT 4	35,695. 48,871.	/ F	0. 5,114.		36,434.
ιί	17		20,0/1.	- 3.	,,1140		-3,714.
ž	16a c 17 18 19 20 21	Interest Taxes STMT 5	55,521.	20	799.		22,826.
i	19	Depreciation and depletion					
<u>1</u>	20	Occupancy	62,321.		0.		62,321.
۲۵	21	Travel, conferences, and meetings	22,827.		0.		22,856.
pue	22	Printing and publications	100 000		000		
tina	23	Other expenses STMT 6 Total operating and administrative	182,836.	<u> </u>	.,993.		90,394.
era	23 24 25	expenses. Add lines 13 through 23	887,581.	160	,545.		600,070.
Ö	25	Contributions, gifts, grants paid	569,998.				625,424.
		Total expenses and disbursements.					,
	<u> </u>	Add lines 24 and 25	1,457,579.	169	,545.		1,225,494.
	l	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	-585,843.		700		
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		223	790.	N/A	
		regerou not mount (n asyative, enter -0-)	na ang pagagapan ng	A MARKET AND COMPANY		TA / LZ	 Professor de la la

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Page 2

Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year		End of year			
		Column should be for end-of-year a	amounts only.	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing		66,650.	68,8		
ı	2	Savings and temporary cash investments		360,040.	528,3	<u>51.</u>	528,351.
ĺ	3	Accounts receivable -					
ĺ		Less: allowance for doubtful accounts					
	4	Pledges receivable ►					
-		Less: allowance for doubtful accounts					
	5	Grants receivable		10,097.	61,1	<u>49.</u>	61,149.
1	6	Receivables due from officers, directors, trustees, and					
ı		disqualified persons		2 - A 1 - 2 - W.			
	7	Other notes and loans receivable	100,000.			X 3 1 3 1	
		Less: allowance for doubtful accounts		100,000.	100,00	<u> </u>	100,000.
ន	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		7,413.	13,4	<u>75.</u>	13,475.
⋖	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock	STMT 7	7,033,508.	7,746,93	<u>30.</u>	7,746,930.
	C	Investments - corporate bonds	STMT 8	4,323,177.	3,790,5	<u>54.</u>	3,790,554.
	11	Investments - land, buildings, and equipment: basis					
ı		Less: accumulated depreciation					
	12	Investments - mortgage loans					
ļ	13	Investments - other	STMT 9	6,871,404.	8,379,46	<u> 56.</u>	8,379,466.
	14	Land, buildings, and equipment: basis	<u>138,621.</u>				
١		Less: accumulated depreciation STMT 10	138,621.				
		Other assets (describe -)				
	16	Total assets (to be completed by all filers - see the					
4		instructions. Also, see page 1, item I)		18,772,289.	20,688,78		20,688,784.
		Accounts payable and accrued expenses		94,041.	207,59		A ST
		Grants payable		219,866.	164,43	<u> 19.</u>	
က္က	19	Deferred revenue					
Liabilities		Loans from officers, directors, trustees, and other disqualified per	rsons				
ap		Mortgages and other notes payable					
: ال	22	Other liabilities (describe > DEFERRED FE	DERAL E)	20,867.	43,89	<u>)2.</u>	
4		Total liabilities (add lines 17 through 22)		334,774.	415,92	<u>:1.</u>	
		Foundations that follow SFAS 117, check here	► <u>X</u>				
		and complete lines 24 through 26, and lines 30 and 3					
Ses		Unrestricted		13,353,515.	<u>15,188,86</u>	<u>.3 .</u>	
		Temporarily restricted					
2 2		Permanently restricted		5,084,000.	5,084,00	<u> 10 .</u>	
		Foundations that do not follow SFAS 117, check here	▶ 🔲				
<u> </u>		and complete lines 27 through 31.					
3 2		Capital stock, trust principal, or current funds					
%		Paid-in or capital surplus, or land, bldg., and equipmen					
ž 2		Retained earnings, accumulated income, endowment, o					
	0	Total net assets or fund balances		18,437,515.	20,272,86	3.	
		Tabal Pakelintan and American		10 772 200	20 600 70		
31 Total liabilities and net assets/fund balances 18,772,289. 20,688,784 Part III Analysis of Changes in Net Assets or Fund Balances					4.		
<u>-'a</u>	rt I	Analysis of Changes in Net Asset	s or Fund Ba	lances			
		net assets or fund balances at beginning of year - Part l		30			
		agree with end-of-year figure reported on prior year's	return)		***************************************	1	18,437,515.
		amount from Part I, line 27a				2	-585,843.
		increases not included in line 2 (itemize) NET	UNREALIZ	ED GAIN ON IN	VESTMENTS	3	2,421,191.
		nes 1, 2, and 3	*******	•••••		4	20,272,863.
D٤	cre	ases not included in line 2 (itemize)				1 6	Λ

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3

(a) List and describe	the kind(s) of property sold (for ex arehouse; or common stock, 200 sh	ample, real es		(b) How a	acquired chase	(c) Date a		(d) Date sold
1a PUBLICALLY TRAI		10. 10120 00.)		D - Do	nation P	(1110., 02	iy, yi.)	(mo., day, yr.)
b								
								-
<u>e</u>	(f) Depreciation allowed	(-) 0						
(e) Gross sales price	(or allowable)		ost or other basis expense of sale			(h) Ga ((e) plus	in or (loss) (f) minus (a))
a 4,257,841.			4,048,115	5.		((-)	(1)	209,726.
b								2037720.
C								
<u>d</u>		-						
Complete only for assets showin	g gain in column (h) and owned by	the foundation	n on 12/31/60					
	(j) Adjusted basis		excess of col. (i)		(I col) Gains (Co . (k), but no	l. (h) gain i ot less than	minus -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		r col. (j), if any			Losses (f	rom col. (h))
a								209,726.
b								
<u>C</u>								
<u>d</u>								
e		<u> </u>	_	- - 	l		·	
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} & \text{If gain, also ente} \\ & \text{If (loss), enter -0} \end{cases} $	r in Part I, line I- in Part I line	: 7 - 7	} 2				209,726.
3 Net short-term capital gain or (loss	-		<i>σ</i>	/ 				205,720.
If gain, also enter in Part I, line 8, o	column (c).	id (0).]				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	dor Coation 4040/o) for	D	—	<u> </u>			N/A	
					ent inco	me		
(For optional use by domestic private		1940(a) tax on	net investment inco	ome.)				
If section 4940(d)(2) applies, leave thi	s part blank.							
Was the foundation liable for the secti	on 4942 tax on the distributable am	ount of any ye	ear in the base perior	d?			ſ	Yes X No
f "Yes," the foundation doesn't qualify	under section 4940(e). Do not com	plete this part						
1 Enter the appropriate amount in ea		structions bef	fore making any entr	ies.				
(a) Base period years Calendar year (or tax year beginnin	a in) Adjusted qualifying dis	tributions	Net value of nonc	(C) haritable-	uea secate	1.	Distribu	d) tion ratio
2016	5 /	9,587.			5,749	(C	ol. (b) divid	ed by col. (c)) • 065377
2015		5,729.		9.89	$\frac{3,743}{1,247}$		-	.071173
2014	1,63	4,984.			8,913			.075558
2013		3,442.	2	0,81	8,632.			.070295
2012	1,45	8,081.	1	9,50	4,065.			.074758
Total of line 1 column (d)								
Total of line 1, column (d)	vaar hasa pariod divida the total a	na lina O by E () h., th			2		.357161
the foundation has been in existence	year base periou - divide the total c e if less than 5 years	III IIIIe Z by 5.0	o, or by the number (ot years				071422
and the state of t	on lood than o yours					3		.071432
Enter the net value of noncharitable	-use assets for 2017 from Part X, I	ine 5				4	19	,420,564.
								,,
Multiply line 4 by line 3			•••••			5	1	,387,250.
Enter 1% of net investment income	(1% of Part I, line 27b)					6		5,538.
Add lines 5 and 6						1 _ 1	1	200 500
AGG IIIIOS O AIIA O			•••••			7		,392,788.
Enter qualifying distributions from F	Part XII, line 4					8	1	,225,494.
If line 8 is equal to or greater than li	ne 7, check the box in Part VI. line	1b. and compl	lete that part using a	 1 1% tax ra	te	<u> </u>	<u> </u>	1447 434.
See the Part VI instructions.	,		sac part boning a					
23521 01-03-18							For	m 990-PF (2017)

THE ROSAMOND GIFFORD CHARITABLE

Part VI Excise Tax Based on Investment Income (Section 1940(a), 4940(b), or 4948* see instructions)	_	m 990-PF (2017) CORPORATION	<u> 15-</u>	-0572881	Page 4
Date of ruling or determination letter:	P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 -	see instruction	ns)
b Domestic boundations that meet the section 444(o) noquinaments in Part V, check here ▶ ☐ and enter 1% of Part I, line 172, ool. (b). 1 11, 076. 4 Rother domestic foundations enter 2% of line 27%. Exempt foreign organizations, enter 4% of Part I, line 172, ool. (b). 2 1 ax under section 511 (domestic section 4947(a)) 1 husts and taxable foundations only, others, enter -0-) 2 3 11, 076. 3 Add lines 1 and 2 3 3 11, 076. 4 Subtitle A (income) 1xx (domestic section 4947(a)) 1 husts and baselie foundations only, others, enter -0-) 4 0 0. 5 Tax based on investment ianome. Subtract line 4 from ins 3.1 if zero or less, enter -0-) 5 11, 076. 6 CreditizPayments. 2 2 7. 131. 5 Exempt foreign expanizations - sax withheld at source	1:	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			1000
b Domestic boundations that meet the section 444(o) noquinaments in Part V, check here ▶ ☐ and enter 1% of Part I, line 172, ool. (b). 1 11, 076. 4 Rother domestic foundations enter 2% of line 27%. Exempt foreign organizations, enter 4% of Part I, line 172, ool. (b). 2 1 ax under section 511 (domestic section 4947(a)) 1 husts and taxable foundations only, others, enter -0-) 2 3 11, 076. 3 Add lines 1 and 2 3 3 11, 076. 4 Subtitle A (income) 1xx (domestic section 4947(a)) 1 husts and baselie foundations only, others, enter -0-) 4 0 0. 5 Tax based on investment ianome. Subtract line 4 from ins 3.1 if zero or less, enter -0-) 5 11, 076. 6 CreditizPayments. 2 2 7. 131. 5 Exempt foreign expanizations - sax withheld at source		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
e All other domestic foundations enter 2% of time 27b. Exempt froeign organizations, other 4% of Part I, Ime 12, cot. (b). 2 Tax under section 511 (domestic section 9947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 11, 0776 . 4 Subtitle A (mone) tax (domestic section 9447(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from time 3.11 zero or less, enter -0-) 6 Cedits-Payments: 2 2017 estimated tax payments and 2016 overpayment credited to 2017 6 B 7, 131 . 6 Exempt foreign organizations - tax withhold at source 6 B 0 0 . 1 Tax based on investment income of the control of the	1		1	11,0	76.
e All other domestic foundations enter 2% of the 27b, Exempt foreign organizations, enter 4% of Part I, line 12, ook, (b). 2 0 0. 3 Add lines I and 2 4 Subtitio A (incomestic section 4947(a)(1) trusts and trabable foundations only; others, enter -0-) 5 Tax based on investment issued. 5 Tax based on investment issued. 5 Tax based on investment issued. 6 Conditio-Psyments: 5 2 0 17 estimated but payments and 2016 overpeyment credited to 2017 6 Conditio-Psyments: 5 2 17 restimated but payments and 2016 overpeyment credited to 2017 6 Conditio-Psyments: 7 Condition-Psyments: 8 Condition-Psyments			Copyright		2 (1) (1) A (1) (1)
3 Add lines I and 2 Subtitible A (nome) lax (domestic section 4947(a)(1) trusts and toxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 frazor or less, enter -0-) Experiments and policitud for excession of time to file (Form 8868) Backup withholding erroneously withhold Total credits and payments, And lines 6 attrough 6d Total credits and payments of under payment or estimated tax. Check here □ if Form 2220 is attached Total credits and payment of under payment or estimated tax. Check here □ if Form 2220 is attached Total credits and payment in file 10 from	(c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	150.		
4 0.0 to relative A (income) lax (domestic section 4947a)(1) trusts and taxable foundations only, others, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 6 Ra 7, 1.31	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.
4 0.0 to relative A (income) lax (domestic section 4947a)(1) trusts and taxable foundations only, others, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 5 1x based on investment iacome. Subtract line 4 from line 3. if zero or less, enter -0- 6 Ra 7, 1.31	3	Add lines 1 and 2	3	11,0	776.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 CreditsPayments: a 2017 estimated tax payments and 2016 overpayment oradited to 2017 6 CreditsPayments: a 2017 estimated tax payments and 2016 overpayment oradited to 2017 6 Do O. 7 Total credits and peyments. Add lines 6a through 60 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Do O. 7 Total credits and peyments. Add lines 6a through 60 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Do Overpayment. If line 7 is more than line 7, enter amount owed 9 Toverpayment. If line 7 is more than the total of lines 5 and 8 is more than be total of lines 5 and 8 is more than be made to 10 to	4		4		
6 CreditsPeyments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Evempt foreign organizations - tax withheld at source 1 ax paid with applications - tax withheld at source 1 ax paid with applications - tax withheld at source 1 ax paid with applications - tax withheld at source 1 ax paid with application for extension of time to file (Form 8669) 1 ax paid (Face 1) 1 ax paid with application for extension of time to file (Form 8669) 2 ax paid (Face 1) 3 ax paid (Face 1) 4 ax paid (Face 1) 5 ax paid (Face 1) 5 ax paid (Face 1) 5 ax paid (Face 1) 6 a 5,000 6 a 5,000 6 a 5,000 7 12,131 6 Britar any penalty for underpayment of estimated tax. Octock here	5		5	11,0	76.
b Exempt foreign cognizations - tax withheld at source	6	Credits/Payments:			
b Exempt foreign cognizations - tax withheld at source	í	a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 7,131.			
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroreously withhold 7 Total credits and payments. Add lines 6a through 6d 7 12,131. 8 Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is altached 8 52. 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Finter the amount of line 10 to be; Oredited to 2018 estimated tax ► 1, 003. Refunded ► 11 0. PART.VII8 11 12 Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 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 payments of the definition 1b X 1f 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. 2 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b X 1f 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. 2 Did it spend more than \$100 during the year? 3 Enter the reimbursement (if any) paid by the foundation during the year? 4 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 2 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 3 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation nor political					
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 52.2 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1,003.1 Enter the amount of line 10 to be Credited to 2918 estimated tax ▶ 1,003 · Refunded ▶ 11 0 · Part WII-A ☐ Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 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 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 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 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 During the tax year, did the foundation in connection with the activities. 1b Did it spend more than \$100 during the year (either directly) for political purposes? See the instructions for the definition in the year? 1b Did it spend more than \$100 during the year (either directly) for political purposes? See the instructions for the definition in the year? 1c Did the foundation. It is not no political expenditures (section 4955) imposed during the year: 1 (1) On the foundation. It is not not political expenditures (section 4955) imposed during the year: 1 (1) On the foundation. It is not not political expenditures (section 4955) imposed during the year?					
7 12,131. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Letter the amount of line 10 to be. Credited to 2018 estimated tax 1,003. Refunded 11 0.0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 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 purposes? See the instructions for the definition 1b X 1f the answer is 'Yes' to 1a or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in lie Form 1120-POI. for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 11 On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If Yes, 'tatch a detailed description of the activities. 3 A X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a X 4b If Yes, 'tatch if the statement required by General Instruction 7. 5 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 8 By state highestation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or 9 By state legislation that effectively amends the governing instru	(
8 52. 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Oredited to 2018 estimated tax 12 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 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 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 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 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 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 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 expenditure at the state and political expenditure at a published or distributed by the foundation in connection with the activities. 1b During the tax year, did the foundation in terminal to the state of the same in 12-PoL for this year? 1c During the tax year, did the foundation in connection with the activities. 2 Last the foundation managers. ▶ \$ 0. 2 Last the foundation managers in any activities that have not previously been reported to the IRS; i	7	Total credits and payments. Add lines 6a through 6d	7	12.1	31.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax > 1,003 Refunded > 11		Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1,003 ⋅ Refunded ▶ 11 0 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in 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 and copies of any materials published or distributed by the foundation in connection with the activities. 1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation № \$ 0 . (2) On foundation managers. ▶ \$ 0 . 2 Has the foundation № \$ 0 . (2) On foundation managers. ▶ \$ 0 . 2 Has the foundation New planes, not previously perviously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Ax 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 By language in the governing instrument, or 9 By state legislation that effectively amends the governing instrument so that no ma	9				
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1,003 Refunded ▶ 11 O.Part VII-A Statements Regarding Activities 1 a 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? 1 bid it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1 b Washington to the foundation in connection with the activities. 2 bid it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1 b Washington to the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 bid the foundation like Form 1120-POL for this year? 3 b Washington the foundation Political expenditures (section 4955) imposed during the year: 4 b If yes, attach a detailed description of the activities. 3 has the foundation managers. ▶ \$ 0. 4 Bas the foundation engaged in any activities that have not previously been reported to the IRS? 4 b If Yes, attach a detailed description of the activities. 4 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 4 b If Yes, has it filed a tax return on Form 990-Tf or this year? 5 b Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 b Yas there a liquidation, termination, dissolution, or substantial contraction during the year? 5 b yas quage in the governing instrument, or 6 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, or 6 by state legislation that effectively amends the governing instrument so that no mandatory directi	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1.0	03.
a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any optifical campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition by X If the answer is *Yes* to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 1	11				
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition the same is 'Pss' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PQL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 • 2					
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition the same is 'Pss' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PQL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 • 2	1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	n	Yes	s No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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? 4b X 5 If "Yes," has it filled a tax return on Form 990-T for this year? 5 X If "Yes," attach the statement required by *General Instruction 7.* 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By language in the governing instrument or section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument in the flectively amends the g					
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 • Has the foundation engaged in any activities that have not previously been reported to the IRS? 1 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 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 By language in the governing instrument, or 9 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation 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 2017	b		ion		
distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ 0 (2) On foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . least the foundation engaged in any activities that have not previously been reported to the IRS? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 A X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filled a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 A re 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction Q</i> ? If "No," attach explanation 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 2017 or the tax year b					8 175754
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ O • (2) On foundation managers. ▶ \$ O • e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O • 1 Has the foundation engaged in any activities that have not previously been reported to the IRS? 1 Has the foundation made any changes, not previously reported to the IRS? 1 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 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X					
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O . 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 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ NY b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation of each state as required by <i>General Instruction G?</i> If "No," attach explanation 1 September 1 Section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	C			10	
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . Example 1 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2	d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. A set the foundation engaged in any activities that have not previously been reported to the IRS? A stack a detailed description of the activities. A 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 A Did the foundation have unrelated business gross income of \$1,000 or more during the year? A Did the foundation, termination, dissolution, or substantial contraction during the year? B Was there a liquidation, termination, dissolution, or substantial contraction during the year? A ret 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? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV T X B Enter the states to which the foundation reports or with which it is registered. See instructions. If "Yes," attach the states as required by **General Instruction G? If "No," attach explanation B X 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 B X B 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV B X					
managers. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	е				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X					1000
If "Yes," attach a detailed description of the activities. 3	2	· · · · · · · · · · · · · · · · · · ·		2	Tx
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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b X b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV					
4a X b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	3				
b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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? 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? By the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV The states to which the foundation reports or with which it is registered. See instructions. NY 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 By X 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV By X					X
Swas there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV To X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	4a	ι Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a X	
Swas there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV To X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	b	olf "Yes," has it filed a tax return on Form 990-T for this year?		4b X	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ■ By language in the governing instrument, or ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
 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? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ► NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 		If "Yes," attach the statement required by General Instruction T.			
• 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X		 ■ By language in the governing instrument, or 			
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X		remain in the governing instrument?		6 X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ NY 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			
NY 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 s to fee the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X			. ,		
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 1	8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
of each state as required by General Instruction G? If "No," attach explanation 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X					
of each state as required by General Instruction G? If "No," attach explanation 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X	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)			
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X				8b X	
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		lar		
				9	X
	10				

	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		1
	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?		l	
	If "Yes," attach statement. See instructions	12	<u> </u>	X
13	The property of the state of th	13	X	<u> </u>
	Website address WWW.GIFFORDFOUNDATION.ORG		400	
14	The books are in care of JOHN LORENCE Telephone no. ► 315-4	$\frac{74-2}{2000}$	<u>489</u>	
45	Located at ► 100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR ZIP+4 ►1			
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			ـــا
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		/A Yes	No
10			165	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	77 (3.44.4	_ <u>A</u>
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	7,441,450	/2000/APTO	13/5/3019
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies,	3,749	Yes	No
1 a	During the year, did the foundation (either directly or indirectly):	15V5	100 Tab	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			100
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1944	
	(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	100		
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	355 9 55 1 0	
	Organizations relying on a current notice regarding disaster assistance, check here	1000		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	10.000	1000	44.5
•	before the first day of the tax year beginning in 2017?	1c	380 6 di 046	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)): At the end of toward 2017, did the foundation have any undistributed income (lines 6d and 6s. Best X(II) for boundary in its income (lines 6d and 6s. Best X(III) for boundary in its income (lines 6d and 6d	4-6		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	13.25		
	163 🕰 100		13	
h	If "Yes," list the years \(\bigcup_{\text{quadright}} \), \(\text{quadright}			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	S020000	New APPTO
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		0.78	6.7.
	• , , , , , , , , , , , , , , , , , , ,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2017 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		4.00	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	(25 m		
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b		
	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		1084V 1000	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	Fi	orm 990	-PF (*	2017)

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	lequired _{(contir}	nued)	
5a During the year, did the foundation pay or incur any amount to:		100000		Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ү	es X No	
(2) Influence the outcome of any specific public election (see section 4955);				
any voter registration drive?	***************************************	🗀 ү	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for		
the prevention of cruelty to children or animals?			es X No	1/2/21/20
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	der the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check				5.45
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	<u>1</u>	I/A	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				35 Table 1
a personal benefit contract?		Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		[6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s				
b If "Yes," did the foundation receive any proceeds or have any net income attribu	ıtable to the transaction?		N/A	7b
Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly		
List all officers, directors, trustees, and foundation managers and the second se	L - 1			
List all officers, directors, trustees, and foundation managers and ti	T	(c) Compensation	(d) Contributions to	() [
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)'	compensation	allowances
	_			
SEE STATEMENT 12	-			
DEE STRIEMENT 12		0.	0.	0.
	1			
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."	., . "	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
DIRK SONNEBORN - 100 CLINTON SQUARE,	EXEC. DIRECTO	R		
126 N. SALINA STREET, SYRACUSE, NY	40.00	130,913.	13,091.	10,070.
HEIDI J HOLTZ - 100 CLINTON SQUARE,	PROG DIRECTOR		-	
126 N. SALINA STREET, SYRACUSE, NY	40.00	76,765.	7,677.	0.
	DIRECTOR OF G	RANT MAKII		
SQUARE, 126 N. SALINA STREET,	40.00	69,296.	6,930.	0.
	DIRECTOR OF N			
126 N. SALINA STREET, SYRACUSE, NY	40.00	62,506.	6,251.	0.
				<u> </u>
Total number of other employees paid over \$50,000				0
			Form	990-PF (2017)

IND RODATIOND GIFFORD CHARTIABLE		
Form 990-PF (2017) CORPORATION	15-05	72881 Page
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
THIRD NATIONAL ASSOCIATES, LLC - 100 CLINTON		<u> </u>
SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	RENT	52,024
Total number of others receiving over \$50,000 for professional services		> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the d, etc.	Expenses
1		-
SEE STATEMENT 13		69,972
2		
SEE STATEMENT 14		239,991.
3 BOARD DEVELOPMENT SERIES - TRAINING IS PROVIDE		
REPRESENTATIVES FROM BOARDS OF 20 ORGANIZATION	8.	70 000
4 NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL	OPCANTZAUTONO	79,000.
TO SUPPORT IMPROVEMENT PROJECTS.	ONGANIZATIONS	
		100,938.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

Form **990-PF** (2017)

Total. Add lines 1 through 3

Page 8

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	19,641,541.
b		1b	19,641,541. 74,768.
C		1c	
d		1d	19,716,309.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1990	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,716,309.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	295,745.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,420,564.
6	Minimum investment return. Enter 5% of line 5	6	971,028.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	971,028.
2a		3,694	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	11,224.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	959,804.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	959,804.
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 XIII, line 1	7	959,804.
_	art XII Qualifying Distributions (see instructions)	-r-most 20	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	177.7	4 005 404
a	, , , , , , , , , , , , , , , , , , , ,	1a	1,225,494.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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:	<u> </u>	
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	1 005 404
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,225,494.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,225,494.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation question 4940(e) reduction of tax in those years.	ualifies for	the section

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				959,804.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 522,176.				
b From 2013 444,110.				3.00
c From 2014 634,854.				
d From 2015 434,932.				
e From 2016 289,720.				
f Total of lines 3a through e	2,325,792.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: \triangleright \$ 1, 225, 494.			7000 E	
a Applied to 2016, 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 2017 distributable amount			10.39	959,804.
e Remaining amount distributed out of corpus	265,690.			16
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	-101			1 A S T T T T T T T T T T T T T T T T T T
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,591,482.			
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 2016. Subtract line		F. Co		
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012				
not applied on line 5 or line 7	522,176.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	2,069,306.			
Analysis of line 9:	r en			
a Excess from 2013 444,110.				
b Excess from 2014 634,854.				4.0
c Excess from 2015 434,932.				
d Excess from 2016 289,720.				
e Excess from 2017 265,690.				

Form 990-PF (2017) CORPORAT				15-05	72881 Page
Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling or o					
foundation, and the ruling is effective for 2					
b Check box to indicate whether the foundate		ng foundation described		4942(j)(3) or 4942(j)	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	·				
b 85% of line 2a					
c Qualifying distributions from Part XII,					
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 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 X, 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 XV Supplementary Inform	nation (Complet	e this part only i	if the foundation h	nad \$5,000 or mor	e in assets
at any time during the	year-see instru	ıctions.)			
Information Regarding Foundation N a List any managers of the foundation who have contributed more than the second sec	ave contributed more to than \$5,000). (See se	ction 507(d)(2).)			•
b List any managers of the foundation who of other entity) of which the foundation has a	wn 10% or more of the 10% or greater interest	stock of a corporation (or an equally large portion	n of the ownership of a par	tnership or
IONE					
2 Information Regarding Contribution, Check here ☐ if the foundation only	makes contributions to	preselected charitable	organizations and does no	ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc., to				THE RESERVE OF THE PERSON OF T	
a The name, address, and telephone number PIRK SONNEBORN, THE ROOO CLINTON SQUARE 3RD	SAMOND GIF	FORD CHARIT	TABLE CORP.,	d: 315-474-248	39
b The form in which applications should be sized in the form in which applications should be sized.	ubmitted and informati	on and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards, si	uch as by geographical	areas charitable fields	kinds of institutions or of	her factore:	·
O RESTRICTIONS.	aon ao oy goographiidal	areas, orialitable licius,	mino oi institutions, of ot	HIGH TAULUIS.	

723601 01-03-18

Form 990-PF (2017) CORPORATION

Part XV Supplementary Information (continued)

15-0572881

Page 11

Total b Approved for Nature payment SEE ATTACHED STATEMENT OO CLINTON SQUARE YRACUSE, NY 13202 164,440					
SEE ATTACHED STATEMENT TOTAL TOTAL B Approved for future payment SEE ATTACHED STATEMENT	3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
SEE ATTACHED STATEMENT TOTAL TOTAL B Approved for future payment SEE ATTACHED STATEMENT		If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
SEE ATTACHED STATEMENT 100 CLINTON SQUARE STRACTER, NY 13202 Date	Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Total Statement Approved for future payment BES ATTACHED STATEMENT BOY CLINTON SQUARE TRACUSE, NY 13202 ACC. 42 ACC. 43 ACC. 43 ACC. 43 ACC. 43 ACC. 44 AC	a Paid during the year				
Total b Approved for future payment SEE ATTACHED STATEMENT OCILITION SQUARE VEACURE, NY 13202 164,441		NONE	ЕХЕМРТ	SEE ATTACHED STATEMENT	
Total b Approved for Nature payment LEE ATTACHED STATEMENT OCINTON SQUARE YRACUSE, NY 13202 164,440	SYRACUSE, NY 13202				625,424.
D Approved for future payment SEE ATTACHED STATEMENT NONE EXEMPT SEE ATTACHED STATEMENT 100 CLINTON SQUARE SYRACUSE, NY 13202 164,440					
DE Approved for future payment SEE ATTACHED STATEMENT NONE EXEMPT SEE ATTACHED STATEMENT SEE ATTACHED STATEMENT 164,440					
DE Approved for future payment SEE ATTACHED STATEMENT NONE EXEMPT SEE ATTACHED STATEMENT SEE ATTACHED STATEMENT 164,440					
DEE ATTACHED STATEMENT NONE EXEMPT SEE ATTACHED STATEMENT NONE SYRACUSE, NY 13202 164,440	Total			▶ 3a	625,424.
OO CLINTON SQUARE SYRACUSE, NY 13202 164,440	b Approved for future payment				· ·
	00 CLINTON SQUARE		EXEMPT	SEE ATTACHED STATEMENT	164,440.
Total					
	Total			▶ 3b	164,440.

Part kV Line 3a

The Rosamond Gifford Charitable Corp. Schedule of Grants For the Year 2017 12/31/17

For the Year 2017			
12/31/17			Grants Paid
B () B ()	<u>Relationship</u>	<u>Status</u>	<u>2017</u>
Dunbar Assoc Start Endowment Fund	None	Public	(20,000.00)
Public Broadcasting Council of CNY - WCNY -projector and screen purchase	None	Public	(14,000.00)
Earlville Opera House - Community Outreach	None	Public	(5,000.00)
Syr Youth Golf -First Tee Syr - Computers at academic classroom at Butternut	None	Public	(10,000.00)
United Way of CNY - Work Train Collabrative Continuation	None	Public	(30,000.00)
On Point for College - professional development for transitional leadership	None	Public	(15,000.00)
Vera House Inc, - office renovation	None	Public	(15,000.00)
Helping Hounds - marketing and PR			• • •
Ophelias Place - office renovation	None	Public	(10,000.00)
_ ·	None	Public	(7,500.00)
Stone Quarry Hill Art Park - board development	None	Public	(5,000.00)
CNY Arts Ctr Fulton's future video project	None	Public	(5,000.00)
YMCA Greater Tri-Valley - technology upgrade	None	Public	(7,000.00)
Franciscan Church capacity bldg refund of partial 2015 grant	None	Public	2,100.00
ACR Health - website redesign project	None	Public	(13,500.00)
Cazenovia Area Community Development Assoc Cazenovia Co-Working	None	Public	(7,000.00)
CNY SPCA - Phase 1-3 Consultant, Grant	None	Public	(1,788.00)
The Stand Southside Community Newspaper project	None	Public	(5,000.00)
Onondaga Historical Assoc.	None	Public	* * *
Gifford - Board Holiday Grants	None		(5,000.00)
Believe in Syracuse-Paideia Philanthropy Mgmt-Babette Barker		Public	(6,250.00)
Cuse Pit Crew-MAK Consultant-Maritza Alvarado/Patty Weisse	None	Public	(4,725.00)
Cuse The Clew-IVAN Consultant-IVIAITIZE ANVARIAGO/Patty Weisse	None	Public	(4,725.00)
Dance Theater of Syracuse-Consultant-Angela Douglas	None	Public	(4,725.00)
Onondaga Earth Corp-Consultant-Jeff Grimshaw	None	Public	(4,725.00)
Open Hand Theater	None	Public	(6,000.00)
Open Hand Theater-Elizabeth Quilter/Salt of CNY-Patty Weisse	None	Public	(5,482.50)
Refuge & Immigrant Self-Empowerment-Consultant-Beth Leibrick	None	Public	(4,725.00)
Lead Consultant Fees - Three Dog Consulting	None	Public	(15,601.00)
PGR Foundation - field trip to Wash DC	None	Public	(4,100.00)
Syracuse Housing Authority - Eastwood Heights Tenant Assocgazebo	None	Public	• • •
YWCA - Youth Civic Week summer camp			(3,400.00)
Youth Engineering Initiative - STEM hands on workshops,summer camp	None	Public	(2,500.00)
Joined Adjute Musicians 9 Singara Inc. IAMC musicians and included Adjute Musicians 9 Singara Inc. IAMC musicians and IAMC Music	None	Public	(3,000.00)
Joined Artists Musicians, & Singers, IncJAMS musicians cookout 2017	None	Public	(4,250.00)
Bellegrove Missionary Baptist Church - Marriage Ministry	None	Public	(2,600.00)
Robert & Marjorie Jones Comm. DevApostolic Church Food Pantry Garden	None	Public	(2,400.00)
Synergy Arts Co Orphans of Hercules	None	Public	(5,000.00)
Syracuse Elks Lodge Youth Fdn - Family fun day	None	Public	(2,500.00)
North Side Learning Center-Hassina Adams - steps to achieve your dream	None	Public	(2,500.00)
Mustafa Human Initiative Project - Good News Speak-Out Campaign	None	Public	(3,750.00)
Olivet Community Development Institute-Faith, Family, Fitness and FUN	None	Public	(2,600.00)
Tomorrow;s Neighborhoods Today-Northside Festival and 911 Fair	None	Public	• • • • • • • • • • • • • • • • • • • •
Pi Rho Nu Fraternity-BlackCuse Pride -Cuse out loud series			(3,000.00)
City Wildo Council Echay Court Toward Ora resistation community record	None	Public	(3,000.00)
City Wide Council - Fahey Court Tenant Org revitalize community room	None	Public	(2,000.00)
Southwest Community Connections - healing & transforming power of apology	None	Public	(4,574.00)
National Council of Negro Women - Brotherhood program, dinner	None	Public	(3,350.00)
Syr Model Neighborhood Facility - Starship STEM - model rocketry launch	None	Public	(4,702.00)
Yeshua Restoration Ministries - Girls front porch outreach	None	Public	(5,000.00)
Onondaga Citizens League -consulting with Leading Element-strategic plan	None	Public	(3,000.00)
NTL expenses	None	Public	(3,024.05)
Wisdom Thinkers Network - changing the story together summit - 7/19	None	Public	(2,500.00)
Oswego Health Fdn Board retreat facilitator	None	Public	
NTL - Diamond Catering 5/11,5/14,5/25			(2,000.00)
NTL - graduation photos, babbette baker, supplies,gift cards	None	Public	(1,560.00)
	None	Public	(2,159.39)
Near West Side Initiative - board consultant support	None	Public	(3,000.00)
Syracuse 20/20 Inc annual contribution	None	Public	(2,000.00)
Friends of Central Library - Legends sponsorship	None	Public	(5,000.00)
PEACE IncChampions of Diversity	None	Public	(1,250.00)
NY Funders Alliance - 2017 conference sponsorship	None	Public	(1,500.00)
CNY Community Foundation - reimburse for 50% of NTL expenses	None	Public	4,506.00
100 Black Men - 2017 annual gala	None	Public	(2,850.00)
Cold Reach Public Outreach - underwrite free tickets	None	Public	, , ,
ESF-SUNY College of Environmental - spinal cord disorder ctr-Horticulture therapy			(5,000.00)
ArtRage Gallery - 2018 what-if film series	None	Public	(2,000.00)
	None	Public	(3,000.00)
Friends of Gifford Zoo - 8 tkts 2018 snow leopard soiree	None	Public	(1,750.00)
Various Grants \$1,500 and under	None	Public	(53,473.00)
ADVANS 4 - (4th year)	None	Public	(2,393.00)
ADVANS 5 - (3rd year)	None	Public	(198,060.00)
ADVANS 6 - (1st year)		Public	(39,538.00)
Total Grants 12/31/17			(625,423.94)
			(0=0,7=0.07)

Part XV Line 36

The Rosamond Gifford Charitable Corp. Schedule of Grants For the Year 2017

Payable 2017 12/31/17 **Unpaid Grants** Relationship **Status** 12/31/17 Dunbar Assoc.- Start Endowment Fund None Public 30,000.00 YMCA - downtown accessibility None Public 25,000.00 YWCA - repairs Zonta House None Public 7,000.00 Jubilee Homes - farm learning center None 10,000.00 Public CNY SPCA - Phase 1-3 Consultant, Grant None Public 3,212.00 Gifford - Board Holiday Grants None Public 750.00 Kallet Civic Center - audio/video system update None Public 10,000.00 Oswego Public Library - automatic disk retrieval None Public 10,000.00 Refugee & Immigrant self empowerment inc.-bridge funding None Public 15,000.00 Cuse Pit Crew None Public 3,210.00 Lead Consultant Fees - Three Dog Consulting None Public 5,163.00 ADVANS 3 - (6th year) None Public 19,697.00 ADVANS 4 - (4th year) None Public 2,238.00 ADVANS 5 - (3rd year) None **Public** 11,707.00 ADVANS 6 - (1st year) None Public 10,462.00 Total Grants 12/31/17 164,438.70

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
•	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
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	4,426.	
4 Dividends and interest from securities			14	4,426. 509,183.	
5 Net rental income or (loss) from real estate:	4444				
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	209,726.	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		723,335.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	723,335.
See worksheet in line 13 instructions to verify calculations.)			-		

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

	ises (unier man by p	roviding funds for such	n purposes).	 ccomplishment of
,				
				 ·
				 (==)
		<u>-</u>		
				 -

Page 13

Pa	rt XV	Information Re Exempt Organ	egarding Tran	sfers to a	and Transactions	and Rel	ationsl	nips With Nor	ncharitable	Г	aye i
1		organization directly or indi	irectly engage in any				bed in sec	tion 501(c)		Yes	No
а	Transfe	ers from the reporting found	ation to a noncharita	able exempt or	ganization of:						
	(1) Ca	sh			***************************************				1a(1		X
	(2) Otl	ner assets						**************************	1a(2)		Х
b	Other to	ansactions:									
	(1) Sa	les of assets to a noncharita	ıble exempt organiza	tion					1b(1)		X
	(2) Pu	rchases of assets from a no	ncharitable exempt	organization .					1b(2)	<u> </u>	X
	(3) Re	ntal of facilities, equipment,	or other assets						<u>1b(3</u>)	<u> </u>	X
	(4) Ke	imbursement arrangements							1b(4)	<u> </u>	X
	(6) Do	ans or loan guarantees									X
		formance of services or me							<u>1b(6)</u>		X
C d	onaing If the or	of facilities, equipment, manswer to any of the above is	IIIIIg IISIS, Other asse	ets, or paid en following och	adula Column (5) abauld				<u>l_1c</u>	<u> </u>	X
	or servi	ces given by the reporting for (d) the value of the goods, (e)	oundation. If the fou	ndation receiv	ed less than fair market va	lue in any t	w the fair i transaction	or sharing arrange	goods, other as: ement, show in	sets,	
(a)Lir		(b) Amount involved			e exempt organization	(d	Description	of transfers, transacti	ions, and sharing arr	angemen	
				N/A			,				
				<u> </u>							
								. ,		-	
	_			н .							
			··								
					, 						
					*						
				•							
i	n sectio	undation directly or indirectly or indirectly or 501(c) (other than section complete the following sche	n 501(c)(3)) or in se edule.		or more tax-exempt organ				Yes	X] No
		(a) Name of orga	anization		(b) Type of organization			(c) Description of r	elationship		
		N/A									
						-					
	Unde	er penalties of perjury, I declare th	ast I have evamined this	ratura inaludina	occomposition achedules and a	****	- d A - 4t - 1				
Sigi Her	n and t	pelief, it is true, correct, and comp	plete. Declaration of prep	parer (other than	taxpayer) is based on all informa	ation of which	nd to the bes preparer ha	s any knowledge.	May the IRS of return with the shown below? X Yes	preparer	r
	Sig	nature of officer or trustee			Date	Title					
		Print/Type preparer's nar	me	Preparer's si	gnature	Date		Check if	PTIN		
<u>.</u>								self- employed			
Paid PAULA D. DECKMAN					-	<u> </u>			P00087		
	parer	Firm's name ► BONA	ADIO & CO	., LLP				Firm's EIN ► 1			
use	Only										
		Firm's address ► 432									
		SYF	RACUSE, N	Y 13204	4			Phone no. (3	15) 422-		
									Form 990	-PF (2	2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
_				Enter file	er's ident	tifying numbe	er
Type or	Name of exempt organization or other filer, see instruc		-	ation number			
print	THE ROSAMOND GIFFORD CHARIT	ABLE					, , , ,
File books	CORPORATION				15-0	572881	
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social se	curity nur	mber (SSN)	
filing your return. See	100 CLINTON SQ, 126 N SALIN						
instructions.	City, town or post office, state, and ZIP code. For a fo SYRACUSE, NY 13202	reign add	ress, see instructions.				
Enter the I	Return Code for the return that this application is for (file	a separa	te application for each return)				0 4
Application	on	Return	Application			1	Return
s For		Code	Is For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-	BL	02	Form 1041-A				08
Form 4720	O (individual)	03	Form 4720 (other than individual)				09
Form 990-	PF	04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-	T (trust other than above)	06	Form 8870 CLINTON SQUARE, 126				12
Telepho	oks are in the care of STREET, 3RD FLOO one No. 315-474-2489 rganization does not have an office or place of business of for a Group Return, enter the organization's four digit G If it is for part of the group, check this box	OR – S in the Uni Group Exe	Fax No. Fax No	this is fo	r the whol	le group, che	ck this
for the	uest an automatic 6-month extension of time until ne organization named above. The extension is for the o X calendar year 2017 or tax year beginning tax year entered in line 1 is for less than 12 months, che Change in accounting period	rganizatio	n's return for:	the exem	_ ·	zation return	
	s application is for Forms 990-BL, 990-PF, 990-T, 4720, efundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	12	131.
	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Sa	Ψ	14,.	<u></u>
	nated tax payments made. Include any prior year overpa	•		3b	\$	7	131.
	nce due. Subtract line 3b from line 3a. Include your pay			0.0	_ _ Ψ		
						000.	
	you are going to make an electronic funds withdrawal (H Form 88		
etruction			.,	and		o Lo ioi pa	ymonic

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

							
FORM 990-PF INTERE	ST ON SAV	INGS AND TE	MPORAR	Y CASH I	NVESTMENTS	STATEMENT 1	
SOURCE		REV	(A) REVENUE 1 PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
NBT - MONEY MARKET			4,426	•	4,426.	•	
TOTAL TO PART I, LI	NE 3		4,426	•	4,426.		
FORM 990-PF	DIVIDEN	DS AND INTE	REST F	ROM SECU	RITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN]	(A) REVENUE ER BOOKS	(B) NET INVEST MENT INCOM		
COLONIAL-NBT - FUND INCOME	509,18	3.	0.	509,183	. 509,183		
TO PART I, LINE 4	509,18	3.	0.	509,183	. 509,183		
FORM 990-PF		ACCOUNT	ING FEI	ES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET]	(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	_	35,695	•	0.		36,434.	
TO FORM 990-PF, PG	1, LN 16B =	35,695	•	0.		36,434.	
FORM 990-PF	(OTHER PROFE	SSIONAI	FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES CONSULTANTS	_	45,114 3,757		45,114.		0. -3,714.	
TO FORM 990-PF, PG	1, LN 16C	48,871	•	45,114.		-3,714.	
	=			· · · · · · · · · · · · · · · · · · ·		=	

4,873.

34,618.

90,394.

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FEDERAL EXCISE	29,908.	•		22,826.	
TAXES/FOREIGN TAXES NYS FILING FEE	24,838. 775.			0.	
TO FORM 990-PF, PG 1, LN 18	55,521.	20,799.		22,826.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ANNUAL REPORT AND OTHER SUPPLIES AND POSTAGE TELEPHONE DUES & SUBSCRIPTIONS INSURANCE MEETINGS	2,651. 8,012. 9,121. 9,722. 8,420. 15,407.	0. 5,608. 6,385. 0. 0.		2,651. 1,922. 2,586. 9,699. 8,010. 15,300.	
MAINTENANCE	10,732.	0.		10,735.	

FORM 990-PF CORPORATE	STOCK	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMG TIMESQUARE SMALL CAP DFA US S/C VALUE-SMALL CAP MUTUAL FUNDS	614,890. 627,613.	614,890. 627,613.
HEDGE EQ FORETER PARTNERSHIP SANDERSON INVESTMENTS	1,111,387.	1,111,387.
VANGUARD 500 INDEX FUND-ADMIN	3,031,196. 2,361,844.	3,031,196. 2,361,844.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,746,930.	7,746,930.

0.

118,771.

182,836.

0.

11,993.

COMMUNITY EVENTS

CONTRACTUAL EXPENSES

TO FORM 990-PF, PG 1, LN 23

FORM 990-PF CORPORATE BOND	os	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COLCHESTER GLOBAL BOND HARBOR HIGH YIELD VANGUARD TOTAL BOND MKT FUND	966,981. 407,304. 1,759,146.	966,981. 407,304. 1,759,146.
WESTERN ASSET CORE BD PORTFOLIO TOTAL TO FORM 990-PF, PART II, LINE 10C	3,790,554.	657,123. 3,790,554.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ARMORY SQUARE VENTURES	FMV	279,137.	279,137.
CHAMPLAIN MID CAP FUND	F M V	1,356,732.	1,356,732.
CVI CREDIT VALUE FUND B	FMV	231,684.	231,684.
CVI CREDIT VALUE FUND III	FMV	696,413.	696,413.
DISTRESSED COMPANIES FUND	FMV	161,590.	161,590.
FPA MULTI ADVISOR FUND	FMV	1,057,093.	1,057,093.
JACKSON SQ LARGE-CAP GROWTH	FMV	1,022,003.	1,022,003.
EASTON VANCE EMERGING MARKETS	FMV	1,203,482.	1,203,482.
HARBOR DIVERSIFIED INT'L EQUITY	Y FMV	1,985,161.	1,985,161.
SHENKMAN FUND	FMV	386,171.	386,171.
TOTAL TO FORM 990-PF, PART II,	LINE 13	8,379,466.	8,379,466.

FORM 990-PF DEPRECIATION OF ASS	SETS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VISUAL BOARD	1 01 7		
	1,217.	1,217.	0.
CONFERENCE TABLE 14 CHAIRS	5,908.	5,908.	0.
STICKLEY FURNITURE	6,981.	6,981.	0.
COMPUTER SYSTEM	9,705.	9,705.	0.
COMPUTERS	12,980.	12,980.	0.
5 LATERAL FILES	2,500. 3,370.	2,500.	0.
STICKLEY FURNITURE		3,370.	0.
HURBSON CHAIR	2,000. 100.	2,000. 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.	
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 1	4 138,621.	138,621.	0.
FORM 990-PF OT	HER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	_	20,867.	43,892.
TOTAL TO FORM 990-PF, PART II, LII	- NE 22	20,867.	43,892.
	=	20,007.	=

	LIST OF OFFICERS, DI AND FOUNDATION MANAG		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JAIME ALICEA 103 PHILLIPS ROAD SYRACUSE, NY 13214	VICE PRESIDENT 4.00	0.	0.	0.
SUNTRANA T. ALLEN 754 NORTH SALINA STREET SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
LAURENCE G. BOUSQUET ONE LINCOLN CENTER SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.
JOSEPH CHARLES 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214	TREASURER 2.00	0.	0.	0.
MICHAEL FENG 650 JAMES STREET SUITE 302 SYRACUSE, NY 13203	TRUSTEE 2.00	0.	0.	0.
VINCENT LOVE 538 NOTTINGHAM ROAD SYRACUSE, NY 13210	TRUSTEE 2.00	0.	0.	0.
GWYN MANNION 7665 HUNT LANE FAYETTEVILLE, NY 13066	TRUSTEE 2.00	0.	0.	0.
RONALD TASCARELLA 214 WEST FIRST STREET OSWEGO, NY 13126	TRUSTEE 2.00	0.	0.	0.
CYNTHIA B. MORROW, MD, MPH 200 EGGERS HALL SYRACUSE, NY 13244	TRUSTEE 2.00	0.	0.	0.
M. CATHERINE RICHARDSON ONE LINCOLN CENTER SYRACUSE, NY 13202	TRUSTEE 2.00	0.	0.	0.

THE ROSAMOND GIFFORD CHARITABLE	CORPORAT		15-0	572881
MERIKE TREIER 115 WEST FAYETTE ST SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
CARRIE MAE WEEMS 5173 SKYLINE DRIVE SYRACUSE, NY 13215	TRUSTEE 2.00	0.	0.	0.
BENJAMIN R. WALSH 333 W. WASHINGTON STREET, SUITE 130 SYRACUSE, NY 13202	PRESIDENT 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII =	0.	0.	0.

FORM 990-PF	SUMMARY	OF	DIRECT	CHARITABLE	ACTIVITIES	STATEMENT	13

ACTIVITY ONE

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 IX-A, LINE 1	69,972.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY TWO

ADVANS PROGRAM - ADVANCING AND DEVELOPING THE ASSETS AND VALUE OF NONPROFITS IN SYRACUSE IS A CAPACITY BUILDING INITIATIVE DESIGNED TO STRENGTHEN AND DEVELOP AREA NONPROFITS. SEVEN (7) NONPROFITS ORGANIZATIONS SERVED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

239,991.

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)	iou ibution.
Name of transferor	Identifying number (see instructions)
THE ROSAMOND GIFFORD CHARITABLE	
CORPORATION	15-0572881
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(
fewer domestic corporations?	Yes X No
b Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent c	orporation? Yes X No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corneration
ranio of parent oorporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
a have basis adjustments under section 507 (a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as si	uch under section 367) complete
questions 2a through 2d.	don ander section corp, complete
a List the name and EIN of the transferor's partnership.	
Name of partnership	FIN ()
Name of partnership	EIN of partnership
h Diddhaan ka in a dan a d	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish 	Yes X No
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	Yes A No
3 Name of transferee (foreign corporation)	4a Identifying number, if any
	is vacuum gramasi ; ii airi
CVI CVF III CAYMAN CORPORATION	981187648
5 Address (including country)	4b Reference ID number
O BOX 309GT UGLAND HOUSE	
EORGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	
6 Country code of country of incorporation or organization	
7 Foreign law characterization (see instructions)	
·	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
HA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2017)

724531 12-28-17

Form 926 (Rev. 12-2017)

Totals

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Form 926 (Rev. 12-2017) THE ROSAMOND GIFFORD CHARITABLE CORPORATION Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d)) Type of (a) (b) (c) (d) Date of Description of Fair market value on property Cost or other Gain recognized on transfer property date of transfer basis transfer* Inventory Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2)) Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3)) Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4)) Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g)) Property described in Regs. sec. 1.6038B-1(c)(4)(iv) Property described in Regs. sec. 1.6038B-1(c)(4)(vii) Totals * If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions. Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following. a Transfer of property subject to section 367(a)(1) gain recognition Yes No Depreciation recapture Yes No c Branch loss recapture Yes No d If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture Any other income recognition provision contained in the above-referenced regulations No If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the Supplemental Part III Information Required To Be Reported section below. Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5) Type of (a) (c) (d) (e) (f) Date of Description of Useful property Arm's length price Cost or other Income inclusion for transfer property life on date of transfer basis year of transfer Property described in sec. 936(h)(3)(B) Property subject to sec. 367(d) pursuant to Regs.

724533 12-28-17

Totals

sec. 1.367(a)-1(b)(5)

	n 926 (Rev. 12-2017)		Page 4
13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	☐ No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	☐ No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
С	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	. Yes	☐ No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii)		
	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
16			
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions)	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions)	Yes	No No
Sup	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions)	Yes	No No
Sup	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer.	Yes	No No
Sup Pai	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043 % (b) After043 %	Yes	No No
Pai	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before 043% (b) After 043% Type of nonrecognition transaction (see instructions) IRC SECTION 351	Yes	No No
Par 17	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043% (b) After043% Type of nonrecognition transaction (see instructions)		
Pai 17 18 19 a	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043% (b) After043% Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X No
Pai 17 18 19 a b	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before	Yes Yes	X No X No
Pai 17 18 19 a b c	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before	Yes Yes Yes	X No X No
Pai 17 18 19 a b c d	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) tiv Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043_% (b) After043_% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No
Pai 17 18 19 a b c d	tive thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) tiv Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043 % (b) After043 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes	X No X No
Pai 17 18 19 a b c d	tive thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) tiv Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043 % (b) After043 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes Yes Yes Yes Yes	X No X No
Par 117 18 19 a b c d 20 21 a	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) tiv Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043% (b) After043% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? If "Yes," complete lines 21b and 21c.	Yes Yes Yes Yes Yes	X No X No
Pai 17 18 19 a b c d 20 21 a b	tive thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Plemental Part III Information Required To Be Reported (see instructions)	Yes Yes Yes Yes Yes	X No X No
Pai 17 18 19 a b c d 20 21 a b	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? plemental Part III Information Required To Be Reported (see instructions) tiv Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before043% (b) After043% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? If "Yes," complete lines 21b and 21c.	Yes Yes Yes Yes Yes Yes Yes	X No X No

Form **8868**(Rev. January 201

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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.

must	use Form 7004 to request an extension of time to file incom-	e tax retur	ns.				
				Enter file	er's identifying nui	mber	
Type print	or Name of exempt organization or other filer, see instru- THE ROSAMOND GIFFORD CHARIT	Employer identification number (EIN)		ber (EIN) or			
C11- L	CORPORATION				15-057288	81	
File by t due date filing yo	e for Number, street, and room or suite no. If a P.O. box, sour 100 CLINTON SO 126 N SALIN		tions.	Social se	ecurity number (SSI	۷)	
return. S instructi			ress, see instructions.		_		
Enter	the Return Code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applio	cation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	990-BL	02	Form 1041-A			08	
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	990-PF	. 04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above) 06 Form 8870						12	
	JOHN LORENCE -	100 C	LINTON SQUARE, 126	N. SA	LINA		
	books are in the care of STREET, 3RD FLOC)R - S	SYRACUSE, NY 13202				
	ephone No. ► 315-474-2489		Fax No. 🕨				
	ne organization does not have an office or place of business					-	
• If th	nis is for a Group Return, enter the organization's four digit G	aroup Exe	mption Number (GEN) It	f this is fo	r the whole group, o	check this	
oox 🕨				all memb	ers the extension is	for.	
				the exem	npt organization retu	urn	
1	for the organization named above. The extension is for the o	rganizatio	n's return for:				
ļ	\blacktriangleright \boxed{X} calendar year 2017 or						
١	tax year beginning , and ending						
2	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						
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
-	nonrefundable credits. See instructions. 3a \$					<u> </u>	
	The state of the s						
	estimated tax payments made. Include any prior year overpa			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pay		•			0.	
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
COLITIO	ure it vois are going to make an electronic funds withdrowed (direct deb	it) with this Cause 0000 and Cause 04	CO EO	-1 E 0070 EO (

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

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1,67	7
Post value of the Tropagy Post of North You year 2017 or other You year 2017 or other You year 2017 or other You year year 2017	<u>' </u>
Department of the Treasury internal Reviews services Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SS Numbers on this form as it may be made public if your organizations. Do not enter SS Numbers on this form as it may be made public if your organizations. Do not enter SS Numbers on this form as it may be made public if your organizations. Do not enter SS Numbers on this form as it may be made public if your organizations. Do not enter SS Numbers on this form as it may be made public if your organizations. Do not enter SS Numbers on this form as it may be made public if your organizations. Do not public if your public is a form as it may be made public if your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made public in your public is a form as it may be made	,
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). School Region Fragrent Properties and Control Region Fragrent Properties (Enterly Properties Control Region Fragrent Propertie	
A Check box if address changed and see instructions, address changed and see instructions, address changed and see instructions. THE ROSAMOND GIFFORD CHARITABLE Print	lon for
Bodders changed Print Winds Print Wi	_
Recompt under section	er
X 501(C) (3 3 408(e) 220(e) 190e 190e 100 121NTON SQ	
408(e)	
Gross protection Society State State Society State State State State Society State St	oues
S29(a) SYRACUSE, NY 13202 900099 9000	
C Book-yause of all passats 20, 688, 784. • G Check organization type ▶ ▼ \$\frac{1}{3}\$ Solice) corporation \$\frac{501}{3}\$ Solice) the organization's primary unrelated business activity. ▶ \$\frac{5}{3}\$ Solice) are an adverse organization's primary unrelated business activity. ▶ \$\frac{5}{3}\$ Solice) are an affiliated group or a parent-subsidiary controlled group? ▶ \$\frac{7}{3}\$ No If Yes, enter the name and identifying number of the parent corporation. ▶ \$\frac{7}{3}\$ Telephone number ▶ \$\frac{3}{3}\$ Solice \$\frac{7}{3}\$ Telephone number ▶ \$\frac{3}{3}\$ Solice \$\frac{7}{3}\$ Coss receipts or sales \$\frac{7}{3}\$ Gross receipts or sales \$\frac{7}{3}\$ Gross profit. Subtract line 2 from line 1c \$\frac{3}{3}\$ Gross profit. Subtract line 2 from line 1c \$\frac{3}{3}\$ Gross profit. Subtract line 2 from line 1c \$\frac{3}{4}\$ Capital gain net income (attach Schedule D) \$\frac{7}{4}\$ As a pain (loss) (Form 4797, Part II, line 17) (attach Form 4797) \$\frac{4}{4}\$ b Net gain (loss) (Form 9479, Part II, line 17) (attach statement) \$\frac{5}{3}\$ 3, 662. \$\frac{3}{3}\$, 662. \$3	100
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation.	133
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation.	ust
If Yes,* enter the name and identifying number of the parent corporation. ▶ J The books are in care of ▶ JOHN LORENCE Telephone number ▶ 315-474-2489 Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profits. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5 Income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Interest, annuities, royalties, and rents from controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Cexcept for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salarles and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses	
If Yes,* enter the name and identifying number of the parent corporation. ▶ J The books are in care of ▶ JOHN LORENCE Telephone number ▶ 315-474-2489 Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profits. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5 Income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Interest, annuities, royalties, and rents from controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Cexcept for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salarles and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	
Table Copyright Copyrigh	
Description Section	
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4 Determine (Schedule C) 5 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 7 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule J) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Interest (attach schedule) 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses	
3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4 a Capital gain net income (attach Schedule D) 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 7 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 7 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Compensation of officers, directors, and trustees (Schedule K) 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses	
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5 Income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts Interest (attach schedule) 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (See instructions; attach schedule) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses	
c Capital loss deduction for trusts Income (loss) from partnerships and S corporations (attach statement) Income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F). Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) Taxes and licenses 19 Taxes and licenses	
Income (loss) from partnerships and S corporations (attach statement) 5 3,662. 3,662. 3,662. 6 Rent income (Schedule C) 6	
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income (Schedule I) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Schedule K) 17 Salaries and wages 18 Repairs and maintenance 19 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses	<u> </u>
7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 13 Total. Combine lines 3 through 12 13 3 , 662 3 , 66 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 15 16 Repairs and maintenance 16 16 17 Bad debts 17 17 18 Interest (attach schedule) 18 18 19 Taxes and licenses 19 19 1,67	4.
Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Repairs and maintenance Interest (attach schedule) Taxes and licenses Interest (attach schedule) Taxes and licenses	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses	——
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 10 Interest (attach schedule) 19 Taxes and licenses	
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 18 Taxes and licenses 19 Taxes and licenses	
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 18 Taxes and licenses 19 Taxes and licenses	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1 1,67	
(Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1 1,67	2.
Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance 16 Repairs and debts Interest (attach schedule) Taxes and licenses 14 15 16 17 18 19 18 19 19 19 10 11 11 12 13 14 15 15 16 17 18 19 19 10 11 11 12 13 14 15 15 15 16 17 18 19 19 10 11 11 11 12 13 14 15 15 16 17 18 19 18 19 19 19 10 10 10 10 10 10 10	
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1,67	
16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1,67	
17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 1,67	
18Interest (attach schedule)1819Taxes and licenses191,67	
19 Taxes and licenses	
	6
20 Charitable contributions (See instructions for limitation rules)	•
21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b	
23 Depletion 23	
24 Contributions to deferred compensation plans 24	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I)	
27 Excess readership costs (Schedule J) 27	
Other deductions (attach schedule)	_
Total deductions. Add lines 14 through 28 29 1,67	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,98	<u>o •</u>
Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 31 32 1,98	_
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,98 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,00	
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	"
line 32	5.

Form 990-	(2017) CORPORATION			15-05	72881	Page 2
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See ins	structions for tax computation.			14.2	
	Controlled group members (sections 1561 and 1		ns and:			
а	Enter your share of the \$50,000, \$25,000, and \$9					
	(1) \$ (2) \$	(3) [\$	or dor <i>y</i> .	1		
h	Enter organization's share of: (1) Additional 5%					
	(2) Additional 3% tax (not more than \$100,000)			_		
						1 4 0
	Income tax on the amount on line 34	fan'dan and taking tanggar			► 35c	148.
36	Trusts Taxable at Trust Rates. See instructions				A SEE	
	Tax rate schedule or Schedule D (-orm 1041)				
37	Proxy tax. See instructions				► 37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See inst	tructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, v	whichever applies			40	148.
	Tax and Payments					
41 a	Foreign tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	41a			
b						
C	General business credit. Attach Form 3800		41c			
d	Credit for prior year minimum tax (attach Form &	801 or 8827)	41d			
	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	148.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 🗍 (Other (attach schedule)		
					44	148.
	Payments: A 2016 overpayment credited to 2017	······································	45a	1,056		<u> </u>
				1,030		
ע	2017 estimated tax payments	••••••	45b		-	
ن	Tax deposited with Form 8868		45c			
	Foreign organizations: Tax paid or withheld at sou					
е	Backup withholding (see instructions)		45e		431	
	Credit for small employer health insurance premiu		45f			
g	Other credits and payments:	Form 2439	1 1			
	Form 4136 L	Other Total				
46	Fotal payments. Add lines 45a through 45g				46	<u> 1,056.</u>
47	Estimated tax penalty (see instructions). Check if	Form 2220 is attached 🕨 🔙			47	
48	Fax due. If line 46 is less than the total of lines 44	and 47, enter amount owed			48	
49	Overpayment. If line 46 is larger than the total of	lines 44 and 47, enter amount overpaid		>	49	908.
50	Enter the amount of line 49 you want: Credited to	2018 estimated tax	908.	Refunded -	50	0.
Part V	Statements Regarding Certain	Activities and Other Informa	ition (see ir	structions)		
	At any time during the 2017 calendar year, did the					Yes No
	over a financial account (bank, securities, or other					
	FinCEN Form 114, Report of Foreign Bank and Fin					
	nere	anotal ricocarto. Tr 120, onto the harms of t	ino foreign cou	iti y		X
	During the tax year, did the organization receive a	distribution from or was it the grantor of	or transferor to	a foreign truct?		$-\frac{x}{x}$
	f YES, see instructions for other forms the organi		UI (I AIISIEI UI 10	, a loreigh trustr	*******	
	Enter the amount of tax-exempt interest received of					
- 00	Under penalties of perjury, I declare that I have examine		d statements, and	to the best of my knowl	adas and ballof it is	- 100
Sign	correct, and complete. Declaration of preparer (other tha	an taxpayer) is based on all information of which pre	parer has any kno	wiedge.	edge and belief, it is	s due,
Here	L	l N DDEGE	D.273.700	ī	May the IRS discuss	s this return with
	Signature of officer	Date PRESI	DENT.		the preparer shown	
		Date Inte			nstructions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed	1	
Prepai	er PAULA D. DECKMAN					87828
Use O	IV Firm's name ► BONADIO & CO			Firm's EIN	<u> 16-1</u> :	131146
	432 NORTH	FRANKLIN STREET	<u> </u>			
	Firm's address ► SYRACUSE,	NY 13204		Phone no.	(315) 42	<u> 22-7109</u>
						n 990-T (2017)

Form 990-T (2017) CORPORATION

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory valuation N/2	Δ			
1 Inventory at beginning of year						6	
2 Purchases	6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6						
3 Cost of labor	from line 5. Enter here		1				
						7	
(attach schedule)	4a		8 Do the rules of section			Yes No	
b Other costs (attach schedule)			property produced or	•	•		
5 Total. Add lines 1 through 4b	5		the organization?		Tar results, apply to	187 - HQL (1905)	
Schedule C - Rent Income	(From Real F	roperty and	d Personal Property I	Leased	With Real Prope	erty)	
(see instructions)					<u> </u>		
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received	d or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)			······································				
(2)							
(3)							
(4)							
Total	0.	Total		0.	<u> </u>		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Ente	er 🛌		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	instructions)	0.	Tarti, into 0, column (b)	0.	
			2. Gross income from		3. Deductions directly connected to debt-finance		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			 	_			
(2)	····			 			
(3)				1			
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	djusted basis ocable to ed property ochedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
		·		E4	er here and on page 1,	Enter have and	
				1	er nere and on page 1, rt I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Totals			•		0.	0.	
Total dividends-received deductions in						0.	

Schedule F - Interest,	Amunico, noya					HUONS	(see in	structio	ns)
		Exem	pt Controlled C	rganizat	ions	Υ			
 Name of controlled organization 	iden	imployer 3. Ne (loss imber	et unrelated income) (see instructions)		otal of specified rments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)									
2)				_					
3)				-					
4)						-			
onexempt Controlled Organ	nizations			<u> </u>					
7. Taxable Income	8. Net unrelated inco	()			1				
7. Taxable Income	(see instruction		otal of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that is ir ng organizati s income	ncluded on's		eductions directly connecte h income in column 10
(1)	-								
2)									
3)									
4)	·								
·		I.			A d d 1				
					Enter here and	ins 5 and 10. on page 1, P olumn (A).			dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
otals				▶			0.		0
chedule G - Investme	ent Income of a	Section 501(c)(7), (9), or (⁻	17) Org	ganization				
(see inst	tructions)								
1, Desc	cription of income		2. Amount of	income	 Deduction directly connect (attach schedu 	ted	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)
<u> </u>									
2)									
3)									
4)		···							
			Enter here and o Part I, line 9, col	umn (A).	- Tile				Enter here and on page Part I, line 9, column (B)
otals Schedule I - Exploited		Income, Oth	er Than Adv	0 . ertisin	g Income		19.622		0
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3). If a cols. 5	5. Gross incor from activity th is not unrelate business incon	at d	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
1)				-					
2)									
3)									-
4)									 -
,	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 26.
tals	0.	O							<u> </u>
chedule J - Advertisir		instructions)							-
Part I Income From I	Periodicals Rep	orted on a Co	nsolidated I	Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	4. Advertis or (loss) (col col. 3). If a gai cols. 5 thr	. 2 minus n, compute	5. Circulation income	on (6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
)			(484) (484)					·	
2)					3				
3)					-	_			
))									
. ,		_							And the second s
als (carry to Part II, line (5))	▶	0.[0.		<u> </u>				0 . Form 990-T (2017

723731 01-22-18

Totals from Part I

Totals, Part II (lines 1-5)

0.

						13 03/200	ı Layo i			
Part I	Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)									
	1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)										
(2)										
(3)										
(4)										
(4)										

0 Schedule K - Compensation of Officers, Directors, and Trustees

Enter here and on page 1, Part I, line 11, col. (B).

Enter here and on page 1, Part I, line 11, col. (A).

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Form 990-T (2017)

Enter here and on page 1, Part II, line 27.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 16 BUSINESS ACTIVITY

PARTNERSHIP PERCENTAGE ACTIVITY IN FPA MULTI-ADVISORS FUND, LP PARTNERSHIP PERCENTAGE ACTIVITY IN FORESTER PARTNERS II, L.P. PARTNERSHIP PERCENTAGE ACTIVITY IN FORESTER PARTNERS II, L.P.

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 17

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A 1.3691% INTEREST IN THE PARTNERSHIP-FPA MULTI-ADVISOR FUND, LP. PER THE 2017 K-1 FROM FPA MULTI-ADVISOR FUND, LP, THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS INCOME

2,744.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION HAS A 1.7904% INTEREST IN THE PARTNERSHIP-FORESTER PARTNERS II, L.P.. PER THE 2017 K-1 FROM FORESTER PARTNERS II, L.P., THE ROSAMOND GIFFORD'S SHARE OF UNRELATED BUSINESS INCOME IS AS FOLLOWS:

GROSS UNRELATED BUSINESS INCOME

2,886.



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

> 28. | 16| 1131146

> > 31. 03

29.

30.

1	Legal name of corporation			
	THE ROSAMOND GIFFORD CHARITABLE	Payment		
	1. CORPORATION	enclosed	2.	
3	Return type			3. CT1:
4	Employer ID number (EIN)			4. 15 0572881
5	File number (FCC)			5. MM
6	Period beginning date (mm-dd-yy)			6. 01 01 1
7	Period ending date <i>(mm-dd-yy)</i>			7. 12 31 17
8	Amended (Y=1; N=0)			80
9	Address change (Y=1; N=0)			9. 0
10	Final $(Y=1; N=0)$			10.
11	NAICS code			11. 900099
12	MTA indicator (None = 0, $Y = 1$, $N = 2$, Both = 3)			12.
13	Federal 1120·H filed $(Y = 1, N = 0)$			13.
14	REIT/RIC indicator ($Y = 1$, $N = 0$)			14.
15	Tax due/MTA surcharge		15.	250.00
16	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000		16.	
17a	Return a Gift to Wildlife		17a.	·
17b	Breast Cancer Research and Education Fund		17b.	
17c	Prostate and Testicular Cancer Research and Education Fund		17c.	
17d	9/11 Memorial		17d.	
17e	Volunteer Firefighting & EMS Recruitment Fund		17e.	
17f	Veterans Remembrance		17f.	
17g	Women's Cancers Education and Prevention Fund		17g.	
17h	New York State Veterans' Homes		17h.	
18	Balance due		18.	
19	Amount of overpayment credited to next period - NYS		19.	749.00
20	Refund of overpayment		20.	
21	Refund of unused tax credits		21.	
22	Tax credits to be credited as an overpayment to next year's return		22.	
23	Amount of overpayment credited to next period - MTA		23.	
24	Amount of MTA surcharge retaliatory tax credit to be refunded	İ	24.	
25	Fixed dollar minimum	ļ	25.	
26	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	ί		26.
27	New York receipts	ſ	27.	

Paid preparer's EIN

Preparer's NYTPRIN

Excl. code

28

29

30

31

Have you been convicted of an offence (NYS Penal Law, Art. 200 or 496, or section 195.20)?

Page 2 of 2 CT-2 (2017)

Form CT-186-E filers only

32	Excise tax on telecommunication services - NYS	32.
33	Excise tax on mobile telecommunication services subject to the 2.9% rate	33.
34	Total excise tax on telecommunication services	34.
35	Tax on gross income - NYS	35.
36	MTA surcharge related to non-mobile telecommunication services	36.
37	MTA surcharge related to telecommunication service subject to the 0.721% tax rate	37.
38	Total MTA surcharge related to telecommunication services	38.
39	MTA surcharge on gross income	39.
40		
41		
42		
43		
44		
45		
46	Balance due · NYS	46.
47	Balance due - MTA	47.
48	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$, $N = 2$, Both = 3)	48.
49	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0, Y = 1, N = 2, Both = 3) 49.
50	Overpayment credited to next year's tax - NYS	50.
51	Overpayment credited to next year's tax - MTA	51.
52	Refund of overpayment - NYS	52.
53	Refund of overpayment - MTA	53.
54	Refund of unused tax credits - NYS	54.
55	Refund of unused tax credits - MTA	55.
56	Refundable tax credits to be credited to next year's tax - NYS	56.
57	Refundable tax credits to be credited to next year's tax - MTA	57.



	NEW CT-1	3 Department of Ta			ee In	como					
	YORK STATE Amended	Tax Re		•							
	Allielided			_		enter tax period:	-	7		24 45	
1	Employer identification number (EIN)	Tax Law - A		13 Dess telephone nu	eginning Imber	01-01-1	. /	end	ding 12 -	-31-17	
d	15-0572881	MM6	l	L5-474-					overpayment,	mark	
- ₹	Legal name of corporation	IMIO	1 .	LJ-4/4-	Trade nar	me/DBA			an χ in the bo	× X	
	THE ROSAMOND GIFFORD	CHARTTARLE									
	CORPORATION	VIIII I IIIDDD									
	Mailing name (if different from legal name above)				State or c	country of incorporation	Date	receive	d (for Tax Departr	nent use only)	-
- 1	c/o								,	,,	
ı	Number and street or PO box	" '			Date of in	corporation	ſ				
	100 CLINTON SQ, 126	N SALINA ST					ļ				
Ī	City	State	Z	IP code	Foreign corp	porations: date began	1 .				
	SYRACUSE, NY 13202				business in	NYS	ļ				
	NAICS business code number (from federal return)	If address/phone		If you need t	to update	your address or	Audit	(for Tax	Department use	only)	_
1	900099	above is new, mark an X in the box				corporation tax,					
T	Principal unrelated business activity (see instructions)		_	or other tax t	types, you Rusinoss	information					
	PARTNERSHIP PERCENTAG	GE		in Form CT-	1.	miormation					
						78.0	<u></u>				_
Fo	rm CT-247, Application for Exemption fi	rom Corporation Franchis	e Taxes	s by a Not-Fo	or-Profit						
	Organization - Have you filed this New					ans)			Yes	No [3	x l
	•	,,		1,000	monuciic	7113/		•••••			ىت
Ma	ark an χ in this box if you are an employe	ee trust as defined in Inte	rnal Re	venue Code	(IRC) sec	ction 401(a)					\neg
	ark an χ in this box if you ceased operat										_
	(see section Who must file Form CT-13									•	٦
	A. Pay amount shown on line 22. Make	payable to: New York Sta	te Cor	poration Tax			T]	Payment e	nclosed	
Ŀ	 Attach your payment here. Detach al 	ll check stubs. (See instru	ctions	for details.)			Α				
\overline{c}	omputation of income and tax		-	· · · · · · · · · · · · · · · · · · ·							=
1	Federal unrelated business taxable income b	pefore net operating loss ded	uction a	nd after \$1,00	0 specific	deduction		1		986	
2	New York State Article 13 and Article 2	23 tax deducted on federa	l returr	١				2		775	٠.
3		federal S corporations (se	e instr	uctions)				3			
4	Grossed-up taxes for shareholders of N	lew York S corporations	see in:	structions)		-		4			
5	Other additions (see instructions)]		5			
6	Add lines 1 through 5							6		1,761	. •
7	Other income (see instructions)	•••••••••••••			7						
8	Federal S corporation shareholder subt	tractions (see instructions)		8						
9	Other subtractions (see instructions)	•••••		[9						
10	Total subtractions (add lines 7, 8, and 9	9)						10			
11	Taxable income before net operating lo	ss deduction (subtract lin	e 10 fr	om line 6)		*************************		11		1,761	
12	New York net operating loss deduction	(attach federal and NYS	compu	tations; see ir	nstructio	ns)		12			
13	Taxable income (subtract line 12 from li	ine 11)		•••••				13		1,761	
14	Allocated taxable income (multiply line	13 by	% fror	n line 42; or e	enter am	ount					
	from line 13 if allocation is not claime	ed)		• • • • • • • • • • • • • • • • • • • •			•	14		1,761	
15	Tax based on income (multiply line 14 b	oy 9% (.09))						15		158	•
16	Minimum tax					•••••]	16		250 . (
17	Tax (line 15 or line 16, whichever is large	er)					4	_17		250	_
	Total prepayments from line 46						•	_18		999	•
19	Balance (if line 18 is less than line 17, su							19			
20	Interest on late payment (see instruction	ns)					•	20			_
21	Late filing and late payment penalties (s	see instructions)			• • • • • • • • • • • • • • • • • • • •		•]	21			_
22	Balance due (add lines 19, 20, and 21 a	nd enter here; enter the p	aymen	t amount on I	line A ab	ove)	····. 🖣	22	ļ		
23	Overpayment (if line 17 is less than line	18, subtract line 17 from I	ine 18)		•••••		<u>]</u>	23		749	
24	Amount of overpayment on line 23 to be	e credited to next year	•••••	• • • • • • • • • • • • • • • • • • • •			J	24		749	•
<u>25</u>	Amount of overpayment on line 23 to be	e refunded (subtract line	24 fror	n line 23)				25			

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



Have	you been audited by the Internal Revenue Service in the past 5	years?	Yes] N	No X If Yes, list years	3:		
Fede	oral return was filed on: 990-T X Other:		🗆	,	Attach a complete cop	y of yc	ur federal retu	urn.
Sch	edule A - Unrelated business allocation							
ware	u did not maintain a regular place of business outside New York S house, or other space regularly used by the taxpayer in its unrela ocation, nature of activities, and number and duties of employees	ited bus	eave this schedule siness. If you claim	blank. this al	A regular place of busing location, attach a list of	ness is each _l	any office, fact	ory, ss,
Ave	rage value of:		A New York St	ate	B Everywhere	-		
26	Real estate owned (see instructions)	26			-		1	
27	<u> </u>	27						
28	Inventories owned	-					1	
29	Other tangible personal property owned (see instructions)	29					-	
30	Total (add lines 26 through 29)	30					1	
31 Rec		30, colt	umn B)			31		%
	Sales of tangible personal property shipped to				1		1	
	points within New York State	32					:	
33	All sales of tangible personal property	33	<u>.</u>					
34	Services performed	34						
35	Rentals of property	35						
36	Other business receipts	36		-				
37	Total (add lines 32 through 36)	37						
38	Percentage in New York State (divide line 37, column A, by line 3		ımn B)		/	38	-	%
39	Wages, salaries, and other compensation of employees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(except general executive officers; see instructions)	39						
40	Percentage in New York State (divide line 39, column A, by line 3		ımn B)		<u> </u>	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	numbe	er of percentages)			42		%
Con	position of prepayments claimed on line 18*				Date paid		Amount	
43	Payment with extension request, Form CT-5, line 5			43				
44a	Second installment from Form CT-400			44a			42.2	
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		99	99.
	Total prepayments (add lines 43 through 45; enter here and on lin						99	99.
	* Taxpayers subject to the unrelated business income tax are n if you did make these unrequired payments, report them on li	not real	ired to make estin					
Ame	nded return information				· ·			
lf filin	g an amended return, mark an χ in the box for any items that app	ply and	attach documenta	ation.	1-1/2			
Final	rederal determination • If marked, ent	er date	of determination:	•_	·			
Net o	perating loss (NOL) carryback ■ Capital loss ca	arrybac	ek	••••		,		
Feder	al return filed Form 1139 ● Amended For	m 990-	т			,		



Third-part designee (see instructions	165 140	31	gnee's phone number 5-214-2726 PIN					
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.								
Authorized	Printed name of authorized person Signature of authorized person			İ	Official title EXECUTIVE DIRECTOR			
person	E-mail address of authorized person			·	Telephone number		Date	
	Firm's name (or yours if self-employed) BONADIO & CO., LLP				n's EIN -1131146	1 .	arer's PTIN or SSN 0087828	
Paid preparer use only	Signature of individual preparing this return	Address 432 NORTH FRANT SYRACUSE, NY 1			City TREET	State	ZIP code	
(see instr.)	E-mail address of individual preparing this retu	urn	Prepare	er's NY	TPRIN or Excl. co		te	

See instructions for where to file.



Department of Taxation and Finance Request for Six-Month Extension to File

CT-5

(for franchise/business taxes, MTA surcharge, or both)
Tax Law - Articles 9-A, 13, and 33

All filers must enter tax period:

Employer identification number (EIN) File number Business telephone number	beginning					
		01-01		ending		-31-17
15-0572881 MM6 315-474-2489						
Legal name of corporation	Trade name	/ DBA				
THE ROSAMOND GIFFORD CHARITABLE						
CORPORATION			_			
Mailing name (if different from legal name) and address	State or cou	ntry of incorpor	ation	Date received (for Tax Departm	ent use only)	
c/o				(· · · · · · · · · · · · · · · · · ·	;	
Number and street or PO box	Date of inco	rporation			;	
100 CLINTON SQ, 126 N SALINA ST						
, date 21 date	Foreign corp business in	orations: date l NYS	egan	Audit use		
SYRACUSE, NY 13202 If you need to update your address or phone information for corporation tax, or other tax types, you can do so See Business Information in Form CT-1.	o online.	,				
						
Request for extension of time to file the following forms: Mark box(es) for one art the appropriate article if you are requesting an extension for both the franchise tax and MTA s	ticle only. Submit o	only one Forn	CT-5 and	mark an X	n both box	es in
CT-3-M box under Article 9-A if you are requesting an extension of time to file both returns.	surcharge returns.	roi example	mark an 2	X IN DOTH THE	9 G1-3 DOX	and the
Article 9-A Article 13		Article 3	}			
CT-3 CT-3-M CT-13 X CT-33	CT-33-C		33-M		CT-33-N	
	01-00-0				C1-33-N	L L
A. Pay amount shown on line 11. Make payable to: New York State Corporat	tion Tax			Payment e	enclosed	
Attach your payment here. Detach all check stubs. (See instructions for detail		Α.				
3. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parel			ſ			
 Note: Failure to include the EIN of the designated agent (or parent) may delayour extension request, and may result in penalties and interest. If this extension request if for the first tax year that your are being included in a a combined return, mark an \(\chi \) in the box 	ay processing of a new combined	d group filin	9			. (C
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box	ay processing of a new combined	d group filin	g			. C
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box	ay processing of a new combined	d group filin	g			
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to ar a combined return, mark an χ in the box 2. Computation of estimated franchise tax	ay processing of	d group filin	g			. D
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box 2. Computation of estimated franchise tax 3. Franchise tax from the worksheet in Form CT-5-I	ay processing of	d group filin	g			
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I	ay processing of	d group filin	g			. D
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box 2. Computation of estimated franchise tax 1. Franchise tax from the worksheet in Form CT-5-1	ay processing of	d group filin	g			250
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box 2. Computation of estimated franchise tax 1. Franchise tax from the worksheet in Form CT-5-1 2. 3. 4. Prepayments of franchise tax (from line 16, column A)	ay processing of	d group filin	g			250 999
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box 2. Computation of estimated franchise tax 3. Franchise tax from the worksheet in Form CT-5-1 4. Prepayments of franchise tax (from line 16, column A) 5. Balance due - franchise tax (subtract line 4 from line 1; do not enter less than 2)	ay processing of	d group filin	g			250
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box 2. Computation of estimated franchise tax 3. Franchise tax from the worksheet in Form CT-5-1 2. Prepayments of franchise tax (from line 16, column A) 3. Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge	ay processing of	d group filin	g			250 999
your extension request, and may result in penalties and interest. 2. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box 2. If this extension request is for the first tax year that your are being added to an a combined return, mark an χ in the box 2. Computation of estimated franchise tax 3. Franchise tax from the worksheet in Form CT-5-1 2. Franchise tax from the worksheet in Form CT-5-1 2. Balance due - franchise tax (from line 16, column A) 5. Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge	ay processing of	d group filin	g			250 999
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to are a combined return, mark an χ in the box Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 3 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge 6 MTA surcharge from the worksheet in Form CT-5-I	ay processing of	d group filin	g			250 999
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to an a combined return, mark an χ in the box Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 3 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge 6 MTA surcharge from the worksheet in Form CT-5-I 7	a new combined on existing comb	d group filin	g			250 999
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to an a combined return, mark an χ in the box Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-1 2 3 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge 6 MTA surcharge from the worksheet in Form CT-5-1 7 8 8 Prepayments of MTA surcharge (from line 16, column B)	a new combined n existing comb	d group filin	g			250 999
your extension request, and may result in penalties and interest. C. If this extension request if for the first tax year that your are being included in a a combined return, mark an χ in the box D. If this extension request is for the first tax year that your are being added to an a combined return, mark an χ in the box Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 3 4 Prepayments of franchise tax (from line 16, column A) 5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than a computation of estimated MTA surcharge 6 MTA surcharge from the worksheet in Form CT-5-I 7	ay processing of a new combined on existing combined combined on existing combined on existing combined on existin	d group filin	g			250 999

<u> </u>	illan of annual and								
Compos	sition of prepayments - Use this we	orksheet to <u>deter</u>	mine th	e prepa	ayments o	f franchise tax	on line 4 ar	nd the prepa	yments of the
	narge on line 9. See instructions.		ate pai			A. Franchise t			TA surcharge
12 Man	datory first installment from Form CT-300	12							
13a Seco	ond installment from Form CT-400	13a							
13b Third	d installment from Form CT-400	13b				-			
13c Four	th installment from Form CT-400	13c	_						
	rpayment credited from prior years			14			999.		
	rpayment credited from Form CT-			15					
16 Total	l prepayments (total all entries in column A	and column B) .		16			999.		-
	Firm's name (or yours if self-employed)					Firm's	EIN	Prepar	er's PTIN or SSN
Paid	BONADIO & CO., LLP					16-3	113114		087828
preparer use only	i I	Address 432 NORTI	I FR.	ANKI	IN S	City SYRACUS	SE		ZIP code 3204
(see instr.)	E-mail address of individual preparing this doo PDECKMAN@BONADIO.COM	cument				Preparer's N	YTPRIN	or Excl. code	Date

See instructions for where to file

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

2017

Open to Public Inspection

1.General Information									
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2017 and Ending (mm/dd/yyyy) 12/31/2017									
Check if Applicable: Address Change	Name of Organization: THE ROSAMOND (FIFFORD CHARIT	ABLE CORPORAT	Employer Identification Number (EIN): 15-0572881					
Name Change Initial Filing	Mailing Address: 100 CLINTON SQ), 126 N SALIN	A ST	NY Registration Number: 002250					
Final Filing Amended Filing	City / State / ZIP: SYRACUSE, NY	13202		Telephone: 315 474-2489					
Reg ID Pending	Website: WWW.GIFFORDFOU	JNDATION.ORG		Email:					
Check your organization's									
registration category:		only X DUAL (7A a	& EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.					
2. Certification	·								
See instructions for certification two signatories.	ication requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires					
We certify under p they an	enalties of perjury that we revertue, correct and complete i	iewed this report, including in accordance with the laws	all attachments, and to the	best of our knowledge and belief, pplicable to this report.					
	·		BENJAMIN R	,					
President or Authorized	Officer:		PRESIDENT	***************************************					
	Signature			e and Title Date					
	J		JOSEPH CHA						
Chief Financial Officer or	Treasurer:		TREASURER						
	Signature			e and Title Date					
3. Annual Reporting	j Exemption								
Check the exemption(s) the	nat apply to your filing. If your	organization is claiming ar	n exemption under one cate	gory (7A or EPTL only filers) or both					
				ed Char500. No fee, schedules, or					
additional attachments ar	e required. If you cannot clair	n an exemption or are a DL	JAL filer that claims only on	e exemption, you must file applicable					
schedules and attachmen	its and pay applicable fees.								
3a. 7A filin	g exemption: Total contributi	ons from NY State includin	g residents, foundations, go	overnment agencies, etc. did not					
exceed \$2	5,000 <u>and</u> the organization di			raising counsel (FRC) to solicit					
contributio	ons during the fiscal year.								
3b. EPTL f	iling exemption: Gross receip	ts did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time					
	fiscal year.			, .,					
4. Schedules and At	tachments			1					
See the following page									
for a checklist of	Yes X No 4a. Did y	our organization use a pro	fessional fund raiser, fund r	aising counsel or commercial co-venturer					
schedules and			? If yes, complete Schedule						
attachments to									
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	***************************************							
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:						
next page to calculate you				Make a single check or money order					
fee(s). Indicate fee(s) you				payable to:					
are submitting here:	\$25.	\$750.	\$775 .	"Department of Law"					

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

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

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4 If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Rais X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule of disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revisiting year. We have included an IRS Form 990-EZ for state purposes only.	enue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Put Review Report if you received total revenue and support greater than \$250, X Audit Report if you received total revenue and support greater than \$750,00 No Review Report or Audit Report is required because total revenue and su We are a DUAL filer and checked box 3a, no Review Report or Audit Report Calculate Your Fee	000 and up to \$750,000. 0 pport is less than \$250,000
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$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 \$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	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.
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

Page 2

Total Assets at Fair Market Value (Part II, line 16(c)) and

Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2017

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:

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

002250

2. Government Grants		
Name of Government Agency	An	nount of Grant
1. US DEPARTMENT OF JUSTICE	1.	126,801.
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:	126,801.