

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                              |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>GABRIELLA & PAUL ROSENBAUM FOUNDATION                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     | A Employer identification number<br>36-3873904                                                                                                                               |                                                         |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>8170 MCCORMICK BLVD NO 221                                                                                                                                                                                                |                                                                                                                                                                                                     | Room/suite                                                                                                                                                                   | B Telephone number (see instructions)<br>(312) 781-2806 |
| City or town, state or province, country, and ZIP or foreign postal code<br>SKOKIE, IL 60076                                                                                                                                                                                                                   |                                                                                                                                                                                                     | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                     | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                     | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 560,719                                                                                                                                                                                                                   | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |                                                         |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                                      | (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 (attach schedule)                                     | 360,000                            |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> If the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                       | 569                                | 569                       |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                          | 2,399                              | 0                         | 2,399                   |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                           | 362,968                            | 569                       | 2,399                   |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                                | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                           | 7,795                              | 3,898                     | 3,897                   | 0                                                           |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                        | 44,000                             | 0                         | 44,000                  | 0                                                           |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                       | 24,390                             | 0                         | 24,390                  | 0                                                           |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                        | 10,516                             | 0                         | 10,516                  | 0                                                           |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                    | 86,701                             | 3,898                     | 82,803                  | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                       | 113,770                            |                           |                         | 113,770                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                             | 200,471                            | 3,898                     | 82,803                  | 113,770                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                     |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                 |                                                                                                      | 162,497                            |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                                    |                                                                                                      |                                    | 0                         |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                      |                                    |                           | 0                       |                                                             |

| Part II Balance Sheets      |                                                                                                                                                           | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |                                                     |         |         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------|---------|
|                             |                                                                                                                                                           | Beginning of year<br>(a) Book Value                                                                                               | End of year<br>(b) Book Value (c) Fair Market Value |         |         |
| Assets                      | 1                                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                               | 57,173                                              | 169,101 | 169,101 |
|                             | 2                                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                  | 341,049                                             | 391,618 | 391,618 |
|                             | 3                                                                                                                                                         | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                                                     |         |         |
|                             | 4                                                                                                                                                         | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                        |                                                     |         |         |
|                             | 5                                                                                                                                                         | Grants receivable . . . . .                                                                                                       |                                                     |         |         |
|                             | 6                                                                                                                                                         | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                     |         |         |
|                             | 7                                                                                                                                                         | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                        |                                                     |         |         |
|                             | 8                                                                                                                                                         | Inventories for sale or use . . . . .                                                                                             |                                                     |         |         |
|                             | 9                                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                   |                                                     |         |         |
|                             | 10a                                                                                                                                                       | Investments—U S and state government obligations (attach schedule)                                                                |                                                     |         |         |
|                             | b                                                                                                                                                         | Investments—corporate stock (attach schedule) . . . . .                                                                           |                                                     |         |         |
|                             | c                                                                                                                                                         | Investments—corporate bonds (attach schedule) . . . . .                                                                           |                                                     |         |         |
|                             | 11                                                                                                                                                        | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                                                     |         |         |
|                             | 12                                                                                                                                                        | Investments—mortgage loans . . . . .                                                                                              |                                                     |         |         |
|                             | 13                                                                                                                                                        | Investments—other (attach schedule) . . . . .                                                                                     |                                                     |         |         |
|                             | 14                                                                                                                                                        | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                           |                                                     |         |         |
| 15                          | Other assets (describe ▶ _____)                                                                                                                           |                                                                                                                                   |                                                     |         |         |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                                         | 398,222                                                                                                                           | 560,719                                             | 560,719 |         |
| Liabilities                 | 17                                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                   |                                                     |         |         |
|                             | 18                                                                                                                                                        | Grants payable . . . . .                                                                                                          |                                                     |         |         |
|                             | 19                                                                                                                                                        | Deferred revenue . . . . .                                                                                                        |                                                     |         |         |
|                             | 20                                                                                                                                                        | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                     |         |         |
|                             | 21                                                                                                                                                        | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                     |         |         |
|                             | 22                                                                                                                                                        | Other liabilities (describe ▶ _____)                                                                                              |                                                     |         |         |
|                             | 23                                                                                                                                                        | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 0                                                   | 0       |         |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                                                     |         |         |
|                             | 24                                                                                                                                                        | Unrestricted . . . . .                                                                                                            | 398,222                                             | 560,719 |         |
|                             | 25                                                                                                                                                        | Temporarily restricted . . . . .                                                                                                  |                                                     |         |         |
|                             | 26                                                                                                                                                        | Permanently restricted . . . . .                                                                                                  |                                                     |         |         |
|                             | <b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/></b><br><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> (see instructions) . . . . .                                                             | 398,222                                             | 560,719 |         |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                                | 398,222                                                                                                                           | 560,719                                             |         |         |

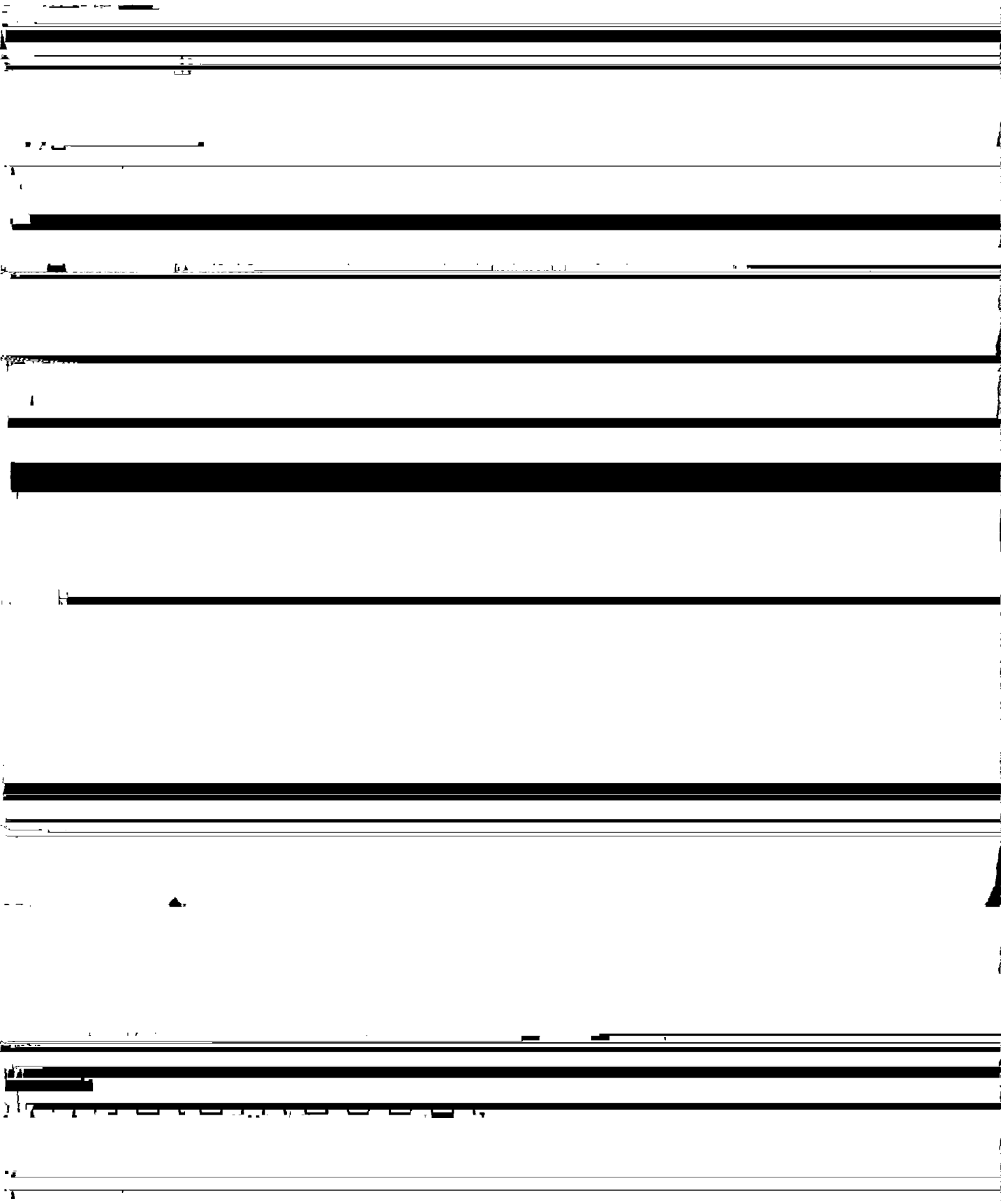
| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                          |   |         |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 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 | 398,222 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | 162,497 |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0       |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 560,719 |
| 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 | 560,719 |

[illegible]

## Part VII-A Statements Regarding Activities

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

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



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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address                                                  | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|-----------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| MADGE GOLDMAN<br>764 MT PLEASANT ROAD<br>BRYN MAWR, PA 19010          | PRES & DIR<br>30 00                                       | 0                                         | 0                                                                     | 0                                     |
| MICHAEL C DORF<br>8170 MCCORMICK BLVD - SUITE 221<br>SKOKIE, IL 60076 | SECY & DIR<br>0 00                                        | 0                                         | 0                                                                     | 0                                     |
| JOSEPH B CAGNEY<br>3155 CONNESTEE TRAIL<br>BREVARD, NC 28712          | TREASURER<br>0 00                                         | 0                                         | 0                                                                     | 0                                     |
| FELIX BROWDER<br>37 QUINCE PLACE<br>NORTH BRUNSWICK, NJ 08902         | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |

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

| (a) Name and address of each employee paid more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Total** number of other employees paid over \$50,000. . . . . **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

**Total** number of others receiving over \$50,000 for professional services. . . . . **0****Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> DEVELOPMENT AND EXPANSION OF THE TEACHING OF MATHEMATICS                                                                                                                                                                                      | 190,471  |
| <b>2</b> GENERAL PROMOTION OF THE HUMANITIES                                                                                                                                                                                                           | 10,000   |
| <b>3</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount   |
|------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b>                                                                                                         |          |
|                                                                                                                  |          |
|                                                                                                                  |          |
| <b>2</b>                                                                                                         |          |
|                                                                                                                  |          |
|                                                                                                                  |          |
| All other program-related investments. See instructions.                                                         |          |
| <b>3</b>                                                                                                         |          |
|                                                                                                                  |          |
|                                                                                                                  |          |
| <b>Total.</b> Add lines 1 through 3 . . . . .                                                                    | <b>0</b> |

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

|          |                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |         |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 0       |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 497,923 |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0       |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 497,923 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0       |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0       |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 497,923 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 7,469   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 490,454 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 24,523  |

**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.)

|           |                                                                                                            |           |        |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 24,523 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5.                                                    | <b>2a</b> |        |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI).                                          | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 0      |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 24,523 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0      |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 24,523 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0      |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 24,523 |

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

|          |                                                                                                                                                       |           |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 113,770 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 113,770 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions). | <b>5</b>  | 0       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 113,770 |

**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.



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

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                                                                                                                |               |                            |             | 24,523      |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2012. . . . .                                                                                                                                                                | 50,783        |                            |             |             |
| <b>b</b> From 2013. . . . .                                                                                                                                                                | 380,122       |                            |             |             |
| <b>c</b> From 2014. . . . .                                                                                                                                                                | 149,633       |                            |             |             |
| <b>d</b> From 2015. . . . .                                                                                                                                                                | 56,558        |                            |             |             |
| <b>e</b> From 2016. . . . .                                                                                                                                                                | 251,522       |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 888,618       |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 113,770                                                                                                              |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .                                                                                                                                     |               |                            |             | 24,523      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 89,247        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 977,865       |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 50,783        |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2018.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 927,082       |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2013. . . . .                                                                                                                                                         | 380,122       |                            |             |             |
| <b>b</b> Excess from 2014. . . . .                                                                                                                                                         | 149,633       |                            |             |             |
| <b>c</b> Excess from 2015. . . . .                                                                                                                                                         | 56,558        |                            |             |             |
| <b>d</b> Excess from 2016. . . . .                                                                                                                                                         | 251,522       |                            |             |             |
| <b>e</b> Excess from 2017. . . . .                                                                                                                                                         | 89,247        |                            |             |             |

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2017)

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)                                                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution   | Amount  |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------|---------|
| <b>a</b> <i>Paid during the year</i><br>AMERICANS FOR OXFORD INC<br>500 5TH AVE - 32ND FLOOR<br>NEW YORK, NY 10110 | NONE                                                                                                               | PUBLIC<br>CHARITY                    | GRANTS TO IMPROVE WITH<br>INSTRUCTION | 5,000   |
| FOLK ARTS - CULTURAL TREASURES<br>CHARTER SCHOOL<br>1023 CALLOWHILL STREET<br>PHILADELPHIA, PA 19123               | NONE                                                                                                               | PUBLIC<br>CHARITY                    | GRANTS TO IMPROVE WITH<br>INSTRUCTION | 69,770  |
| INTER AMERICAN UNIVERSITY OF PUERTO<br>RICO<br>CII INDICO<br>GUAYAMA 00784<br>RQ                                   | NONE                                                                                                               | PUBLIC<br>CHARITY                    | OPERATING GRANT                       | 29,000  |
| PRIMES FUND IN MATH - CO DR PAVEL<br>ETINGOF MATHEMATICS<br>DEPT MIT 77 MASSACHUSETTS AVE<br>CAMBRIDGE, MA 03219   | NONE                                                                                                               | PUBLIC<br>CHARITY                    | ENHANCED MATHEMATICS<br>EDUCATION     | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                                                                 |                                                                                                                    |                                      |                                       | 113,770 |
| <b>b</b> <i>Approved for future payment</i>                                                                        |                                                                                                                    |                                      |                                       |         |
| <b>Total . . . . .</b> ▶ <b>3b</b>                                                                                 |                                                                                                                    |                                      |                                       | 0       |

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                        |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |            |           |

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |

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

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |            |       |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |            |       |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2019-05-13 | ***** |
|                  | Signature of officer or trustee                                                                                                                                                                                                                                                                                        | Date       | Title |

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

|                               |                                                                            |                      |            |                                                 |                                |
|-------------------------------|----------------------------------------------------------------------------|----------------------|------------|-------------------------------------------------|--------------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                 | Preparer's Signature | Date       | Check if self-employed <input type="checkbox"/> | PTIN                           |
|                               | JUSTIN R VAN ZUIDEN<br>CPA                                                 |                      | 2019-05-08 |                                                 | P01281433                      |
|                               | Firm's name <b>▶</b> WIPFLI LLP                                            |                      |            |                                                 | Firm's EIN <b>▶</b> 39-0758449 |
|                               | Firm's address <b>▶</b> 215 EAST FIRST STREET SUITE 200<br>DIXON, IL 61021 |                      |            |                                                 | Phone no (815) 315-0854        |

**TY 2017 Accounting Fees Schedule****Name:** GABRIELLA & PAUL ROSENBAUM FOUNDATION**EIN:** 36-3873904**Accounting Fees Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| CONSULTANT FEES | 44,000        | 0                                | 44,000                         | 0                                                    |

**TY 2017 Legal Fees Schedule****Name:** GABRIELLA & PAUL ROSENBAUM FOUNDATION**EIN:** 36-3873904

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 7,795  | 3,898                    | 3,897                  | 0                                           |

**TY 2017 Other Expenses Schedule****Name:** GABRIELLA & PAUL ROSENBAUM FOUNDATION**EIN:** 36-3873904**Other Expenses Schedule**

| Description          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| PROFESSIONAL DUES    | 3,484                                | 0                        | 3,484                  | 0                                           |
| INTERNET             | 1,394                                | 0                        | 1,394                  | 0                                           |
| EDUCATIONAL SUPPLIES | 4,878                                | 0                        | 4,878                  | 0                                           |
| BANK CHARGES         | 63                                   | 0                        | 63                     | 0                                           |
| MISCELLANEOUS        | 697                                  | 0                        | 697                    | 0                                           |



## TY 2017 Other Income Schedule

**Name:** GABRIELLA & PAUL ROSENBAUM FOUNDATION

**EIN:** 36-3873904

### Other Income Schedule

| Description            | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|------------------------|-----------------------------------|--------------------------|---------------------|
| ROYALTIES - MATH BOOKS | 2,399                             |                          | 2,399               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | As Filed Data -                                                                                                                                                                                                                                        |  | DLN: 93491259004159                             |                                             |
| <div>Schedule B<br/>(Form 990, 990-EZ, or 990-PF)<br/>Department of the Treasury<br/>Internal Revenue Service</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div> |  |                                                 | <div>OMB No 1545-0047</div> <div>2017</div> |
| Name of the organization<br>GABRIELLA & PAUL ROSENBAUM FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                        |  | Employer identification number<br>36-3873904    |                                             |
| Organization type (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| Filers of:                      Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| Form 990 or 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> 501(c)( ) (enter number) organization                                                                                                                                                                                         |  |                                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                              |  |                                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 527 political organization                                                                                                                                                                                                    |  |                                                 |                                             |
| Form 990-PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                                                                                                                                                                |  |                                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                         |  |                                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 501(c)(3) taxable private foundation                                                                                                                                                                                          |  |                                                 |                                             |
| Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| General Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <input checked="" type="checkbox"/> For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| Special Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ _____ |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| <b>Caution.</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                        |  |                                                 |                                             |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Cat No 30613X                                                                                                                                                                                                                                          |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2017) |                                             |

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>GABRIELLA & PAUL ROSENBAUM FOUNDATION | <b>Employer identification number</b><br>36-3873904 |
|----------------------------------------------------------------------|-----------------------------------------------------|

| <b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed |                                                              |                            |                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| 1                                                                                                                 | MADGE GOLDMAN<br>764 MT PLEASANT ROAD<br>BRYN MAWR, PA 19010 | \$ 350,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|                                                                                                                   |                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

Employer identification number

36-3873904

**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <br><br>               | <br><br>                                     | \$<br><br>                                     | <br><br>             |

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>GABRIELLA & PAUL ROSENBAUM FOUNDATION | <b>Employer identification number</b><br>36-3873904 |
|----------------------------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b><br>Use duplicate copies of Part III if additional space is needed |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|------------------------|---------------------------------------|-------------------------|------------------------------------------|
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |