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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 11-01-2017 , and ending 10-31-2018

Name of foundation
BETSY GORDON FOUNDATION
C/O ELIZABETH GORDON

A Employer identification number
11-3634807

Number and street (or P O box number if mail is not delivered to street address)
14441 N 14TH ST

Room/suite

B Telephone number (see instructions)
(602) 548-0092

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85022

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return

D 1. Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% ☐

[redacted]

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	375,798	72,921	5 153495
2015	351,913	47,629	7 388629
2014	426,950	200,708	2 127220
2013	511,415	85,663	5 970080
2012	444,244	86,972	5 107897

2	**Total** of line 1, column (d)	**2**	25 747321
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	**3**	5 149464
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	**4**	63,964
5	Multiply line 4 by line 3	**5**	329,380
6	Enter 1% of net investment income (1% of Part I, line 27b)	**6**	110
7	Add lines 5 and 6	**7**	329,490
8	Enter qualifying distributions from Part XII, line 4	**8**	471,013

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

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	51,378	6,439	6,439
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	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) ▶			
	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 ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	51,378	6,439	6,439
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 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	500	500	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	50,878	5,939	
	30 **Total net assets or fund balances** (see instructions)	51,378	6,439	
	31 **Total liabilities and net assets/fund balances** (see instructions)	51,378	6,439	

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	51,378
2	Enter amount from Part I, line 27a	2	-44,939
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	6,439
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	6,439

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

(a) (b) (c) (d)

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

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No

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
See Additional Data Table				

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".

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	64,938
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	64,938
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	64,938
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	974
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	63,964
6	**Minimum investment return.** Enter 5% of line 5	6	3,198

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,088
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012. 445,307				
b From 2013. 514,748				
c From 2014. 425,018				
d From 2015. 351,118				
e From 2016. 372,152				
f **Total** of lines 3a through e.	2,108,343			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 471,013				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				3,088
e Remaining amount distributed out of corpus	467,925			
5 Excess distributions carryover applied to 2017	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,576,268			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of				

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross					

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				464,989
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A **Analysis of Income-Producing Activities**

(e)

[redacted]

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . ☐ Yes ☑ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No

(4) Provide a grant to an organization other than a charitable, etc., organization described

[redacted]

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

		Yes	No
1	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?		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
ELIZABETH GORDON 1537 FOURTH STREET BOX 15 SAN RAFAEL, CA 94901	PRESIDENT 0 25	0	0	0
JEAN MERLIN 1537 FOURTH STREET BOX 15 SAN RAFAEL, CA 94901	SECRETARY 0 25	0	0	0
LOUIS LEEBURG 14441 N 14TH STREET PHOENIX, AZ 85022	TREASURER 0 25	0	0	0
SANDRA HARNER PO BOX 1709 MILL VALLEY, CA 94942	TRUSTEE 0 25	0	0	0
RICCI CODDINGTON 65-1158 MANALAHOA HWY PMB 220 KAMAULA, HI 96743	TRUSTEE 0 25	0	0	0
SANDRA HOBSON 2338 48TH AVENUE SAN FRANCISCO, CA 94116	TRUSTEE 0 25	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BECKLEY FOUNDATIONBECKLEY PARK OXFORD UK	NONE	PC	GENERAL OPERATIONS	10,000
BREAST CANCER FUND 1388 SUTTER ST STE 400 SAN FRANCISCO, CA 94109	NONE	PC	GENERAL OPERATIONS	25,000
CIIS1453 MISSION STREET SAN FRANCISCO, CA 94103	NONE	PC	GENERAL OPERATIONS	10,898
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE PROJECT403 W WOOD STREET WEST LAFAYETTE, IN 47907	NONE	PC	GENERAL OPERATIONS	100,000
RAINFOREST ACTION NETWORK 425 BUSH ST STE 300 SAN FRANCISCO, CA 94108	NONE	PC	GENERAL OPERATIONS	1,000
ST VINCENT DE PAUL CHARITIES 822 B STREET SAN RAFAEL, CA 94915	NONE	PC	GENERAL OPERATIONS	6,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THRESHOLD FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	NONE	PC	GENERAL OPERATIONS	1,591
TIBETAN ASSOCIATION OF NO CALIFORNIA 5200 HUNTINGTON AVE STE 200 RICHMOND, CA 94804	NONE	PC	GENERAL OPERATIONS	60,000
HEFFTER RESEARCH INSTITUTE 369 MONTEZUMA AVENUE NO 153 SANTA FE, NM 87501	NONE	PC	GENERAL OPERATIONS	75,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ICT4PEACE FOUNDATION CHEMIN DE SOUS-BOIS 14 GENEVA SZ	NONE	PC	GENERAL OPERATIONS	30,000
WE EMPOWER CITIES 5340 28TH STREET NW WASHINGTON, DC 20015	NONE	PC	GENERAL OPERATIONS	25,000
TIBETAN NUNS PROJECT 815 SEATTLE BOULEVARD SOUTH 216 SEATTLE, WA 98134	NONE	PC	GENERAL OPERATIONS	25,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMINA FOUNDATION 30 S MERIDAN ST SUITE 700 INDIANAPOLIS, IN 46204	NONE	PC	GENERAL OPERATIONS	20,000
WHITE PHOENIX ACUPUNCTURE 6913 SE FOSTER ROAD PORTLAND, OR 97206	NONE	PC	GENERAL OPERATIONS	10,000
NARAYA CULTURAL PRESERVATION COUNCIL PO BOX 1006 FT HALL, ID 83203	NONE	PC	GENERAL OPERATIONS	10,000
Total 3a . . . . . ▶				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL SURVIVALPO BOX 381569 CAMBRIDGE, MA 02238	NONE	PC	GENERAL OPERATIONS	7,500
CANAL ALLIANCE91 LARKSPUR ST SAN RAFAEL, CA 94901	NONE	PC	GENERAL OPERATIONS	7,000
OASIS LEGAL SERVICES 1900 ADDISON ST SUITE 100 BERKLEY, CA 94704	NONE	PC	GENERAL OPERATIONS	6,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUCKERS AGAINST TRAFFICKING PO BOX 816 ENGLEWOOD, CA 80151	NONE	PC	GENERAL OPERATIONS	5,000
QAGGIAVUUT SOCIETY PERFORMING ARTS SCHOOL PO BOX 668 IQALUIT NU CA	NONE	PC	GENERAL OPERATIONS	5,000
INSTITUTE FOR HEALTH AND HEALING 2300 CALIFORNIA STREET SUITE 2017 SAN FRANCISCO, CA 94115	NONE	PC	GENERAL OPERATIONS	5,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EROWIDPO BOX 1116 GRASS VALLEY, CA 95945	NONE	PC	GENERAL OPERATIONS	5,000
HOSPICE BY THE BAY 17 E FRANCIS DRAKE BLVD LARKSPUR, CA 94939	NONE	PC	GENERAL OPERATIONS	5,000
DUST DEVIL RANCH SANCTUARY FOR HORSES 3305 S 6500 W CEDAR CITY, UT 84270	NONE	PC	GENERAL OPERATIONS	2,500
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS OCCUPATIONAL THERAPY ASSOCIATION 1106 CLAYTON LN AUSTIN, TX 78723	NONE	PC	GENERAL OPERATIONS	2,000
PACIFIC GROVE PUBLIC LIBRARY 550 CENTRAL AVENUE PACIFIC GROVE, CA 93950	NONE	PC	GENERAL OPERATIONS	1,000
MAUI CHAMBER ORCHESTRA PO BOX 1547 KIHEI, HI 96753	NONE	PC	GENERAL OPERATIONS	1,000
Total 3a . . . . . ▶				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING STREAMS CHURCH 7000 N CENTRAL AVENUE PHOENIX, AZ 85020	NONE	PC	GENERAL OPERATIONS	1,000
ZEN HOSPICE1161 MISSION ST SAN FRANCISCO, CA 94103	NONE	PC	GENERAL OPERATIONS	1,000
CREDO HIGH SCHOOL 1300 VALLEY HOUSE DR 100 ROHNERT PARK, CA 94928	NONE	PC	GENERAL OPERATIONS	1,000
Total . . . . . ▶ 3a				464,989

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN FRIENDS OF FERALPO BOX 6282 SAN RAFAEL, CA 94903	NONE	PC	GENERAL OPERATIONS	500
Total . . . . . ▶ 3a				464,989

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TY 2017 Accounting Fees Schedule

Name: BETSY GORDON FOUNDATION
C/O ELIZABETH GORDON

EIN: 11-3634807

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,870	0		1,087

TY 2017 Other Expenses Schedule

Name: BETSY GORDON FOUNDATION
C/O ELIZABETH GORDON

EIN: 11-3634807

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CSC CORP	812	0		812
INSURANCE	2,286	0		2,286

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TY 2017 Taxes Schedule

Name: BETSY GORDON FOUNDATION
C/O ELIZABETH GORDON

EIN: 11-3634807

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES PAID	174	0		174

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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2017

Name of the organization	Employer identification number
BETSY GORDON FOUNDATION C/O ELIZABETH GORDON	11-3634807

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. 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

☑ 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

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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

☐ 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 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ 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 *exclusively* 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 *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. 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 **must** 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)

Name of organization	Employer identification number
BETSY GORDON FOUNDATION C/O ELIZABETH GORDON	11-3634807

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIZABETH GORDON 1537 FOURTH STREET BOX 15 SAN RAFAEL, CA94901	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	ELIZABETH GORDON 1537 FOURTH STREET BOX 15 SAN RAFAEL, CA94901	$ 60,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	ELIZABETH GORDON 1537 FOURTH STREET BOX 15 SAN RAFAEL, CA94901	$ 255,855	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
BETSY GORDON FOUNDATION C/O ELIZABETH GORDON	11-3634807

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	MOODY'S CORP 1,500 SHS	$ 255,855	2018-06-08
		$	
		$	
		$	
		$	
		$	

Name of organization
BETSY GORDON FOUNDATION
C/O ELIZABETH GORDON

Employer identification number
11-3634807

Part III ***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 $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee