Form 990-PF

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

OMB No	<u>1545-0047</u>
>20	19

		t of the Treasury		o not enter social secur So to <i>www.irs.gov/Forn</i>					Open to Public Inspe	j -
		venue Service		ginnin t 2/01/19,			latest III	TOTTIALION	Open to Fublic Inspe	
		undation	tax year beg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ED	A Empl	over identification number		~``
				j		<u></u>		,		8
T	HE	DAMMANN	FUND IN	ic.	APR 26 2	n21 10	13	-6089896		
Νι	mber an	d street (or P O box n	umber if mail is no		a R	oom/suite		hone number (see instruction	ns)	
		BROADWA			<u> </u>	<u> ଫ</u>	212	<u>2-956-4118</u>		
	•	n, state or province, co	untry, and ZIP or f	•	OGDEN,	UT	C If exe	mption application is pending	, check here	
		YORK		NY 10019 L						c
G	Check	all that apply	Initial re		irn of a former public	charity	D 1 F	oreign organizations, check h	ere	
			Final ref	····			1	oreign organizations meeting		[]
			المصا	s change		<u> </u>	85	5% test, check here and attac	n computation >	L
H (Check	type of organizat	ion 🗶 Sectio	on 501(c)(<u>3)</u> exempt priva	ite foundation	04		ate foundation status was ter	minated under	
				able trust Other taxab	_		section	on 507(b)(1)(A), check here	•	
		rket value of all a		J Accounting method	X Cash Acc	rual		foundation is in a 60-month t		
		ear (from Part II,		Other (specify)			under	r section 507(b)(1)(B), check	here	Ш
	ne 16)	•		(Part I, column (d), mus	st be on cash basis)			T		
P	art I			Expenses (The total of nay not necessanly equal	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursement for chantable	S
		the amounts in colu			books	incor	ne	income	purposes (cash basis only)	1
	1	Contributions, gifts	s, grants, etc , re	ceived (attach schedule)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	2		_	not required to attach Sch E	3					
	3	Interest on savi	ngs and temp	orary cash investments	9		. 9			
	4	Dividends and i	nterest from s	ecurities	147,973	14	17,973			
	5a	Gross rents								
<u>o</u>	b	Net rental incon	ne or (loss)							
Į,	6a	Net gain or (loss) from	sale of assets not	on line 10	704,046					
Revenue	b	Gross sales price for a	all assets on line 6a	3,395,890						
8	7	Capital gain net	income (from	Part IV, line 2)		70	04,046			
	8	Net short-term of	capital gain					0		
	9	Income modifica	ations			•				
	1400	G		_ [

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11

13

14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule) SEE	STMT 2	46,085	23,043	23,042
b	Accounting fees (attach schedule)	STMT 3	12,975	6,488	6,487
c	Other professional fees (attach schedule)	STMT 4	77.548	38.774	38.774

852,088

60

294

18,465

3,068

158,435

530,975

689,410

162,678

60

294

1,534

70,133

70,133

781,955

852,088

17 18 Taxes (attach schedule) (see instructions) STMT 5 19

Gross profit or (loss) (attach schedule)

Compensation of officers, directors, trustees, etc.

Other income (attach schedule)

Total. Add lines 1 through 11

Depreciation (attach schedule) and depletion Occupancy

20 21 Travel, conferences, and meetings 22 Printing and publications

Less Cost of goods sold

23 STMT 6 Other expenses (att sch) 24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12

Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Excess of revenue over expenses and disbursements

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STMT 1

1,534

69,837

530,975

600,812

<u> </u>	orm 99	0-PF (2019) THE DAMMANN FUND INC.	13-60898		Page 2
". j."	Part	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year
٦	4		(a) Book Value 57,833	(b) Book Value 37,132	(c) Fair Market Value 37,132
	1	Cash – non-interest-bearing	48,435		
	2 3	Savings and temporary cash investments Accounts receivable ▶	40,433		
	3		The second of th		
ı		Less allowance for doubtful accounts ► Pledges receivable ►		P. DOTE S. HOLL S. DOTE S. DOT	
	4	Less allowance for doubtful accounts	rity - Mile Mile Little - Miles		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ū	disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)	FALET HILFLANK	The Sale Hill Fritzen Hills	
- 1	•	Less allowance for doubtful accounts ▶ 0	Ti egrotti, ipr "setti, territiri, genren iger	Militerratural Egy Corr. (Etc. "Selon Application (Application (Applic	The Branch British a bringing to the
တ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
AS	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 7	3,265,331	3,251,226	9,493,958
	С	Investments – corporate bonds (attach schedule) SEE STMT 8	679,087	630,809	649,007
Į	11	Investments – land, buildings, and equipment basis	TOTAL TO SELECT AND COMPANY OF SELECTION	are in the second	
Ì		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis	one and a property and a survival of the survi		
,		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶)			
ŀ	16	Total assets (to be completed by all filers – see the			
4		instructions. Also, see page 1, item I)	4,050,686	4,213,364	
	17	Accounts payable and accrued expenses			
Ŋ	18	Grants payable			
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21 22	Mortgages and other notes payable (attach schedule)			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	0	E TEE EMPLEMENT EN
+	23	Foundations that follow FASB ASC 958, check here			
es S		and complete lines 24, 25, 29, and 30.		,	
2	24	Net assets without donor restrictions			
Net Assets or Fund Balance	25	Net assets with donor restrictions			The state of the s
		Foundations that do not follow FASB ASC 958, check here			毛状毛术外壳毛纹 属
틸		and complete lines 26 through 30.			
띤	26	Capital stock, trust principal, or current funds	4,050,686	4,213,364	
ွှ	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
흲	28	Retained earnings, accumulated income, endowment, or other funds			
ş	29	Total net assets or fund balances (see instructions)	4,050,686	4,213,364	LMIFERRA
등	30	Total liabilities and net assets/fund balances (see			
		instructions)	4,050,686	4,213,364	Arothe Mark
100°	Part I	Analysis of Changes in Net Assets or Fund Balances			
1	Total	I net assets or fund balances at beginning of year - Part II, column (a), line 29	must agree with		
	end-	of-year figure reported on prior year's return)		1_	4,050,686
2	Ente	r amount from Part I, line 27a		2	162,678
3	Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add	ines 1, 2, and 3		4	4,213,364
		eases not included in line 2 (itemize) ▶		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	nn (b), line 29	6	4,213,364
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Form	13-6089896 13-6089896					ge 4
- Pa	int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	inst	ructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		F.J.Jul	, B.C., L	ing v	() F/\$
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1113				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		-	5,6	539
	here ▶ ☐ and enter 1% of Part I, line 27b	4 5 5	.ar = 1, 224/4	')~(*. (\$* }**(- '', ****
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		E			اد اع قوسا المعادي
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				0
3	Add lines 1 and 2	3		1	5,6	339
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1	5,6	339
6	Credits/Payments	46 444 110 (V 7 1				
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 13,600					
b	Exempt foreign organizations – tax withheld at source 6b					·加克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克
c	Tax paid with application for extension of time to file (Form 8868) 6c	K.P.				hil.
d	Backup withholding erroneously withheld 6d			HENNYARY. F	で 理 : 機) * よい 間!	:
7	Total credits and payments Add lines 6a through 6d	7	الله المتلب سما		3,6	รื้ดิ๊ด้
8	Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is attached	8		-		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed By 3 EARS 4421	9			2,0	39
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	-			<u>,,,,</u>
11	Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded	11				
	rt.VII-A* Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			震動	Yes	No
ıa	participate or intervene in any political campaign?			1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			_ <u>'a</u>		
U	instructions for the definition			1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ter Outle		k Joseph
	published or distributed by the foundation in connection with the activities			CA33 4 2 2 1	rwan, n a " a t	#,"H
_	Did the foundation file Form 1120-POL for this year?			1c	eleite, saul i	X
4	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				i Build	roe
d	(1) On the foundation > \$ (2) On foundation managers > \$			" HILLING		
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_				
е					Chi.	bul
2	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?			造成。 2		X X
2	If "Yes," attach a detailed description of the activities			, whare	472 muj 4	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4.	•			4a	-+	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b	- i	
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	.,	5	_	x
5	If "Yes," attach the statement required by General Instruction T			ر الآلونية إلى	15 - F. 1 2	
•	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
6				"Fall "	ing K	
	By language in the governing instrument, or By state language in the governing instrument as that he mandaton directions that					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state law senses in the government?			基 型		X
-	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	d Dad	.v.,	7	x	<u> </u>
7		Jrail	^*	.光赋礼.*	此此即	(1) FR(2)
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		- 1			ki [j
L	NY If the engugy is "Vee" to line 7, has the foundation furnished a copy of Form 000 PE to the Attorney Coporal		ļ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1		X	
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation		-	_8b b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			Frant Stem		m III. I
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"			ا ۾		v
40	complete Part XIV		}	9	\dashv	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			40	ļ	v
	names and addresses			10)-PF	<u>X</u>

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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Part VII-B Statements Re	egarding Activities for Which F	<u>orm 4720 May B</u>	e Required (d	continued)	
5a During the year did the foundation	on pay or incur any amount to				Yes No
(1) Carry on propaganda, or oth	nerwise attempt to influence legislation (se	ection 4945(e))?		res 🗓 No	
• • • •	y specific public election (see section 495		_	_	
directly or indirectly, any vot	• •	•		res X No	
•	ual for travel, study, or other similar purpo	ses?	\vdash	es X No	西部一位产的 自
• • •	zation other than a charitable, etc., organi		· ·		
section 4945(d)(4)(A)? See	_	ization described in		res 🗓 No	
	er than religious, charitable, scientific, litei	rany or adjugational	∪ '	es <u>zr</u> 140	
• • • •		rary, or educational		res X No	
	ion of cruelty to children or animals?	.f		es A No	
	(5), did any of the transactions fail to quali	•		NT / 70	
_	or in a current notice regarding disaster as		cuons	N/A	5b
	nt notice regarding disaster assistance, c				
·	n 5a(4), does the foundation claim exemp	tion from the tax	× /> □.		
because it maintained expenditu			N/A 🗌 Y	′es ∐ No	
	quired by Regulations section 53 4945–5(
6a Did the foundation, during the ye	ear, receive any funds, directly or indirectl	y, to pay premiums			
on a personal benefit contract?				′es 🗶 No	
b Did the foundation, during the year	ear, pay premiums, directly or indirectly, o	n a personal benefit o	contract?		6b X
If "Yes" to 6b, file Form 8870			_		Eu Bili
7a At any time during the tax year,	was the foundation a party to a prohibited	tax shelter transaction	on? 📙 Y	′es 🗶 No	
b If "Yes," did the foundation recei	ve any proceeds or have any net income	attributable to the trai	nsaction?	N/A	7b
8 Is the foundation subject to the s	section 4960 tax on payment(s) of more th	nan \$1,000,000 in		_	
remuneration or excess parachu	ite payment(s) during the year?		\ <u></u>	′es 🗶 No	There is not been a second
Part VIII Information Abo	out Officers, Directors, Trustee	s, Foundation M	anagers, Hig	hly Paid Em	ployees,
and Contractors		•			
	es, and foundation managers and thei	r compensation. Sec	e instructions.		
List all bilicers, unectors, truste					
List all officers, directors, truste				(d) Contributions to	-
	me and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Expense account,
		(b) Title, and average	(c) Compensation		(e) Expense account, other allowances
(a) Nai	me and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred	
PENELOPE JOHNSTON	me and address RIVERSIDE	(b) Title, and average hours per week devoted to position PRES DIR.	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
(a) Nai PENELOPE JOHNSTON 87 INDIAN HEAD ROAD	me and address RIVERSIDE CT 06878	(b) Title, and average hours per week devoted to position PRES DIR. 0.00	(c) Compensation (If not paid,	employee benefit plans and deferred	other allowances
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER	me and address RIVERSIDE CT 06878 CHARLOTTESVILLE	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR.	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00	(c) Compensation (if not paid, enter -0-) O	employee benefit plans and deferred compensation O	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00	(c) Compensation (if not paid, enter -0-) O	employee benefit plans and deferred compensation O	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00	(c) Compensation (if not paid, enter -0-) O	employee benefit plans and deferred compensation 0 0 none, enter	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 uded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation 0 0 none, enter	other allowances 0
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00	(c) Compensation (if not paid, enter -0-) O	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
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PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
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PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O none, enter (d) Contributions to employee benefit plans and deferred	O O O C C C C C C C C C C C C C C C C C
PENELOPE JOHNSTON 87 INDIAN HEAD ROAD CHRISTOPHER M. KRAMER 1650 GARTH GATE LANE DANIEL KRAMER 294 WEST 4TH ST 2 Compensation of five highest- "NONE."	RIVERSIDE CT 06878 CHARLOTTESVILLE VA 22901 NEW YORK NY 10014 -paid employees (other than those included and the semployee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRES DIR. 0.00 V.P DIR. 0.00 DIR 0.00 Unded on line 1 - see	(c) Compensation (if not paid, enter -0-) 0 0 instructions). If	employee benefit plans and deferred compensation O O O O O O Continuoutions to employee benefit plans and deferred compensation	O O O C C C C C C C C C C C C C C C C C

Form 990-PF (2019) THE DAMMANN FUND INC.	<u> 13-6089896</u>	Page 7
୍ମ Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Pai	d Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See	e instructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(L) type of do not	(c) companions
Total number of others receiving over \$50,000 for professional services	•	>
PartilX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year Include relevant statistical infor organizations and other beneficianes served, conferences convened, research papers produced, etc	mation such as the number of	Expenses
1 N/A		
2		
3		
·		
4		
PartilX:B Summary of Program-Related Investments (see		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	The state of the s	Amount
1 N/A		, would
·		
2		
All other program-related investments. See instructions		<u></u>
3		
February Address Advances O	>	
Total. Add lines 1 through 3		Form 990-PF (2019)
		rom 330-Fi (2019)

For	m 990-PF (2019) THE DAMMANN FUND INC. 13-6089896		Page 8
'nΡ	Art X Minimum Investment Return (All domestic foundations must complete this part	Foreign fo	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	172	
	purposes	10 mg	
а	Average monthly fair market value of securities	1a	9,768,203
b	Average of monthly cash balances	1b	218,799
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	9,987,002
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9,987,002
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	149,805
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	9,837,197
6	Minimum investment return. Enter 5% of line 5	6	491,860
Î.P	Titixi Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	rating four	
-Addin' (Mar.	and certain foreign organizations, check here I and do not complete this part)	9	
1	Minimum investment return from Part X, line 6	1	491,860
	Tax on investment income for 2019 from Part VI, line 5	9	
b	Income tax for 2019 (This does not include the tax from Part VI)	T.	
c	Add lines 2a and 2b	2c	15,639
3	Distributable amount before adjustments Subtract line 2c from line 1	3	15,639 476,221
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	476,221
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	476,221
P	art [‡] XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	600,812
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	## (5-5m)	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	600,812
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
•	Enter 1% of Part I, line 27b See instructions	5	n
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	600,812
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
	qualifies for the section 4940(e) reduction of tax in those years	o iounualion	
	qualifies for the section 4340(e) reduction of tax in those years		

Form 990-PF (2019)

	nt XIII Undistributed Incom						
				(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Par	t XI,		Corpus	Years prior to 2018	2018	2019
1	line 7			MUNICIPALIFICATION	The Mile Thous	The bungal	476,221
2	Undistributed income, if any, as of the	end of 2019			the same ball and the same same same same same same same sam		
a l	Enter amount for 2018 only			th his his his	ne de pie ble de l		Armik Michigan
b ·	Total for prior years 20,20	, 20				· Light Lates to the conference of	Francisco de la lactoria
3	Excess distributions carryover, if any, t						
a	From 2014	121,6					
	From 2015						
	From 2016	146,1					Free Est Est Est Est
	From 2017	114,3					
	From 2018	124,6	16		man to the contract of the con	Live a not be a family and some of investment of the second of the secon	
	Total of lines 3a through e				CORP. FOR ET POST	나를 하는 하다 나를 만드려면?	High Seat of the Seat Seat Seat Seat
	Qualifying distributions for 2019 from P	art XII,		and the same of th	Side America Die ern Aufriche berichte		
	line 4 > \$ 600,812	20		CHESTAL OF THE			
	Applied to 2018, but not more than line Applied to undistributed income of prior			,,a" - , , , , , , , , , , , , , , , , , ,		All the state of t	
	(Election required - see instructions)	years					
	Treated as distributions out of corpus (I	Election		- Page 12-14 12-14 12-14	siller i verb er Breitige, beitige i Best & große if graffe, i große, iener Fe er v. 681	nignig i jacijug s planig, "Justje i jam i ja nignig i jacijug s planig, "Justje i jam i jam i ja	Fig. 27, January 12, 12, 12, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15
	required – see instructions)					eder solution	
	Applied to 2019 distributable amount						476,221
	Remaining amount distributed out of co	orpus			the parameters.	ructionarior	and the state of t
5 I	Excess distributions carryover applied t	to 2019			THE PARTY OF THE P	TOTAL PRESENTATION OF THE PROPERTY OF THE PROP	
((If an amount appears in column (d), th	e same					
á	amount must be shown in column (a))						
6 I	Enter the net total of each column as	3					
	indicated below:						
	Corpus Add lines 3f, 4c, and 4e Subtra			759,886	ar his high harm high		
	Prior years' undistributed income Subti	ract					
	line 4b from line 2b	الم مقر برطان		On the Survival Confliction of the Confliction of t		THE TRANSPORT OF THE	THE REPORT OF STREET
	Enter the amount of prior years' undistr income for which a notice of deficiency			ALLUNCHUM:			
	been issued, or on which the section 49						
	tax has been previously assessed	5-12(u)					
	Subtract line 6c from line 6b Taxable						
	amount – see instructions		ĺ				
еl	Undistributed income for 2018 Subtrac	t line		Mighila	ENGLISHEDUR		
4	4a from line 2a Taxable amount – see				kybu dyran pi Chi Giralbu h		
ı	instructions						人性學是是自己
fl	Undistributed income for 2019 Subtrac	t lines					
	4d and 5 from line 1 This amount must	be		hy mulic heli			
	distributed in 2020			then have to have been been a fit mounted !		mile in the second second	0
	Amounts treated as distributions out of						
	to satisfy requirements imposed by sec						
	170(b)(1)(F) or 4942(g)(3) (Election ma required—see instructions)	y be					
	Excess distributions carryover from 201	I4 not			History and his of annual to the ter- tual time and the properties of the ter- er and the term has say below the an		The specific and the sp
	applied on line 5 or line 7 (see instruction			121.669			
	Excess distributions carryover to 20	•				**************************************	and the state of t
	Subtract lines 7 and 8 from line 6a			638,217			
	Analysis of line 9						EP DE FE ACHI
	Excess from 2015	128,4	89	figuri.N	In the Comment can the day the Contact for I		
b E	Excess from 2016	146,1	63				
c E	Excess from 2017	114,3	58				
d E	Excess from 2018	124,6	16				
<u>e</u> E	Excess from 2019	124,5	91	the the city of the	以斯特斯斯斯斯斯斯斯斯斯斯斯	型。如果是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	50m 990-PF (2010)

Forn	990-PF (2019) THE DAMMANN	FUND INC.		13-60898	896	Page 10
, P	art XIV. Private Operating Fo	oundations (see	instructions and F	Part VII-A, questi	on 9)	
1a	If the foundation has received a ruling	or determination lette	r that it is a private op	erating		
	foundation, and the ruling is effective for	or 2019, enter the dat	e of the ruling	•		
b	Check box to indicate whether the four	ndation is a private op	erating foundation de	scribed in section 4	942(j)(3) or 🔏 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	·	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	/(d) 2016	T (e) Iotai
	investment return from Part X for					
	each year listed				A Company	
b	85% of line 2a					
С	Qualifying distributions from Part XII,					<u> </u>
_	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly		h	/		
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the				†	
•	alternative test relied upon					
а	"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				
b	of minimum investment return shown in	//				
	Part X, line 6, for each year listed					
_	"Support" alternative test – enter	<i>f</i>			-	
С	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
1066	/(4) Gross investment income art XVに Supplementary Infor	motion (Comple	to this part only	if the foundatio	n had \$5 000 or	more in accete at
				ii tile lounuatio	n nau \$5,000 or	more in assets at
_	any time during the y		ictions.)		<u> </u>	
1	Information Regarding Foundation N List any managers of the foundation wh	•	are then 20/ of the to	tal aantributions ross	and by the foundation	. ~
а	-)
	before the close of any tax year (but on N/A	ny ir they have contrib	outed more than \$5,00	ou) (See Section 507	(u)(z))	
	List any managers of the foundation wh	100/	of the steel of a serve	rotion (or on oqually	Jargo portion of the	
b	ownership of a partnership or other ent				range portion of the	
	N/A	ity) of which the found	ation has a 10% or g	reater interest		
		O O:# 1 O	abalasaha ata Dua			
2	Information Regarding Contribution,					
	Check here ► X if the foundation onl	•	•	~	•	
	unsolicited requests for funds. If the fou	·	grants, etc., to individ	uals or organizations	under other conditio	ns,
	complete items 2a, b, c, and d See ins					
а	The name, address, and telephone nun	nber or email address	s of the person to who	m applications shoul	d be addressed	
	N/A					
					· · · · · · · · · · · · · · · · · · ·	
b	The form in which applications should by	be submitted and info	rmation and materials	tney should include		
	N/A					
С	Any submission deadlines					
	N/A					
ď	Any restrictions or limitations on awards	s, such as by geograp	phical areas, charitabl	e fields, kinds of inst	itutions, or other	
	factors					
	N/A				•	000 5=
D 4 4						Form 990-PF (2019)

▶ 3b

Total

Enter gross am	ounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program se	ervice revenue					(See instructions)
				-	·	
		-				
f		-				
	nd contracts from government agencies	-				
-	p dues and assessments	-				
	savings and temporary cash investments		1,11,	14	9	
	and interest from securities					147,973
5 Net rental ii	ncome or (loss) from real estate	Ed. 11		10 mm 10 f	the mark mathematical transfer of	
a Debt-fir	nanced property		·			
b Not det	ot-financed property					
6 Net rental is	ncome or (loss) from personal property					
7 Other inves						60
-	ss) from sales of assets other than inventory					704,046
	or (loss) from special events					
	t or (loss) from sales of inventory		-			
11 Other rever	R INCOME	-				
•		-				
		-				
П				_		
е			0	# . Thin i	9	852,079
e 12 Subtotal A		or of the Constitution of	0	The state of	9	852,079 852,088
e 12 Subtotal Ad 13 Total Add (See workshee	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations)				13 _	
e 12 Subtotal Ad 13 Total Add (See workshee	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the	Accomplish	ment of Exemp	t Purp	13 _	852,088
e	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations)	Accomplishome is reported i	ment of Exemp	Purp	13 oses intributed importantly in	852,088
e 12 Subtotal Ad 13 Total. Add (See workshee 5 Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which inco	Accomplishome is reported i	ment of Exemp	Purp	13 oses intributed importantly in	852,088
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Phone no

Form 990-PF (2019)

MELVILLE, NY 11747

2001430 THE DAMMANN FUND INC. 13-6089896 FYE. 11/30/2020	Eederal Statements	ents		4/7/2021 10.34 AM Page 1
571	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	ine 11 - Other	Income	
Description	Reve	Revenue per Books	Net Investment Income	Adjusted Net Income
TOTAL	\$ S	09	\$	0 \$
	Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees	ine 16a - Lega	I Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEE TOTAL	\$ 46,085 \$	23,043	s s	\$ 23,042
Sta	Statement 3 - Form 990-PF, Part I, Line	Part I, Line 16b - Accounting Fees	ıting Fees	
Description	TotalInv	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES TOTAL	\$ 12,975 \$ 12,975	6,488	0 0 0	\$ 6,487
Statement 4	nent 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees	c - Other Profe	essional Fees	i i
Description	Total Inv	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENTADVISORY FEE TOTAL	\$ 77,548 \$ \$ \$ 77,548 \$	38,774	0 O	\$ 38,774
				1-4

2001430 THE DAMMANN FUND INC 13-6089896 FYE: 11/30/2020	Federal	Federal Statements		4/7/2021 10:34 AM Page 2
	Statement 5 - Form 990-PF,	-PF, Part I, Line 18 - Taxes	xes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
NYS DEPT OF LAW	\$ 250	\$	<u>پ</u>	S
IRS - EXCISE TAX TOTAL	18,215 \$ 18,465	0 8	o s	o
Statement	6 - Form 990-PF	Part I, Line 23 - Other Expenses	xpenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	ጭ	ጭ	٧٠	\$
E EX TMAS CHAF	2,000	1,000		1,000
DUES AND SUBSCRIPTIONS TOTAL	\$ 3,068	\$ 1,534	\$	\$ 500
Statement 7 -	- Form 990-PF, Part II, L	Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	ock Investments	
	Beginnin of Year	End of Year		Fair Mark Value
COPORATE STOCK TOTAL	\$ 3,265,33	331 \$ 3,251,226 331 \$ 3,251,226	COST	\$ 9,493,958 \$ 9,493,958
				2-5

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4/7/2021 10.34 AM Page 3	•	Fair Market Value \$ 649,007 \$ 649,007	
	nvestments	Basis of Valuation	
ements	10c - Corporate Bond I	End of Year \$ 630,809 \$ 630,809	
Federal Statements	Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	Beginning of Year \$ 679,087 \$ 679,087	·
2001430 THE DAMMANN FUND INC. 13-6089896 FYE 11/30/2020	Statement 8 - Forr	Description CORP & TRESURY BONDS TOTAL	