Form 990-PF

Department of the Treasury

DLN: 93491134024789

2018

OMB No 1545-0052

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.

nterr	ial Rever	nue Service	▶ Go to <u>w</u>	ww.irs.gov/Form990PF	for instructions an	d the	latest informa	ation.	Open to Public Inspection
For	caler	ndar year 20	18, or tax yea	r beginning 01-01-20)18 , aı	nd er	nding 12-31-	2018	
	ne of fou						A Employer ıd	entification numb	er
DE	an fou	INDATION INC					13-6161380		
		street (or P O bo	ox number if mail is r	ot delivered to street address)	Room/suite		B Telephone nu	mber (see ınstructı	ons)
	30 WIII	TE TEAINS NOAD					(914) 631-3000)	
		, state or province N, NY 10591	e, country, and ZIP o	r foreign postal code			C If exemption	application is pend	ng, check here
G C	neck all	l that apply	☐ Initial return	☐ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check l	nere
			Final return	Amended return				ganızatıons meetin k here and attach o	
			Address char				·	undation status was	· -
		pe of organizati		501(c)(3) exempt private				n 507(b)(1)(A), che	
			nexempt charitabl		e private foundation				
of	year (fi	cet value of all a rom Part II, col	(c),		✓ Cash ☐ Accru	al		ation is in a 60-mor n 507(b)(1)(B), che	
line	e 16) 	>\$ 3,874,368		☐ Other (specify) (Part I, column (d) must	be on cash basis)				
Da	rt I	Analysis of	f Revenue and	Expenses (The total					(d) Disbursements
		-		(d) may not necessarily	(a) Revenue and expenses per	(ь)	Net investment income	(c) Adjusted net	for charitable
		equal the amou	nts ın column (a) (se	e instructions))	books		ilicome	income	(cash basis only
	1	Contributions, schedule)	gıfts, grants, etc	, received (attach					
	2	<u></u>	the foundation is	not required to attach					
	3		vings and tempora	ary cash investments					
	4	Dividends and	interest from seci	urities	85,327		85,327	85,32	27
	5a	Gross rents							
	ь	Net rental inco	ome or (loss)						
KIE	6a	Net gain or (lo	ss) from sale of a	ssets not on line 10	91,837				
Revenue	b	•	ice for all assets o	' <u>-</u>					
ă	7		et income (from Pa				92,082		
	8		cations						
	10a		s returns and allo	ı					
	ь	Less Cost of g		wances					
	c	Gross profit or	(loss) (attach sch	edule)					
	11	Other income i	(attach schedule)						
	12	Total. Add line	es 1 through 11		177,164		177,409	85,32	27
	13	Compensation	of officers, direct	ors, trustees, etc					
	14	Other employe	ee salaries and wa	ges					
es	15	•		s					
ens	16a	Legal fees (att	ach schedule) .						
ă.	b	-	es (attach schedule	•					
Operating and Administrative Expenses	С	·	onal fees (attach s	•					
ati	17				35		4 222		
<u> </u>	18	•	schedule) (see ins	•	1,332		1,332	1,33	1,33
E	19	_	attach schedule) a	·					
₽	20	• •	ences, and meetin						
n	22		ublications	=					
e G	23			· · · · · · · · · · · · · · · · · · ·	31,410		31,354	31,35	31,35
atın	24			rative expenses.					,
9er:		-	rough 23		32,777		32,686	32,68	32,68
ō	25	Contributions,	gıfts, grants paıd		195,283				195,28
	26		es and disburse	ments. Add lines 24 and					
	27	25 Subtract line 2	6 from line 12		228,060		32,686	32,68	227,96
	27 a		enue over expe	nses and					
		disbursemen	ts		-50,896				
	b		ent income (if negations	gative, enter -0-) ive, enter -0-)			144,723		
	С	Aujusteu net	come (ii negat	170, 01101 -0-7				52,64	1

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22

23

24

25

26

27

28 29

30

31

Part III

2

3

4

5

Net Assets or Fund Balances

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	126,860	230,956	230,956
	2	Savings and temporary cash investments			
	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 ▶			
Ŋ	8	Inventories for sale or use			
Sels	9	Prepaid expenses and deferred charges	1,160	6,500	6,500
£	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	2,725,697	2,558,900	3,636,912
	С	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			
		ınstructions Also, see page 1, item I)	2,853,717	2,796,356	3,874,368
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			
saniide	20	Loans from officers, directors, trustees, and other disqualified persons			
=	21	Mortgages and other notes payable (attach schedule)			

2,796,356

2,796,356

2,796,356

2,853,717 -50,896

2,803,066

2,796,356 Form **990-PF** (2018)

245

6,710

1

2

3

4

5

6

2,853,717

2,853,717

2,853,717

Page **3**

	e the kınd(s) of property s rehouse, or common stoo			(b) How acquir P—Purcha D—Donati	se		(c) e acquired , day, yr)	(d) Date sold (mo , day, yr)
1 a MORGAN STANLEY - ST,	COV			Р		20	18-09-24	2018-09-27
b MORGAN STANLEY - LT, (COV			Р		20	11-12-14	2018-09-27
c 24 INTL BUSINESS MACH		Р		20	11-12-14	2018-09-27		
d Wash Sale								
e								
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (or allowable)			(g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a	7,954			-	7,956			-2
b 35	3,892	892			1,107			92,785
c	3,589			4	4,535			-946
d								245
е								
Complete only for assets	showing gain in column (h) and owned by	y the foundation (on 12/31/69			(1)
(i) F M V as of 12/31/69	(j) Adjusted as of 12/	basıs	Excess	(k) of col(ı) (յ), ıf any		col	Gains (Col (Ì	n) gain minus less than -0-) or
a								-2
b								92,785
c								-946
d								
e								
· -	or (net capital loss) gain or (loss) as defined in rt I, line 8, column (c) (se	l sections 1222(5		·	} }	3		92,082
Part V Qualification L For optional use by domestic p	Inder Section 4940(
f section 4940(d)(2) applies, le	•	to the section	is ro(a) tax on no			, ,		
Vas the foundation liable for the f "Yes," the foundation does no				ın the base p	eriod?		✓ Ye	es No
1 Enter the appropriate am	ount in each column for e	each year, see in	structions before	making any e	entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distril	outions Net v	(c) value of noncharitab	le-use assets			(d) Distribution ration b) divided by co	
2017								
2016								
2015								-
2014								
	1)				- T			
2 Total of line 1, column (c	•				2			
3 Average distribution ratio number of years the foun4 Enter the net value of no	dation has been in existe	nce if less than 5	years	o, or by the	3 4			
5 Multiply line 4 by line 3				[5			
6 Enter 1% of net investme	ent income (1% of Part I,	line 27b)		[6			
7 Add lines 5 and 6				[7			
8 Enter qualifying distributi If line 8 is equal to or gre instructions	,	•			8 t using	a 1%	tax rate See	e the Part VI
	· · · · · · · · · · · · · · · · · · ·							000 BE (2010)

Page **6**

5a	During the year did the foundation p	pay or	ncur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	ıse a	ttempt to influence legisl	ation (section 4945(e))?	□ •	es 🗸	No		
	(2) Influence the outcome of any sp	pecific	public election (see sect	ion 4955), or to carry		cs <u> </u>	140		
	on, directly or indirectly, any vo	ter re	gistration drive?		· · · □ v	es 🗸	No		
	(3) Provide a grant to an individual	for tr	avel, study, or other sım	ılar purposes?		~ =	No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described								
	ın section 4945(d)(4)(A)? See instructions								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or								
	educational purposes, or for the prevention of cruelty to children or animals? Yes V No								
b	If any answer is "Yes" to $5a(1)$ – (5) ,	dıd a	ny of the transactions fa	ıl to qualıfy under the ex	ceptions described in	i i	140		
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		5b		No
	Organizations relying on a current notice regarding disaster assistance check here.								
c	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the								
	tax because it maintained expenditu	ire re	sponsibility for the grant		· · □ y	es 🗸	No		
	If "Yes," attach the statement requir	red by	Regulations section 53	4945-5(d)	T	es 🖭	NO		
6 a	Did the foundation, during the year,	rece	ve any funds, directly or	indirectly, to pay premit	ums on				
	a personal benefit contract?								
b	Did the foundation, during the year,					es ⊻ · ·	No 6b		No
	If "Yes" to 6b, file Form 8870	' '	, ,	,, ,					
7a	At any time during the tax year, was	s the	foundation a party to a r	rohibited tax shelter trai	nsaction?				
	If yes, did the foundation receive an				 ↑ •	es 🗹	No 7b		No
8	, ·		•			-	<u> </u>		···•
•									
					<u>L Y</u>	es 🗸			<u> </u>
Pai	t VIII Information About C	OTTIC	ers, Directors, Trust	ees, Foundation Ma	anagers, Hignly F	'aid Em	ipioyee	5,	
1	List all officers, directors, trustee			•					
	(a) Name and address	١,	b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contribution		(e) Expe		
	(a) Name and address	-	hours per week devoted to position	not paid, enter -0-)	employee benefit pl deferred compens	ans and		ense acc allowan	
HOWA	(a) Name and address	Direct	hours per week devoted to position	not paid, enter	employee benefit pl deferred compens	ans and			
150 W	IRD DEAN (HITE PLAINS ROAD STE 300		hours per week devoted to position	not paid, enter -0-)	employee benefit pl deferred compens	ans and			
150 W	IRD DEAN (HITE PLAINS ROAD STE 300 (TOWN, NY 10591	Direct 0 00	hours per week devoted to position or	not paid, enter -0-)	employee benefit pl deferred compens	ans and			
150 W TARRY DENN	IRD DEAN HITE PLAINS ROAD STE 300 TOWN, NY 10591 IS DEAN	Direct 0 00 Direct	hours per week devoted to position or	not paid, enter -0-)	employee benefit pl deferred compens	ans and			
150 W TARRY DENN 22753	RD DEAN WHITE PLAINS ROAD STE 300 TOWN, NY 10591 IS DEAN ELDORADO DRIVE	Direct 0 00	hours per week devoted to position or	not paid, enter -0-)	employee benefit pl deferred compens	ans and			
150 W TARRY DENN 22753 BOCA	IRD DEAN HITE PLAINS ROAD STE 300 TOWN, NY 10591 IS DEAN	Direct 0 00 Direct	hours per week devoted to position or	not paid, enter -0-)	employee benefit pl deferred compens	ans and			
150 W TARRY DENN 22753 BOCA SUSA	RD DEAN WHITE PLAINS ROAD STE 300 CTOWN, NY 10591 IS DEAN ELDORADO DRIVE RATON, FL 33433	Direct 0 00 Direct 0 00	hours per week devoted to position or	not paid, enter -0-) 0	employee benefit pl deferred compens	ans and			
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA	ARD DEAN WHITE PLAINS ROAD STE 300 WHOMAN NY 10591 IS DEAN BELDORADO DRIVE RATON, FL 33433 N SEIDENFELD ARK WEST SPRINGS RD A ROSA, CA 95404	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position tor	not paid, enter -0-) 0	employee benefit pl deferred compens	ans and sation	other	allowan	ces
150 W TARRY DENN 22753 BOCA SUSA 985 M	ARD DEAN WHITE PLAINS ROAD STE 300 WHOMAN TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position tor	not paid, enter -0-) 0	employee benefit pl deferred compens	ans and sation	other	allowan	ces
150 W TARRY DENN 22753 BOCA SUSA 985 M SANT,	ARD DEAN WHITE PLAINS ROAD STE 300 WHOMAN NY 10591 IS DEAN BELDORADO DRIVE RATON, FL 33433 N SEIDENFELD ARK WEST SPRINGS RD A ROSA, CA 95404 Compensation of five highest-pai	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position tor	not paid, enter -0-) 0	employee benefit pl deferred compens 1—see instructions (d) Contribution	ans and sation). If non insto	other	allowan	ces
150 W TARRY DENN 22753 BOCA SUSA 985 M SANT,	ARD DEAN WHITE PLAINS ROAD STE 300 YTOWN, NY 10591 IS DEAN ELDORADO DRIVE RATON, FL 33433 N SEIDENFELD ARK WEST SPRINGS RD A ROSA, CA 95404 Compensation of five highest-pai	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0	employee benefit pl deferred compens 1—see instructions (d) Contribution employee bene	ans and sation). If non is to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANT,	ARD DEAN WHITE PLAINS ROAD STE 300 WHOMAN NY 10591 IS DEAN BELDORADO DRIVE RATON, FL 33433 N SEIDENFELD ARK WEST SPRINGS RD A ROSA, CA 95404 Compensation of five highest-pai	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the control of	not paid, enter -0-) 0 nose included on line	employee benefit pl deferred compens 1—see instructions (d) Contribution). If non ss to efit	other	allowan	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANT,	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARRY DENN 22753 BOCA SUSA 985 M SANTA 2	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00	hours per week devoted to position for for ployees (other than the content of	not paid, enter -0-) 0 nose included on line	1—see instructions (d) Contribution employee bene). If non ss to efit	other	"NONE	." ount,
150 W TARR' DENN 22753 BOCA 985 M SANT. 2 (a)	ARD DEAN WHITE PLAINS ROAD STE 300 WHITE PLAINS ROAD WHITE P	Direct 0 00 Direct 0 00 Direct 0 00 Direct	hours per week devoted to position for ployees (other than ti (b) Title, and average hours per week devoted to position	not paid, enter -0-) 0 nose included on line : (c) Compensation	employee benefit pl deferred compens 1—see instructions (d) Contribution employee beneficially and defericompensation). If non ss to efit	other	"NONE	." ount,

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
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		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

227.969

227,969

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Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Page 9

208,860

208.860

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b Total for prior years

a From 2013.

e From 2017.

indicated below:

b From 2014. . . . c From 2015. . .

d From 2016. . . .

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Part XIII	Undistributed Income (see instructions)	5

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	ı		_	

1 Distributable amount for 2018 from Part XI, line 7

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

required—see instructions).

same amount must be shown in column (a))

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

Corpus 2 Undistributed income, if any, as of the end of 2018

> 53.043 22,293

> 42 155

25.714 20,586

22.293 42,155

25.714

20.586

19.109

(a)

163.791

19.109

182,900

53.043

129,857

(b)

Years prior to 2017

(c)

2017

c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5



Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
f						
_	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments					
4 Dividei	nds and interest from securities			14	85,327	
5 Net re	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property investment income.					
	r (loss) from sales of assets other than					
invento	pry ´					91,837
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
d						
е						
	al Add columns (b), (d), and (e)				85,327	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			1	3	177,164
	I=B Relationship of Activities to the		ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex	income is report	ed in column (e) c	of Part XVI-A contribu		
	instructions)					
	1					

(==	-0/		
/II	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organia		ansı	1013 10 6	ilia ilalisa	CLIO	iis aiiu	Relatio	iisiiips Witii Noi	iciiaiic	аріс			
		ganization directly or in than section 501(c)(3)	directly engag								on 501		Yes	No	
	•	rom the reporting foun	-					_			ŀ				
(1)	Cash.										.	1a(1)		No	
(2)	Other	assets									. [1a(2)		No	
b Oth	er trans	sactions									[
(1)	Sales	of assets to a nonchar	table exempt	: orga	nızatıon.						. [1b(1)		No	
(2)	Purch	ases of assets from a n	oncharitable	exem	ıpt organız	ation					[1b(2)		No	
(3)	Renta	l of facilities, equipmer	nt, or other as	sets.							[1b(3)		No	
(4)	Reimb	oursement arrangemen	ts								. [1b(4)		No	
(5)	Loans	or loan guarantees.										1b(5)		No	
(6)	Perform	mance of services or m	embership or	fund	raising sol	icitations					.	1b(6)		No	
	-	facilities, equipment, n									٠ [1c		No	
		ver to any of the above ds, other assets, or ser													
		isaction or sharing arra										•			
		.			•		_	,		,					
(a) Line	No	(b) Amount involved	(c) Name of I	noncha	arıtable exer	mpt organization	1	(d) Des	cription of	transfers, transactions,	, and shar	ng arra	ngemen	ts	
							_								
							-								
							_								
							_								
20 Ic th	oo foun	dation directly or indire	active affiliation	ط+بيد ا	or rolato	d to one or m	oro i	tay ayam	nt organi	rations					
		idation directly or indire n section 501(c) (other	•		•	•						l No			
				1 201((3)) or i	n section 527	· ·			🖭 16	es L	1 1/10			
D II Y	res, co	omplete the following so (a) Name of organization			l /1-) Type of organ	uzatio	ın.	1	(c) Description	of relation	nchin			
DEAN F	OUNDA	TION INC	'''		PRIVATE I		iizatio	""	MANAGE	ERS ARE RELATED	Of Telation	ізпір			
		er penalties of perjury,													
		y knowledge and belief		rrect,	, and comp	olete Declara	tion	of prepar	er (other	than taxpayer) is ba	ased on a	all infoi	mation	n of	
Sign	Wnici	h preparer has any kno	wieage			I					Marriala	- TDC -		1	
Here	*	****				2019-05-14		١,	*****		return		scuss th		
iiei e								—) -			with th below	e prepa	rer shov	vn	
	' s	Signature of officer or t	rustee			Date		7	Title			-tr \2 F	√ γes l	□No	
		T						1		T T	(366 111	5ti)· L	i res	- 110	
		Print/Type preparer's	name	Prepa	arer's Sıgr	ature		Date		Charles 16	PTIN				
										Check if self-		200014	1420		
		ALEX BINSTOCK								employed ▶ □					
Paid															
Prep		Firm's name ► Binst	ock Rubin Sb	ar Ga	arcıa & Ellz	ey PA					Fırm's EI	N ▶20	-41832	255	
Use (Unly	F	00.6.5	15.	-1 CTE 1==						5 21	20	052		
		Firm's address ► 91	00 S Dadelar	nd Blv	a SIE 170	1									
		Mi	amı, FL 3315	56							Phone no	(305) 670-1	1984	
						Mann, 12 33130									

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PHELPS MEMORIAL HOSPITAL 701 NORTH BROADWAY	NONE	CHAR	DONATION	9,907

SLEEPY HOLLOW, NY 10591				
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201	NONE	CHAR	DONATION	

BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201	NONE	CHAR	DONATION	500
NYACK HOSPITAL FOUNDATION 160 NORTH MIDLAND AVENUE	NONE	CHAR	DONATION	10,011

1	725 NORTH STREET PITTSFIELD, MA 01201				
	NYACK HOSPITAL FOUNDATION 160 NORTH MIDLAND AVENUE NYACK, NY 10960	NONE	CHAR	DONATION	10,011

Total 3a				195 283
NYACK HOSPITAL FOUNDATION 160 NORTH MIDLAND AVENUE NYACK, NY 10960	NONE	CHAR	DONATION	10,011
PITTSFIELD, MA 01201				

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount

Purpose of grant or contribution

Purpose of grant or contribution

recipient

a Paid during the year

JAMES V BROWN LIBRARY 19 EAST 4TH STREET WILLIAMSPORT, PA 17701	NONE	CHAR	DONATION	1,000
NYACK LIBRARY59 S BROADWAY	NONE	CHAR	DONATION	500

NYACK LIBRARY59 S BROADWAY NYACK, NY 10960	NONE	CHAR	DONATION	500
SHINING STARS FOUNDATION PO BOX 730 TABERNASH, CO 80478	NONE	CHAR	DONATION	10,000

Total .

195,283

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year				
ALZHEIMERS ASSOCIATION PO BOX 96011 WASHINGTON, DC 20090	NONE	CHAR	DONATION	5,000
DOCTORS WITHOUT BORDERS	NONE	CHAR	DONATION	F00

WASHINGTON, DC 20090				
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	CHAR	DONATION	500
JEWISH COMMUNITY CENTER -	NONE	CHAR	DONATION	5,750

333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001				
JEWISH COMMUNITY CENTER - PALISADES 411 E CLINTON AVE TENAFLY, NJ 07670	NONE	CHAR	DONATION	5,750

,				
JEWISH COMMUNITY CENTER - PALISADES 411 E CLINTON AVE TENAFLY, NJ 07670	NONE	CHAR	DONATION	5,750
Total			▶ 3a	195,283

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
RIVERKEEPER20 SECOR ROAD	NONE	CHAR	DONATION	200

OSSINING, NY 10562				
SMILE TRAINPO BOX 96231 WASHINGTON, DC 20090	NONE	CHAR	DONATION	200

SMILE TRAINPO BOX 96231 WASHINGTON, DC 20090	NONE	CHAR	DONATION	200
BUCKNELL UNIVERSITY BUCKNELL UNIVERSITY LEWISBURG PA 17837	NONE	CHAR	DONATION	500

•				
BUCKNELL UNIVERSITY BUCKNELL UNIVERSITY LEWISBURG, PA 17837	NONE	CHAR	DONATION	500

BUCKNELL UNIVERSITY	NONE	CHAR	DONATION	
BUCKNELL UNIVERSITY				
LEWISBURG, PA 17837				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

NONE

Name and address (home or business)

7050 W PALMETTO PARK ROAD 15-454

THE PAP CORPS

Total .

BOCA RATON, FL 33433

recipient

a Paid during the year				
HACKLEY ALUMNI ENDOWMENT FUND 293 BENEDICT AVENUE TARRYTOWN, NY 10591	NONE	CHAR	DONATION	500
SHRINER'S HOSPITAL FOR CHILDREN PO BOX 31356 TAMPA, FL 33631	NONE	CHAR	DONATION	5,000

CHAR

DONATION

20,000

Recipient If recipient is an individual, show any relationship to status of status of

recipient

195,283

any foundation manager

Name and address (home or business)

TARRYTOWN, NY 10591

Total .

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
TEMPLE UNIVERSITY 1815 UNION AVENUE CHATTANOOGA, TN 37404	NONE	CHAR	DONATION	250
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	NONE	CHAR	DONATION	1,000
TARRYTOWN AMBULANCE CORP PO BOX 132	NONE	CHAR	DONATION	500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NONE

LINITED HOCDICE OF BOCKLAND

11 STOKUM LANE NEW CITY, NY 10956	NONE	CHAR	DONATION	1,000
NEXT GENERATIONS 7866 LA MIRADA DR BOCA RATON FL 33433	NONE	CHAR	DONATION	10,000

CHAR

DONATION

1 000

NEXT GENERATIONS 7866 LA MIRADA DR BOCA RATON, FL 33433	NONE	CHAR	DONATION	10,000
MEALS ON WHEELS ASSOCIATION OF AMER 413 N LEE ST ALEXANDRIA, VA 22314	NONE	CHAR	DONATION	1,000

BOCA RATON, FL 33433				
MEALS ON WHEELS ASSOCIATION OF AMER 413 N LEE ST ALEXANDRIA, VA 22314	NONE	CHAR	DONATION	1,000
Total			▶ 3a	195,283

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
AARP FOUNDATIONPO BOX 93207	NONE	CHAR	DONATION	100

LONG BEACH, CA 90809				l
NATIONAL SEPTEMBER 11 MEM MUS LIBERTY ST	NONE	CHAR	DONATION	

NATIONAL SEPTEMBER 11 MEM MUS LIBERTY ST NEW YORK CITY, NY 10006	NONE	CHAR	DONATION	
			l .	

NEW YORK CITY, NY 10006				
ASPCAPO BOX 96929	NONE	CHAR	DONATION	200

NEW YORK CITY, NY 10006				
ASPCAPO BOX 96929 WASHINGTON, DC 20077	NONE	CHAR	DONATION	200

ASPCAPO BOX 96929 WASHINGTON, DC 20077	NONE	CHAR	DONATION	200

200

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TAPPAN VOLUNTEER FIRE DEPARTMENT NONE CHAR DONATION 1,000

123 WASHINGTON ST TAPPAN, NY 10983				
A WARM HOME FOR EVERY SOLDIER CENTRAL STATION MALL 224 JAFFA ST JERUSALEM, JERUSALEM 580520351	NONE	CHAR	DONATION	2,000

CENTRAL STATION MALL 224 JAFFA ST JERUSALEM, JERUSALEM 580520351 IS				·
ALL IN FOR A CURE 200 S PARK ROAD SUITE 100	NONE	CHAR	DONATION	1,000

IS				
ALL IN FOR A CURE 200 S PARK ROAD SUITE 100 HOLLYWOOD, FL 33021	NONE	CHAR	DONATION	1,000
Total			▶ 3a	195,283

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TARRYTOWN VOLUNTEER FIRE NONE CHAR DONATION 500 DEPARTMENT 177 SHELDON AVE TARRYTOWN, NY 10591

UCSF MEDICAL CENTER 505 PARNASSUS AVE BOX 0208 SAN FRANCISCO, CA 94143	NONE	CHAR	DONATION	20,000
GEISINGER MEDICAL CENTER 100 N ACADEMY AVE DANVILLE, PA 17822	NONE	CHAR	DONATION	1,000

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year				
ARC OF ROCKLAND25 HEMLOCK DRIVE CONGERS, NY 10920	NONE	CHAR	DONATION	2,500
PLAY FOR PINK	NONE	CHAR	DONATION	200

PLAY FOR PINK 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022	NONE	CHAR	DONATION	200
HELEN HAYES HOSPITAL 51-55 ROUTE 9W NORTH	NONE	CHAR	DONATION	625

NEW YORK, NY 10022				
HELEN HAYES HOSPITAL 51-55 ROUTE 9W NORTH WEST HAVERSTRAW, NY 10993	NONE	CHAR	DONATION	625
Total			▶ 3a	195,283

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
ACRIA575 8TH AVENUE SUITE 502	NONE	CHAR	DONATION	7,500

NEW YORK, NY 10018				,
VILLAGE OF PIERMONT POLICE 478 PIERMONT AVE	NONE	CHAR	DONATION	2,500

VILLAGE OF PIERMONT POLICE 478 PIERMONT AVE PIERMONT, NY 10968	NONE	CHAR	DONATION	

Total .

PIERMONT, NY 10968				
THIRTEEN825 8TH AVENUE	NONE	CHAR	DONATION	15

PIERMONT, NY 10968				
THIRTEEN825 8TH AVENUE	NONE	CHAR	DONATION	1!

'				
HIRTEEN825 8TH AVENUE	NONE	CHAR	DONATION	150

THIRTEEN825 8TH AVENUE	NONE	CHAR	DONATION	
NEW YORK, NY 10019				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

·	or substantial contributor			
a Paid during the year				
TARRYTOWN PBAONE DEPOT PLAZA TARRYTOWN, NY 10591	NONE	CHAR	DONATION	200
JEWISH FEDERATION OF NORTHERN NEW J	NONE	CHAR	DONATION	195

recipient

JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	CHAR	DONATION	
THE ELISABETH MORROW SCHOOL	NONE	CHAR	DONATION	:

JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	CHAR	DONATION	
THE ELISABETH MORROW SCHOOL	NONE	CHAR	DONATION	3

NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652				_
THE ELISABETH MORROW SCHOOL 435 LYDECKER STREET	NONE	CHAR	DONATION	3,4

PARAMUS, NJ 07652				
THE ELISABETH MORROW SCHOOL 435 LYDECKER STREET	NONE	CHAR	DONATION	3,410
ENGLEWOOD NI 07631				

THE ELISABETH MORROW SCHOOL	NONE	CHAR	DONATION	3,410
435 LYDECKER STREET				
ENGLEWOOD, NJ 07631				

Total	▶ 3a	195 283
435 LYDECKER STREET ENGLEWOOD, NJ 07631		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
WEST CHESTER UNIVERSITY GERRY PLESC 201 CARTER DRIVE ROOM 243 WEST CHESTER, PA 19381	NONE	CHAR	DONATION	3,000

recipient

WEST CHESTER, PA 19381				
NYACK FIRE DEPARTMENT 107 WASHINGTON AVE	NONE	CHAR	DONATION	

NYACK FIRE DEPARTMENT 107 WASHINGTON AVE ALBANY, NY 12210	NONE	CHAR	DONATION	50
JCC ROCKLAND450 WEST NYACK ROAD	NONE	CHAR	DONATION	2,00

NYACK FIRE DEPARTMENT 107 WASHINGTON AVE ALBANY, NY 12210	NONE	CHAR	DONATION	500
JCC BOCKLANDAEO WEST NVACK BOAD	NONE	CHAR	DONATION	2 000

107 WASHINGTON AVE ALBANY, NY 12210	NONE	CHAR	BONATION	300
JCC ROCKLAND450 WEST NYACK ROAD	NONE	CHAR	DONATION	2,000

ALBANY, NY 12210				
JCC ROCKLAND450 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	CHAR	DONATION	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ORANGETOWN JEWISH CENTER 8 INDEPENDENCE AVE ORANGEBURG, NY 10962	NONE	CHAR	DONATION	1,000
RIVER MIST PRESCHOOL	NONE	CHAR	DONATION	2,000

OKANGEBOKG, WT 10302				
RIVER MIST PRESCHOOL 2441 CO RD 225 DURANGO, CO 81301	NONE	CHAR	DONATION	2,000
LUTHER BURBANK CENTER FOR THE ARTS 50 MARK WEST SPRINGS RD	NONE	CHAR	DONATION	25,000

2441 CO RD 225 DURANGO, CO 81301				
LUTHER BURBANK CENTER FOR THE ARTS 50 MARK WEST SPRINGS RD SANTA ROSA, CA 95403	NONE	CHAR	DONATION	25,000

Total .

Recipient If recipient is an individual, show any relationship to status of contribution

Recipient If recipient is an individual, show any relationship to status of contribution

Recipient If recipient is an individual, show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
AMFAR THE FOUNDATION FOR AIDS 120 WALL STREET 13TH FLR NEW YORK, NY 10005	NONE	CHAR	DONATION	5,000
EHMC FOUNDATION GRAF CENTER 350 ENGLE ST ENGLEWOOD, NJ 07631	NONE	PF	DONATION	225
RIVERVIEW ELEMENTARY PTO 1300 SPRATT ST FORT MILL, SC 29715	NONE	CHAR	DONATION	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

CONVOY OF HOPE 330 SOUTH PATTERSON AVE SPRINGFIELD, MO 65802	NONE	DONATION	5,000
a Paid during the year			

SPRINGFIELD, MO 03002			
AMERICARE88 HAMILTON AVENUE STANFORD, CT 06902	NONE	DONATION	5,000
RIP MEDICAL DEBT 80 THEODORE FREMD AVENUE	NONE	DONATION	5,000

STANFORD, CT 06902			
RIP MEDICAL DEBT 80 THEODORE FREMD AVENUE RYE, NY 10580	NONE	DONATION	5,000
Total		 ▶ 3a	195,283

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

| Purpose of grant or show any relationship to status of contribution | Purpose of grant or contribution | Purpose of

recipient

195,283

any foundation manager

Name and address (home or business)

NEW YORK, NY 10004

Total .

L Traine and address (nome or business)	or substantial contributor		
a Paid during the year			
BLYTHEDALE CHILDREN'S HOSP 95 BRADHURST AVE VALHALLA, NY 10595	NONE	DONATION	5,000
TENAFLY PUBLIC SCHOOLS TIGER TOTS 500 TENAFLY ROAD TENAFLY, NJ 07670	NONE	DONATION	5,000
JDRF DIABETES FOUNDATION 26 BROADWAY 14TH FLR	NONE	DONATION	200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PET RESQ INC 24 W RAILROAD AVE PMB 172	NONE		DONATION	500

TRI-COUNTY ANIMAL RESCUE 21287 BOCA RIO ROAD BOCA RATON, FL 33433	NONE	DONATION	2,000
TENAFLY, NJ 07670			

21287 BOCA RIO ROAD BOCA RATON, FL 33433	NONE	DONATION	2,000
PARKINSONS FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	NONE	DONATION	260

Total		 ▶ 3a	195,283
PARKINSONS FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	NONE	DONATION	260
BOCA RATON, FL 33433			

TY 2018 Investments Corporate Stock Schedule

Name: DEAN FOUNDATION INC

EIN: 13-6161380

Software ID: 18007218

Software Version: 2018v3.1

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EXXON MOBIL CORP - 1668 SH	139,068	113,741
3M COMPANY - 543 SH	66,659	103,463
ACCENTURE PLC - 699 SH	54,068	98,566
AFLAC INCORPORATED - 2594 SH	68,587	118,183
AIR PROD & CHEM INC - 247 SH	21,640	39,532
APPLE INC - 1193 SH	116,843	188,184
BECTON DICKINSON & CO - 1193 SH	100,043	268,807
CHEVRON CORP - 1167 SH	117,204	126,958
COCA COLA CO - 2443 SH	96,915	115,676
DOWDUPONT INC - 622 SH	24,445	33,264
GENERAL ELECTRIC CO - 4795 SH		
ILL TOOL WORKS INC - 864 SH	58,647	109,460
INTEL CORP - 1492 SH	41,899	70,019
INTL BUSINESS MACHINES CORP - 615 SH	110,771	69,907
JOHNSON & JOHNSON - 1737 SH	126,887	224,160
PHILIP MORRIS INTL INC - 1095 SH	91,795	73,102
STARBUCKS CORP WASHINGTON - 3248 SH	119,332	209,171
YUM BRANDS INC - 1390 SH	66,062	127,769
ALPHABET INC (GOOGLE) - 205 SH	138,385	214,217
MC DONALDS CORP - 622 SH	61,561	110,449
BLACKROCK INC - 218 SH	65,865	85,635
HSBC HOLDINGS PLC - 1900 SH	83,211	78,109
MASTERCARD INC - 480 SH	39,109	90,552
NESTLE - 1231 SH	90,418	99,662
SCHLUMBERGER LTD - 1666 SH	132,962	60,109
AMAZON COM INC - 153 SH	64,297	165,217
FACEBOOK INC - 1408 SH	122,257	184,575
MICROSOFT CORP - 1688 SH	91,470	171,450
CISCO SYS INC - 2789 SH	86,836	120,847
FREEPORT-MCMORAN INC - 2387 SH		

Name of Stock

Investments Corporation Stock Schedule

HONEYWELL INTERNATIONAL INC - 168 SH

RESIDEO TECHNOLOGIES INC - 28 SH

UNITED TECHNOLOGIES CORP - 197 SH

PAYPAL HOLDINGS INC - 1453 SH

GARRETT MOTION INC - 16 SH

Value 106,188

End of Year Book

285

803

26,708

27,680

End of Year Fair

Market Value

122,183

22,196

20,977

197

575

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491134024789
TY 2018 Other Decreases Scho	edule	
Name:	DEAN FOUNDATION INC	
EIN:	13-6161380	
Software ID:	18007218	
Software Version:	2018v3.1	
De	escription	Amount
PRIOR YEAR FEDERAL TAXES		6,710

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491134024789		
TY 2018 Other Expenses Schedule						
Name:	DEAN FOUNDAT	TON INC				
EIN:	13-6161380					
Software ID:	18007218					
Software Version:	2018v3.1					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
BROKERAGE FEES	31,354	31,354	31,354	31,354		
PENALTIES	56					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9	3491134024	789
TY 2018 Other Increases Sche	edule				
Namou	DEAN FOUNDA	ATION INC			
		ATTOM INC			
EIN:	13-6161380				
Software ID:	18007218				
Software Version:	2018v3.1				
De	escription			Amount	
WASH SALES ADJUSTMENT				2	245

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	l: 93491134024789
TY 2018 Taxes Schedule				
Name:	DEAN FOUN	DATION INC		
EIN:	13-6161380			
Software ID:	18007218			
Software Version:	2018v3.1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	1,082	1,082	1,082	1,082
NYS DEPARTMENT OF REVENUE	250	250	250	250