

Return of Private Foundation

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

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Go to www.irs.gov/Form990PF for instructions and the latest information.

2017

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or tax year beginning

, and ending

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

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite  
**100 CLINTON SQ, 126 N SALINA ST**

City or town, state or province, country, and ZIP or foreign postal code  
**SYRACUSE, NY 13202**

A Employer identification number  
**15-0572881**

B Telephone number  
**315-474-2489**

C If exemption application is pending, check here

D 1. Foreign organizations, check here   
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply:  
 Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
**\$ 20,688,784.**

J Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

Part I 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 investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received	148,401.		N/A		
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments	4,426.	4,426.		STATEMENT 1	
	4 Dividends and interest from securities	509,183.	509,183.		STATEMENT 2	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	209,726.				
	b Gross sales price for all assets on line 6a	4,257,841.				
	7 Capital gain net income (from Part IV, line 2)		209,726.			
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less: Cost of goods sold						
c Gross profit or (loss)						
11 Other income						
12 Total. Add lines 1 through 11	871,736.	723,335.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	130,913.	91,639.		20,421.	
	14 Other employee salaries and wages	268,175.	0.		266,772.	
	15 Pension plans, employee benefits	80,422.	0.		81,760.	
	16a Legal fees					
	b Accounting fees	STMT 3	35,695.	0.		36,434.
	c Other professional fees	STMT 4	48,871.	45,114.		-3,714.
	17 Interest					
	18 Taxes	STMT 5	55,521.	20,799.		22,826.
	19 Depreciation and depletion					
	20 Occupancy		62,321.	0.		62,321.
	21 Travel, conferences, and meetings		22,827.	0.		22,856.
	22 Printing and publications					
	23 Other expenses	STMT 6	182,836.	11,993.		90,394.
	24 Total operating and administrative expenses. Add lines 13 through 23	887,581.	169,545.			600,070.
	25 Contributions, gifts, grants paid	569,998.				625,424.
26 Total expenses and disbursements. Add lines 24 and 25	1,457,579.	169,545.			1,225,494.	
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements	-585,843.					
b Net investment income (if negative, enter -0-)		553,790.				
c Adjusted net income (if negative, enter -0-)			N/A			

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<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	66,650.	68,859.	68,859.
	2 Savings and temporary cash investments .....	360,040.	528,351.	528,351.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....	10,097.	61,149.	61,149.
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ..... 100,000. Less: allowance for doubtful accounts ▶ 0.	100,000.	100,000.	100,000.
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	7,413.	13,475.	13,475.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock ..... STMT 7	7,033,508.	7,746,930.	7,746,930.
	c Investments - corporate bonds ..... STMT 8	4,323,177.	3,790,554.	3,790,554.
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation .....			
	12 Investments - mortgage loans .....			
	13 Investments - other ..... STMT 9	6,871,404.	8,379,466.	8,379,466.
	14 Land, buildings, and equipment: basis ▶ 138,621. Less: accumulated depreciation STMT 10 ▶ 138,621.			
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	18,772,289.	20,688,784.	20,688,784.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	94,041.	207,590.	
	18 Grants payable .....	219,866.	164,439.	
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <b>DEFERRED FEDERAL E</b> )	20,867.	43,892.	
23 <b>Total liabilities</b> (add lines 17 through 22)	334,774.	415,921.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted .....	13,353,515.	15,188,863.	
	25 Temporarily restricted .....			
	26 Permanently restricted .....	5,084,000.	5,084,000.	
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds .....			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	29 Retained earnings, accumulated income, endowment, or other funds .....			
30 <b>Total net assets or fund balances</b> .....	18,437,515.	20,272,863.		
31 <b>Total liabilities and net assets/fund balances</b> .....	18,772,289.	20,688,784.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	18,437,515.
2 Enter amount from Part I, line 27a	2	-585,843.
3 Other increases not included in line 2 (itemize) ▶ <b>NET UNREALIZED GAIN ON INVESTMENTS</b>	3	2,421,191.
4 Add lines 1, 2, and 3	4	20,272,863.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	20,272,863.

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

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 4,257,841.		4,048,115.	209,726.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			209,726.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	209,726.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	1,189,587.	18,195,749.	.065377
2015	1,415,729.	19,891,247.	.071173
2014	1,634,984.	21,638,913.	.075558
2013	1,463,442.	20,818,632.	.070295
2012	1,458,081.	19,504,065.	.074758

<b>2</b> Total of line 1, column (d)	<b>2</b>	.357161
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.071432
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	19,420,564.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,387,250.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	5,538.
<b>7</b> Add lines 5 and 6	<b>7</b>	1,392,788.
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	1,225,494.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	11,076.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	11,076.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	11,076.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	7,131.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	5,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	12,131.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	52.	
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.	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> 1,003. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> 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	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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.GIFFORDFOUNDATION.ORG</b>	X	
14 The books are in care of <b>JOHN LORENCE</b> Telephone no. <b>315-474-2489</b> Located at <b>100 CLINTON SQUARE, 126 N. SALINA STREET, 3RD FLOOR</b> ZIP+4 <b>13202</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 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 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, Form 4720, to determine if the foundation had excess business holdings in 2017.)		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

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

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THIRD NATIONAL ASSOCIATES, LLC - 100 CLINTON SQUARE, 126 N. SALINA STREET, SYRACUSE, NY	RENT	52,024.

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

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 13	69,972.
2 SEE STATEMENT 14	239,991.
3 BOARD DEVELOPMENT SERIES - TRAINING IS PROVIDED FOR REPRESENTATIVES FROM BOARDS OF 20 ORGANIZATIONS.	79,000.
4 NEW COMMUNITY GRANTS - GRANTS GIVING TO LOCAL ORGANIZATIONS TO SUPPORT IMPROVEMENT PROJECTS.	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 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3 <span style="float: right;">0.</span>	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	19,641,541.
b	Average of monthly cash balances	1b	74,768.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	19,716,309.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,716,309.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	295,745.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,420,564.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	971,028.

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

1	Minimum investment return from Part X, line 6	1	971,028.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	11,076.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	148.
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	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	959,804.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,225,494.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,225,494.
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	<b>Adjusted qualifying distributions.</b> 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 qualifies for the section 4940(e) reduction of tax in those years.

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

	(a) Corpus	(b) Years prior to 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.			
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: ▶ \$	1,225,494.			
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				959,804.
e Remaining amount distributed out of corpus	265,690.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	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 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.			
10 Analysis of line 9:				
a Excess from 2013	444,110.			
b Excess from 2014	634,854.			
c Excess from 2015	434,932.			
d Excess from 2016	289,720.			
e Excess from 2017	265,690.			

**THE ROSAMOND GIFFORD CHARITABLE CORPORATION**

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶  

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

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

**MINIMUM INFORMATION SHEET PROVIDED BY THE CORPORATION.**

**c** Any submission deadlines:

NONE

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

**NO RESTRICTIONS.**

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Form 990-PF (2017)

15-0572881 Page 11

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
SEE ATTACHED STATEMENT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	SEE ATTACHED STATEMENT	625,424.
<b>Total</b>				<b>▶ 3a</b> 625,424.
<b>b Approved for future payment</b>				
SEE ATTACHED STATEMENT 100 CLINTON SQUARE SYRACUSE, NY 13202	NONE	EXEMPT	SEE ATTACHED STATEMENT	164,440.
<b>Total</b>				<b>▶ 3b</b> 164,440.

Form 990-PF (2017)

Part XV Line 3a

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

	<u>Relationship</u>	<u>Status</u>	<u>Grants Paid</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 Collaborative 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	None	Public	(10,000.00)
Ophelias Place - office renovation	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	(5,000.00)
Gifford - Board Holiday Grants	None	Public	(6,250.00)
Believe in Syracuse-Paideia Philanthropy Mgmt-Babette Barker	None	Public	(4,725.00)
Cuse Pit Crew-MAK Consultant-Maritza Alvarado/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 Assoc.-gazebo	None	Public	(3,400.00)
YWCA - Youth Civic Week summer camp	None	Public	(2,500.00)
Youth Engineering Initiative - STEM hands on workshops,summer camp	None	Public	(3,000.00)
Joined Artists Musicians, & Singers, Inc.-JAMS musicians cookout 2017	None	Public	(4,250.00)
Bellegrove Missionary Baptist Church - Marriage Ministry	None	Public	(2,600.00)
Robert & Marjorie Jones Comm. Dev.-Apostolic 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	(3,000.00)
Pi Rho Nu Fraternity-BlackCuse Pride -Cuse out loud series	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	(2,000.00)
NTL - Diamond Catering 5/11,5/14,5/25	None	Public	(1,560.00)
NTL - graduation photos, babbette baker, supplies,gift cards	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 Inc.-Champions 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	(5,000.00)
ESF-SUNY College of Environmental - spinal cord disorder ctr-Horticulture therapy	None	Public	(2,000.00)
ArtRage Gallery - 2018 what-if film series	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)	None	Public	(39,538.00)
<b>Total Grants 12/31/17</b>			<b>(625,423.94)</b>

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

	<u>Relationship</u>	<u>Status</u>	Payable 2017 Unpaid Grants <u>12/31/17</u>
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	Public	10,000.00
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
<b>Total Grants 12/31/17</b>			<b>164,438.70</b>





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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**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](http://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.

	Enter filer's identifying number	
<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Employer identification number (EIN) or <p style="text-align: center;"><b>15-0572881</b></p>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 CLINTON SQ, 126 N SALINA ST</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SYRACUSE, NY 13202</b>	

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

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

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

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>12,131.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>7,131.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>5,000.</b>

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

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



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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NBT - MONEY MARKET	4,426.	4,426.	
TOTAL TO PART I, LINE 3	4,426.	4,426.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
COLONIAL-NBT - FUND INCOME	509,183.	0.	509,183.	509,183.	
TO PART I, LINE 4	509,183.	0.	509,183.	509,183.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	35,695.	0.		36,434.
TO FORM 990-PF, PG 1, LN 16B	35,695.	0.		36,434.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	45,114.	45,114.		0.
CONSULTANTS	3,757.	0.		-3,714.
TO FORM 990-PF, PG 1, LN 16C	48,871.	45,114.		-3,714.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	29,908.	7,602.		22,826.
FEDERAL EXCISE TAXES/FOREIGN TAXES	24,838.	12,422.		0.
NYS FILING FEE	775.	775.		0.
TO FORM 990-PF, PG 1, LN 18	55,521.	20,799.		22,826.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL REPORT AND OTHER SUPPLIES AND POSTAGE	2,651.	0.		2,651.
TELEPHONE	8,012.	5,608.		1,922.
DUES & SUBSCRIPTIONS	9,121.	6,385.		2,586.
INSURANCE	9,722.	0.		9,699.
MEETINGS	8,420.	0.		8,010.
MAINTENANCE	15,407.	0.		15,300.
COMMUNITY EVENTS	10,732.	0.		10,735.
CONTRACTUAL EXPENSES	0.	0.		4,873.
TO FORM 990-PF, PG 1, LN 23	118,771.	0.		34,618.
	182,836.	11,993.		90,394.

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

FORM 990-PF	CORPORATE BONDS	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COLCHESTER GLOBAL BOND	966,981.	966,981.
HARBOR HIGH YIELD	407,304.	407,304.
VANGUARD TOTAL BOND MKT FUND	1,759,146.	1,759,146.
WESTERN ASSET CORE BD PORTFOLIO	657,123.	657,123.
TOTAL TO FORM 990-PF, PART II, LINE 10C	3,790,554.	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	FMV	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	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 ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

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

## FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	20,867.	43,892.
TOTAL TO FORM 990-PF, PART II, LINE 22	20,867.	43,892.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAIME ALICEA 103 PHILLIPS ROAD SYRACUSE, NY 13214	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

15-0572881

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		<u>0.</u>	<u>0.</u>	<u>0.</u>

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 13

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ACTIVITY 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.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

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.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>	Identifying number (see instructions) <b>15-0572881</b>
--	--

- 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(c)) by 5 or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  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 corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>CVI CVF III CAYMAN CORPORATION</b>	4a Identifying number, if any <b>981187648</b>
---	---

5 Address (including country) <b>PO BOX 309GT UGLAND HOUSE    GEORGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS</b>	4b Reference ID number
--	------------------------

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  No

LHA For Paperwork Reduction Act Notice, see separate instructions.



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash, Stock, and Securities**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	01/01/2017		187,499.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

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

**Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on 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)					
<b>Totals</b>					

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

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)?  Yes  No
- 12** 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
- b** 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  \$ \_\_\_\_\_
- e** Any other income recognition provision contained in the above-referenced regulations  Yes  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 property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
<b>Totals</b>						



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**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](http://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.

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

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

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

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

• The books are in the care of ▶ **STREET, 3RD FLOOR - SYRACUSE, NY 13202**  
Telephone No. ▶ **315-474-2489** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box  ▶   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2017** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

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

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

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>100 CLINTON SQ, 126 N SALINA ST</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SYRACUSE, NY 13202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>15-0572881</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099 900099</b></p>
---	---------------------	--	---

<p><b>C</b> Book value of all assets at end of year  <b>20,688,784.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 16**

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

**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
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance		1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5	3,662.	3,662.
6 Rent income (Schedule C)		6		
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.	3,662.

**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		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		1,676.
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21			
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)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		1,676.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		1,986.
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		1,986.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 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		34		986.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	148.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
<b>37 Proxy tax.</b> See instructions	37	
<b>38 Alternative minimum tax</b>	38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	148.

**Part IV Tax and Payments**

<b>41a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116)	41a	
<b>b Other credits</b> (see instructions)	41b	
<b>c General business credit.</b> Attach Form 3800	41c	
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827)	41d	
<b>e Total credits.</b> Add lines 41a through 41d	41e	
<b>42 Subtract line 41e from line 40</b>	42	148.
<b>43 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
<b>44 Total tax.</b> Add lines 42 and 43	44	148.
<b>45a Payments:</b> A 2016 overpayment credited to 2017	45a	1,056.
<b>b 2017 estimated tax payments</b>	45b	
<b>c Tax deposited with Form 8868</b>	45c	
<b>d Foreign organizations: Tax paid or withheld at source</b> (see instructions)	45d	
<b>e Backup withholding</b> (see instructions)	45e	
<b>f Credit for small employer health insurance premiums</b> (Attach Form 8941)	45f	
<b>g Other credits and payments:</b> <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
<b>46 Total payments.</b> Add lines 45a through 45g	46	1,056.
<b>47 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	908.
<b>50 Enter the amount of line 49 you want: Credited to 2018 estimated tax</b> 908. Refunded	50	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>PAULA D. DECKMAN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00087828</b>
Firm's name <b>BONADIO &amp; CO., LLP</b>	Firm's address <b>432 NORTH FRANKLIN STREET SYRACUSE, NY 13204</b>		Firm's EIN <b>16-1131146</b>	Phone no. <b>(315) 422-7109</b>

Schedule A - Cost of Goods Sold. Enter method of inventory valuation <b>N/A</b>			
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional section 263A costs (attach schedule)	4a	
b	Other costs (attach schedule)	4b	
5	<b>Total.</b> Add lines 1 through 4b	5	
6	Inventory at end of year	6	
7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0.	0.

THE ROSAMOND GIFFORD CHARITABLE

Form 990-T (2017) CORPORATION

15-0572881

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

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

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

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

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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 income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		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.
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.



THE ROSAMOND GIFFORD CHARITABLE

Form 990-T (2017) CORPORATION

15-0572881

Page 5

**Part II** 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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

Form 990-T (2017)



## 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**

1 Legal name of corporation

1. THE ROSAMOND GIFFORD CHARITABLE CORPORATION

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 15-0572881

5 File number (FCC)

5. MM6

6 Period beginning date (mm-dd-yy)

6. 01-01-17

7 Period ending date (mm-dd-yy)

7. 12-31-17

8 Amended (Y=1; N=0)

8. 0

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

24.

25 Fixed dollar minimum

25.

26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

26.

27 New York receipts

27.

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

28.

29 Paid preparer's EIN

29. 16-1131146

30 Preparer's NYTPRIN

30.

31 Excl. code

31. 03

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10-31-17

For office use only

**Form CT-186-E filers only**

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

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CT-13

Department of Taxation and Finance
Unrelated Business Income Tax Return

All filers enter tax period:

Amended return

Tax Law - Article 13

beginning 01-01-17

ending 12-31-17

Form CT-13 header section containing fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Mailing name, Address, and Principal unrelated business activity.

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

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

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

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

(see section Who must file Form CT-13 in the instructions)

Payment section A: Pay amount shown on line 22. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs.

Computation of income and tax

Table with 25 rows for computation of income and tax. Columns include line number, description, and amount. Total taxable income is 1,761.

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

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

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

**Schedule A - Unrelated business allocation**

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

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

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

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

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

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	
44a Second installment from Form CT-400 .....	44a	
44b Third installment from Form CT-400 .....	44b	
44c Fourth installment from Form CT-400 .....	44c	
45 Amount of overpayment credited from prior years .....	45	999.
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46	999.

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

**Amended return information**

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

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

Net operating loss (NOL) carryback .....  Capital loss carryback .....

Federal return filed ..... Form 1139 •  Amended Form 990-T .....



<b>Third-party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)		Designee's phone number	
	Designee's e-mail address			PIN	
<b>Certification:</b> I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.					
<b>Authorized person</b>	Printed name of authorized person <b>DIRK SONNEBORN</b>		Signature of authorized person		Official title <b>EXECUTIVE DIRECTOR</b>
	E-mail address of authorized person			Telephone number	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>			Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P00087828</b>
	Signature of individual preparing this return		Address <b>432 NORTH FRANKLIN STREET</b>		City <b>SYRACUSE, NY</b>
	E-mail address of individual preparing this return		Preparer's NYTPRN or Excl. code <b>03</b>		State ZIP code Date

See instructions for where to file.

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

**CT-5**

All filers must enter tax period:

beginning **01-01-17** ending **12-31-17**

Employer identification number (EIN) <b>15-0572881</b>	File number <b>MM6</b>	Business telephone number <b>315-474-2489</b>
Legal name of corporation <b>THE ROSAMOND GIFFORD CHARITABLE CORPORATION</b>		Trade name / DBA
Mailing name (if different from legal name) and address c/o Number and street or PO box <b>100 CLINTON SQ, 126 N SALINA ST</b> City <b>SYRACUSE, NY 13202</b>		State or country of incorporation Date received (for Tax Department use only) Date of incorporation Foreign corporations: date began business in NYS Audit use

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

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

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

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

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

Do not complete line A and lines 1 through 16.

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

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

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

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

**Computation of estimated franchise tax**

1	Franchise tax from the worksheet in Form CT-5-I .....	<b>1</b>	<b>250.</b>
2			
3			
4	Prepayments of franchise tax (from line 16, column A) .....	<b>4</b>	<b>999.</b>
5	Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero) .....	<b>5</b>	<b>0.</b>

**Computation of estimated MTA surcharge**

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

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11-01-17

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

	Date paid	A. Franchise tax	B. MTA surcharge
<b>12</b> Mandatory first installment from Form CT-300 ...	<b>12</b>		
<b>13a</b> Second installment from Form CT-400 .....	<b>13a</b>		
<b>13b</b> Third installment from Form CT-400 .....	<b>13b</b>		
<b>13c</b> Fourth installment from Form CT-400 .....	<b>13c</b>		
<b>14</b> Overpayment credited from prior years .....	<b>14</b>	999.	
<b>15</b> Overpayment credited from Form CT- _____	Period _____		
<b>16</b> Total prepayments (total all entries in column A and column B) .....	<b>16</b>	999.	

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P00087828</b>
	Signature of individual preparing this document	Address <b>432 NORTH FRANKLIN S</b>	City <b>SYRACUSE</b>	State ZIP code <b>NY 13204</b>
	E-mail address of individual preparing this document <b>PDECKMAN@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file

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# 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) <b>01/01/2017</b> and Ending (mm/dd/yyyy) <b>12/31/2017</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>THE ROSAMOND GIFFORD CHARITABLE CORPORAT</b>	Employer Identification Number (EIN): <b>15-0572881</b>
	Mailing Address: <b>100 CLINTON SQ, 126 N SALINA ST</b>	NY Registration Number: <b>002250</b>
	City / State / ZIP: <b>SYRACUSE, NY 13202</b>	Telephone: <b>315 474-2489</b>
	Website: <b>WWW.GIFFORDFOUNDATION.ORG</b>	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

### 2. Certification

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

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

President or Authorized Officer:	<b>BENJAMIN R WALSH</b> <b>PRESIDENT</b>	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<b>JOSEPH CHARLES</b> <b>TREASURER</b>	Signature	Print Name and Title	Date

### 3. Annual Reporting Exemption

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

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

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

### 4. Schedules and Attachments

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

### 5. Fee

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

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.

THE ROSAMOND GIFFORD CHARITABLE CORPORATION

CHAR500

Annual Filing Checklist

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

Calculate Your Fee

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

- Empty box: \$0, if you checked the 7A exemption in Part 3a
Checked box: \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

Send Your Filing

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

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

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Need Assistance?

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

# 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:	NY Registration Number:
THE ROSAMOND GIFFORD CHARITABLE CORPORATION	002250

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. US DEPARTMENT OF JUSTICE	1. 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.