SCANNED JUL 1.5 2019

Return of Private Foundation

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

OMB No 1545-0052

2018

Department of the Treasury Internal Révenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| | | dar year 2018 or tax year beginning | , 2018 | B, and ending | | , 20 |
|------------------------------|-----------|---|--|--|---|--|
| Nam | e of four | ndation | | A Employe | r identification numbe | r |
| GE | RALD] | INE W. AND ROBERT J. DELLENBACK FOUND | ATION, INC. | | 513808 | |
| Num | ber and | street (or P O box number if mail is not delivered to street address) | Room | /suite B Telephor | e number (see instructi | ons) |
| c/ | o CUN | MINGS & LOCKWOOD, 6 LANDMARK SQUARE | (HST | ,111) (845 | 735-8659 | |
| | | state or province, country, and ZIP or foreign postal code | | | tion application is pendi | ng, check here ▶ □ |
| ST | AMFO | RD CT 06901 | | | | 3 , |
| | | | n of a former public | charity D 1 Foreig | n organizations, check l | nere ▶□ |
| _ | 0110011 | Final return Amended | · | | | _ |
| | | ☐ Address change ☐ Name cha | | | n organizations meeting here and attach compu | |
| H | Check | type of organization: Section 501(c)(3) exempt p | _ ` | | foundation status was | |
| | | n 4947(a)(1) nonexempt charitable trust Other tax | | section 5 | 07(b)(1)(A), check here | ▶ 🗆 |
| | | arket value of all assets at J Accounting method | | | | |
| | | year (from Part II, col. (c), | i. 🖂 Odsii 🗀 70 | | ndation is in a 60-montl ction 507(b)(1)(B), chect | n termination chere . ►□ |
| | line 16 | | on cash hasis) | | (- <i>K</i> · <i>K</i> - <i>H</i> | |
| | art I | Analysis of Revenue and Expenses (The total of | I | I | | (d) Disbursements |
| | -1115-1 | amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and expenses per | (b) Net investment | (c) Adjusted net | for charitable |
| | | the amounts in column (a) (see instructions)) | books | income | income | purposes (cash basis only) |
| _ | 4 | | 207,549. | | | H |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 207, 349. | 257 | | A CONTRACT OF |
| | 2 | Check ► ☐ if the foundation is not required to attach Sch. B | | 450 | | |
| | 3 | Interest on savings and temporary cash investments | 459. | 459. | | 25/26/34/M154/26/X |
| | 4 | Dividends and interest from securities | 115,051. | 115,051. | | |
| | 5a | Gross rents | | 1344342441124443246 | Surplicity Surviving Sect 177 | And the second second |
| 4. | b | Net rental income or (loss) | 300 004 | | | |
| Ē | 6a | Net gain or (loss) from sale of assets not on line 10 | 329,224. | 7 2 61 1 | | THE PARTY OF THE P |
| ē | _b | Gross sales price for all assets on line 6a 1,256,130. | \$200 CONTRACTOR \$200 CONTRACTO | L=6a Stmt | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | AMERICAN STREET | 329,224. | | |
| ш | 8 | Net short-term capital gain | ************************************** | 200 (A325) / 488 / 6/ | | |
| | 9 | Income modifications | SCHOOL STATE OF STATE | | | 1.1 |
| - | 10a | Gross sales less returns and allowances | A STATE OF THE STA | Land on continuity of the state | VIII ON THE PARTY OF THE PARTY | |
| | b | Less: Cost of goods sold | | APPENDED TO SERVICE OF THE SERVICE OF T | Kara Park Charles | 200 |
| | C | Gross profit or (loss) (attach schedule) | | 2007/2007/1907 | | |
| | 11 | Other income (attach schedule) See. Stmt | 120. | 120. | <u>' - </u> | Description of the second |
| | 12 | Total. Add lines 1 through 11 | 652,403. | 444,854. | | |
| S | 13 | Compensation of officers, directors, trustees, etc. | | | | |
| JS. | 14 | Other employee salaries and wages | | | · · <u>-</u> | |
| penses | 15 | Pension plans, employee benefits O. | | | | 26 201 |
| Ĕ | 16a | Legal fees (attach schedule) . (1) 1-1.6a. Stmt | 26,381. | | | 26,381. |
| | b | Accounting the Yattach sensule OL-16b Stmt | 13,160. | 3,000. | | 10,160. |
| ₹ | c | Other professional fees (attach schedule) L-16c Stmt | 17,071. | 17,071. | | |
| tra | 17 | Taxes (attach schedule) (see instructions) e Stimt | F 000 | 0.700 | | |
| <u>=</u> | 18 | laxes (attach-sonedule) (see instructions) | 5,038. | 2,708. | | SSTANL-MASSEEFAARSSOFT |
| Operating and Administrative | 19 | Depreciation (attach schedule) and depletion | | 1 | | |
| β | 20 | Occupancy | | <u> </u> | | <u>. </u> |
| ਰੂ | 21 | Travel, conferences, and meetings | | | | |
| an | 22 | Printing and publications | | | | |
| пg | 23 | Other expenses (attach schedule) | | | | |
| aţį | 24 | Total operating and administrative expenses. | | | | |
| ē | | Add lines 13 through 23 | 61,650. | 22,779. | WELLOW WILLIAM TO FORGE FOR AN | 36,541. |
| o | 25 | Contributions, gifts, grants paid | 419,970. | | | 419,970. |
| _ | 26 | Total expenses and disbursements. Add lines 24 and 25 | 481,620. | 22,779. | \$25,000 MARK 100 MARK | 456,511. |
| | 27 | Subtract line 26 from line 12 | | | | |
| | а | Excess of revenue over expenses and disbursements | 170,783. | | ATT TO SECURE ATTACK | |
| | b | Net investment income (if negative, enter -0-) | A COLUMN TO THE PARTY OF THE PA | 422,075. | | 70-72 |
| | C_ | Adjusted_net_income (if negative, enter -0-) | 2455 | 520 | | 《 |

| Pâ | art II | ` Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | of year |
|-----------------------------|--------|---|-------------------------|----------------|--------------------------------------|
| | | 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 | | | |
| | 2 | Savings and temporary cash investments | 32,793. | 75,191. | 75,191. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | 10,000. | | · |
| | 4 | Pledges receivable ► | | | 1/2 // 22 // 7/ |
| | | 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 ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments – U.S. and state government obligations (attach schedule) | , | | |
| • | ь | Investments—corporate stock (attach schedule) L-10b Stmt | 2,860,299. | 3,004,418. | 3,044,287. |
| | c | Investments—corporate bonds (attach schedule) | | 0,001,1201 | |
| | 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 ▶ | A. | | |
| | ' ' | 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) | 2,903,092. | 3,079,609. | 3,119,478. |
| | 17 | Accounts payable and accrued expenses | 2,303,032. | 5,734. | |
| | 18 | Grants payable | | 0,1011 | |
| ies | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | 87.78.76.77.88.5 |
| ab | 21 | Mortgages and other notes payable (attach schedule) | | | |
| Ξ | 22 | Other liabilities (describe ▶ | | · - | |
| | 23 | Total liabilities (add lines 17 through 22) | | 5,734. | |
| Net Assets or Fund Balances | | Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31. | | | 7 14 14 |
| a | 24 | Unrestricted | | | 7.7 |
| 3al | 25 | Temporarily restricted | | | |
| 9 | 26 | Permanently restricted | | | |
| 5 | | Foundations that do not follow SFAS 117, check here ▶ 🗵 | | | |
| 7 | | and complete lines 27 through 31. | | | |
| 0 | 27 | Capital stock, trust principal, or current funds | 2,903,092. | 3,073,875. | |
| eţ | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | San Carlotte Control Control Control |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | <u> </u> | |
| Ť. | 30 | Total net assets or fund balances (see instructions) | 2,903,092. | 3,073,875. | |
| Š | 31 | Total liabilities and net assets/fund balances (see | | | |
| _ | | instructions) | 2,903,092. | 3,079,609. | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | - | Г | |
| 1 | | al net assets or fund balances at beginning of year-Part II, colu | | | |
| | | -of-year figure reported on prior year's return) | | | 2,903,092. |
| 2 | | er amount from Part I, line 27a | | | 170,783. |
| 3 | | | | | |
| 4 | | lines 1, 2, and 3 | | | 3,073,875. |
| 5 | Dec | reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)— | B 111 1 2 2 | 5 | |
| _6 | Tota | al net assets or fund balances at end of year (line 4 minus line 5)— | Part II, column (b), li | ne 30 6 | 3,073,875. |

| Part | V Capital Gains and | Losses for Tax on Investment | ent Income | | - | |
|-----------|---|--|--------------------------------------|--|---------------------------------|--|
| | (a) List and describe the kin 2-story brick warehous | d(s) of property sold (for example, real est se, or common stock, 200 shs MLC Co) | tate, | (b) How acquired P—Purchase D—Donation | (c) Date acqui (mo , day, yr | |
| 1a : | PUBLICLY TRADED SEC | CURITIES | | | | |
| b | PUBLICLY TRADED SEC | CURITIES | | | | • |
| <u> </u> | | | | | | |
| <u>d</u> | | = | | | | |
| <u>е</u> | | (f) Depreciation allowed | (a) Cost or | other basis | | h) Gain or (loss) |
| | (e) Gross sales price | (or allowable) | | nse of sale | |) plus (f) minus (g)) |
| a | 205,372. | | | 158,297. | | 47,075. |
| b | 1,050,758. | | | 768,609. | | 282,149. |
| c | | | | | | |
| <u>d</u> | | | | | | |
| <u>е</u> | 0 | | | 10/21/60 | | |
| | Complete only for assets snow | wing gain in column (h) and owned b | | | | ns (Col. (h) gain minus but not less than -0-) or |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (i) (j), if any | | sses (from col (h)) |
| <u>a</u> | | | | | - | 47,075. |
| <u> </u> | | | | | | 282,149. |
| <u>c</u> | | - | | | | |
| <u></u> е | | | | | | |
| 2 | Capital gain net income or | | also enter in Pa enter -0- in Pai | | 2 | 220, 224 |
| • | No. all and dames a second of a second | , , , | | - | | 329,224. |
| 3 | If gain, also enter in Part | n or (loss) as defined in sections I, line 8, column (c). See instruc | tions. If (loss) | | 3 | |
| Part | | er Section 4940(e) for Redu | ced Tax on N | let Investment | | |
| | | vate foundations subject to the s | | | | 9.) |
| lf agat | on 4040/d\/2\ applies leave | this part blank | | | | |
| | ion 4940(d)(2) applies, leave | | | | | |
| | | section 4942 tax on the distribut | | | pase period? | ☐ Yes ☒ No |
| | · | ualify under section 4940(e). Do unt in each column for each yea | | | akına any ant | trios |
| _1_ | (a) | | r, see the instit | | aking any ent | (d) |
| Cale | Base period years indar year (or tax year beginning in) | (b) Adjusted qualifying distributions | Net value o | (c) f nonchantable-use a | ssets (co | Distribution ratio of (b) divided by col (c)) |
| | 2017 | 520,39 | 96. | 3,199,9 | 86. | 0.162624 |
| | 2016 | 330,16 | 59. | 2,995,0 | 25. | 0.110239 |
| | 2015 | 307,52 | | 3,110,6 | | 0.098861 |
| | 2014 | 123,13 | | 3,000,7 | | 0.041034 |
| | 2013 | 124,77 | 77. | 2,632,7 | 28. | 0.047395 |
| • | Total of line 1, column (d) | | | | . 2 | 0.460153 |
| 2 3 | | for the 5-year base period—divi | | | - | 0.400133 |
| 3 | | oundation has been in existence | | | | 0.092031 |
| 4 | Enter the net value of none | charitable-use assets for 2018 fro | om Part X, line | 5 | 4 | 3,260,656. |
| 5 | Multiply line 4 by line 3 . | | | | . 5 | 300,081. |
| 6 | Enter 1% of net investmen | nt income (1% of Part I, line 27b) | | | . 6 | 4,221. |
| 7 | Add lines 5 and 6 | | | | . 7 | 304,302. |
| 8 | | ns from Part XII, line 4 | | | | 456,511. |
| | If line 8 is equal to or great Part VI instructions. | ter than line 7, check the box in | Part VI, line 1t | o, and complete | that part usin | g a 1% tax rate. See the |

3

| Part \ | Lessing Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i | nstruc | ction | <u>s)</u> |
|--------|---|--------|----------------|----------------|
| 1aၞ` | Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) | | | |
| _ | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 4,22 | 1 | 2.34 |
| b | here \triangleright and enter 1% of Part I, line 27b | 4,22 | 1653 | 100 331 |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 0. | |
| 3 | Add lines 1 and 2 | 4,22 | $\overline{}$ | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 0. | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | 4,22 | | |
| 6 | Credits/Payments: | | | 533 |
| а | 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,000. | 2 | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| c | Tax paid with application for extension of time to file (Form 8868) . 6c 6c | | | |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 2,00 | 0. | 22,000 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 | 2,22 | 1. | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10 | | 0. | |
| 11 | Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ 0 . Refunded ▶ 11 | | | |
| | 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 | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | <u>×</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | ans of a | × |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | A.K28***** 1.7 | × |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | | |
| | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | | 2/4 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| _ | on foundation managers. ▶ \$ | 2 | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | | × |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. | 3 | | × |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | × |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | × |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | × | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | × | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ | | | |
| | CT | | 4 | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | × | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | ** A | | / |
| - | 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," | | | 1 |
| | complete Part XIV | 9 | | _ <u></u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | [| | |
| | names and addresses | 10 | | × |

| Part | VIPA Statements Regarding Activities (continued) | | | |
|------|--|-----------|--|---------------------------------------|
| • | , | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | × |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | × |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | × | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► MYER, GREENE & DEGGE Telephone no. ► (845) | | 8659 | |
| 45 | Located at ► P.O. BOX 930 PEARL RIVER NY ZIP+4 ► 10965 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year | | • | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | 100 mm 12 mm | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | 8 | | |
| Part | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | \$32,6500 | 200°24° | 10000 |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | S. S. | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | 400 | 900 900 900 900 900 900 900 900 900 900 | 1/2/1/2 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | 7 | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? □ Yes ⋈ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? □ Yes ⋈ No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | ۇمرى ئەمەرك |
| _ | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . | 1b | \mathcal{N} | (A |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | 200 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? | 1c | 22£. | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | 7790 7.300 7.300 | |
| а | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? | | | 3550 |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement—see instructions.) | 2b | N | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | 100 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 7, 5, |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | 2 | | |
| | foundation had excess business holdings in 2018.) | 3b | | ĺΑ |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | × |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | 57 1 k | 4.4.2 |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | × |

| Part | VII ² B | Statements Regarding Activities | for Whic | h Form | 4720 | May Be R | equire | d (contir | nued) | | |
|---------------------------------------|--|--|---|---|------------------------|-------------------------------------|------------------------|--|--------------------------------------|----------------------|-----------------------------|
| 5a, ` | | e year, did the foundation pay or incur | | | | | | | | | Yes No |
| · | | on propaganda, or otherwise attempt t | | - | | | | ☐ Yes | X No | | 59.2 |
| | | nce the outcome of any specific public | | | | = | _ | _ | | 1 | |
| | | tly or indirectly, any voter registration dr | | | | | | Yes | ⊠ No | 323.25. | |
| | • • | de a grant to an individual for travel, stu | | | | | | ☐ Yes | X No | | |
| | | de a grant to an organization other than on 4945(d)(4)(A)? See instructions | | | | | ribea in | _ | | | |
| | | de for any purpose other than religious | | | | | | ∐ Yes | ⊠ No | , and | |
| | | oses, or for the prevention of cruelty to | | | | | | □Yes | X No | | |
| b | | swer is "Yes" to 5a(1)–(5), did any of the | | | | | | | _ | 12073335550 | |
| - | | ations section 53.4945 or in a current no | | | | | | | | 5b | √VA |
| | _ | tions relying on a current notice regardi | - | _ | | | | | ▶□ | 0525 | |
| С | If the ans | swer is "Yes" to question 5a(4), does t | he foundat | ion claim | ı exem _l | otion from | | | | | |
| | because | it maintained expenditure responsibility | for the gra | nt? | | / // | 9 | ☐ Yes | ☐ No | | |
| | • | attach the statement required by Regula | | | | | | | | | |
| 6a | | oundation, during the year, receive any | funds, dire | ctly or in | directly | , to pay pre | emiums | _ | _ | | |
| | • | sonal benefit contract? | | | | | | ☐ Yes | ∑ No | 4000 | |
| b | | oundation, during the year, pay premiun | ns, directly | or indire | ctly, on | a personal | beneti | contract | ?. | 6b | X (3.000) |
| 70 | | o 6b, file Form 8870. ne during the tax year, was the foundation : | a nartu ta a | probibito | d tay ch | oltar transac | stion? | ☐ Yes | ∀ No | | |
| 7a b | • | did the foundation receive any proceed | | • | | | | | | 7b | NIA |
| 8 | | undation subject to the section 4960 ta | | | | | | | | \$ 100 | 158, 254 |
| | | ation or excess parachute payment(s) di | | | | | | | ⊠ No | | |
| Par | : VIII | Information About Officers, Direc | tors, Trus | tees, F | ounda | tion Man | agers, | Highly F | Paid E | mploy | ees, |
| | | and Contractors | | | | | | | | | |
| 1 | List all o | fficers, directors, trustees, and found | lation man | SUPPLY SE | | | ation (| CAA INCTV | | | |
| | | | | | , | | | | | | |
| | | (a) Name and address | (b) Title, and hours pe devoted to | d average r week | (c) Co | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit erred compe | s to plans | (e) Expe | ense account, allowances |
| | ALDINE | (a) Name and address W. DELLENBACK | (b) Title, and hours pe | d average r week position NT | (c) Cor (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation | (e) Expe | allowances |
| MYER, | ALDINE GREENE & | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE | d average r week position NT 1.00 | (c) Cor (If r en | mpensation not paid, | (d) (emplo | Contribution byee benefit | s to plans | (e) Expe | |
| MYER, HOW | ALDINE GREENE & | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. | (b) Title, and hours pe devoted to | d average r week position NT 1.00 /SECRETARY | (c) Coi (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation | (e) Expe | allowances 0. |
| MYER, HOW, P.O | ALDINE GREENE 6 ARD S. . BOX 1 | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 | (b) Title, and hours pe devoted to PRESIDE | d average r week position NT 1.00 /SECRETARY 1.00 | (c) Coi (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation | (e) Expe | allowances |
| MYER, HOWA P.O GERA | ALDINE GREENE & ARD S. . BOX 1 ALDINE | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER | (b) Title, and hours pe devoted to PRESIDE | d average r week position NT 1.00 /SECRETARY 1.00 | (c) Coi (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation | (e) Expe | 0. 0. |
| MYER, HOWA P.O GERA | ALDINE GREENE & ARD S. . BOX 1 ALDINE | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 | (b) Title, and hours pe devoted to PRESIDE | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT | (c) Coi (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation 0. | (e) Expe | allowances 0. |
| MYER, HOWA P.O GERA | ALDINE GREENE & ARD S. . BOX 1 ALDINE | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER | (b) Title, and hours pe devoted to PRESIDE | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT | (c) Coi (If r en | mpensation not paid, ter -0-) | (d) (emplo | Contribution byee benefit | s to plans ensation 0. | (e) Expe | 0. 0. |
| MYER, HOWA P.O GERA | ALDINE GREENE 6 ARD S. BOX 1 ALDINE GREENE 6 Compen | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 | (c) Coi (lfr en | on pensation not paid, ter -0-) | (d) (emplo and defi | Contribution byee benefit erred compe | s to plans ensation 0. 0. | (e) Expe other | 0. 0. |
| MYER, HOW, P.O GER, MYER, | ALDINE GREENE 6 ARD S. BOX 1 ALDINE GREENE 6 | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 | (c) Coi (lfr en | on pensation not paid, ter -0-) | (d) (emplo and defi | Contribution byee benefit erred compe | s to plans ensation 0. 0. | (e) Expe other | 0. 0. |
| MYER, HOW, P.O GER, MYER, | ALDINE GREENE & ARD S. BOX 1 ALDINE GREENE & I Compen "NONE." | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 GSIDENT 1.00 han tho | (c) Col (lf r en | 0. 0. uded on li | (d) emplo and def | Contribution: yee benefit erred compe see instr (d) Contribut employee | s to plans ensation 0. 0. uction | (e) Experience other | 0. 0. one, enter |
| MYER, HOW, P.O GER, MYER, | ALDINE GREENE & ARD S. BOX 1 ALDINE GREENE & I Compen "NONE." | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 han tho | (c) Col (lf r en | on pensation not paid, ter -0-) | (d) emplo and def | Contribution byee benefit erred compe | s to plans ensation O. O. uction: | (e) Experience other | 0. 0. 0. one, enter |
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| MYER, HOW, P.O GER, MYER, | ALDINE GREENE & ARD S. BOX 1 ALDINE GREENE & I Compen "NONE." | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 than tho | (c) Col (lf r en | 0. 0. uded on li | (d) emplo and def | See instr (d) Contribute employee plans and of | s to plans ensation O. O. uction: | (e) Experience other | 0. 0. one, enter |
| MYER, HOW, P.O GER, MYER, | ALDINE GREENE & ARD S. BOX 1 ALDINE GREENE & I Compen "NONE.' | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 than tho | (c) Col (lf r en | 0. 0. uded on li | (d) emplo and def | See instr (d) Contribute employee plans and of | s to plans ensation O. O. uction: | (e) Experience other | 0. 0. one, enter |
| MYER, HOW, P.O GER, MYER, | ALDINE GREENE & ARD S. BOX 1 ALDINE GREENE & I Compen "NONE.' | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 than tho | (c) Col (lf r en | 0. 0. uded on li | (d) emplo and def | See instr (d) Contribute employee plans and of | s to plans ensation O. O. uction: | (e) Experience other | 0. 0. one, enter |
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| MYER, HOW. P.O GER. MYER, 2 | ALDINE GREENE 6 ARD S. BOX 1 ALDINE GREENE 6 I Compen "NONE." (a) Name and | (a) Name and address W. DELLENBACK DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 TUTHILL, III, ESQ. 20 STAMFORD CT 06904 D. PARKER DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | (b) Title, and hours pe devoted to PRESIDE VP/TREASURER VICE PRE es (other t | d average r week position NT 1.00 /SECRETARY 1.00 CSIDENT 1.00 than tho | (c) Col (lf r en | 0 . 0 . uded on li | (d) emplo and def | See instr (d) Contribute employee plans and of | s to plans ensation O. O. uction: | (e) Experience other | 0. 0. one, enter |

| 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) Comp. NOT APPLICABLE Total number of others receiving over \$50,000 for professional services | Part | and Contractors (continued) | ipioyees, |
|--|-----------------|--|---------------------------------|
| NOT APPLICABLE Total number of others receiving over \$50,000 for professional services | 3 Five h | ighest-paid independent contractors for professional services. See instructions. If none, enter "NON | T |
| Fotal number of others receiving over \$50,000 for professional services NONE Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NOT APPLICABLE 2 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE 2 Amo 1 NOT APPLICABLE | | | (c) Compensation |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NOT APPLICABLE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE 2 All other program-related investments See instructions | NOT APPL | (CABLE | |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NOT APPLICABLE 2 | | | |
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| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NOT APPLICABLE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE 2 All other program-related investments See instructions | | | |
| List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 | | | NONE |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions | Part IX-A | Summary of Direct Charitable Activities | 1 |
| 2 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE 2 All other program-related investments See instructions | | | Expenses |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo Amo All other program-related investments See instructions | 1 NOT | APPLICABLE | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo NOT APPLICABLE All other program-related investments See instructions | • | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo NOT APPLICABLE All other program-related investments See instructions | | | 0. |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE All other program-related investments See instructions | 2 | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amo 1 NOT APPLICABLE All other program-related investments See instructions | | | |
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| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NOT APPLICABLE 2 All other program-related investments See instructions | | | |
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| 1 NOT APPLICABLE 2 All other program-related investments See instructions | | | |
| All other program-related investments See instructions | | | Amount |
| All other program-related investments See instructions | I NOI | AFFBICABLE | |
| All other program-related investments See instructions | | | 0. |
| | 2 | | |
| | | | |
| | All other prod | gram-related investments. See instructions | |
| | | | |
| | | | |
| | | | |
| Total. Add lines 1 through 3 | ı otal. Add lir | ies i through 3 | 0 . Form 990-PF (2018 |

Page 8

| Part | X Minimum Investment Return (All domestic foundations must complete this part. Foreign | ıgn fol | undations, |
|------|---|----------------|---------------------|
| | see instructions.) | Tweeze | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 3,257,194. |
| b | Average of monthly cash balances | 1b | 48,117. |
| С | Fair market value of all other assets (see instructions) | 1c | 5,000. |
| d | Total (add lines 1a, b, and c) | 1d | 3,310,311. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 3,310,311. |
| 4 | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 49,655. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,260,656. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 163,033. |
| Part | and certain foreign organizations, check here ▶ □ and do not complete this part.) | ounda | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 163,033. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) 2b | | |
| С | Add lines 2a and 2b | 2c | 4,221. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 158,812. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 158,812. |
| 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 | 158,812. |
| | XII Qualifying Distributions (see instructions) | - I sucilainét | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 456 511 |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 456,511. |
| p | Program-related investments—total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | | |
| 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 | 456,511. |
| 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 | 4,221. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 452,290. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(c) and interest on the section 4940(c) and | g whe | ther the foundation |

| Part | XIII Undistributed Income (see instruction | ons) | | | |
|-------|--|--|--|--|--|
| _ , | • | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
| 1 | Distributable amount for 2018 from Part XI, line 7 | | | ja . | 158,812. |
| 2 | Undistributed income, if any, as of the end of 2018: | | | CLALLES COLLEGE DESPRESSION COLLEGES | 130,012. |
| a | Enter amount for 2017 only | | 14 | | |
| b | Total for prior years: 20, 20, 20 | | | 25.00 | |
| 3 | Excess distributions carryover, if any, to 2018: | 24.71.22.72.23 | | | |
| а | From 2013 | | | | |
| b | From 2014 | | 72 464 300 32 | ular alla amalamanan manan manan manan mana | an carrie of the carries |
| С | From 2015 | | | | |
| d | From 2016 182,612. | | | | |
| e | From 2017 | | Sales | | Prosess and Proses |
| f | Total of lines 3a through e | 697,485. | | | |
| 4 | Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 456,511. | | | | |
| а | Applied to 2017, but not more than line 2a . | a 16 76 a secondo con como a c | | herranse, alone, sone who a drietann. | ************************************** |
| b | Applied to undistributed income of prior years (Election required—see instructions) | *** | | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | | | A Proplement | |
| d | Applied to 2018 distributable amount | ************************************** | | | 158,812. |
| е | Remaining amount distributed out of corpus | 297,699. | | and an experience of the state | heopetitis a un recorde de des hamilionistis |
| 5 | Excess distributions carryover applied to 2018 (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: | | | September 1997 | 18 |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 995,184. | | | Ar makoraninganing paga ta ar m os 🕠 💘 |
| b | Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | All I |
| 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 | | | 4 | |
| d | Subtract line 6c from line 6b. Taxable amount—see instructions | | 0. | | |
| e | Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions | | | 0. | |
| f | Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | 0. |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | |
| 8 | Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). | 0. | | of Carlo | Total total |
| 9 | Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 995,184. | | Constitution Const | |
| 10 | Analysis of line 9: | 7.201 | | | 7000 |
| а | Excess from 2014 | Topo Title South and the | | | 4. 285 |
| b | Excess from 2015 150,700. | 60 | | | |
| С | Excess from 2016 182,612. | | The state of the s | | THE RESERVE OF THE PROPERTY OF |
| d | Excess from 2017 364, 173. | | | | |
| • | Evenes from 2018 207 600 | Land Control of the C | The state of the s | 10040147.000.1111.0000000000000000000000 | Participation of the participa |

| orm 90 | 90-PF (2018) | | | | | Page 10 |
|----------|---|---------------------|-----------------------|-----------------------|--------------------|---------------------|
| Part | | tions (see instr | uctions and Part | VII-A. guestion 9 |) | N/A |
| | If the foundation has received a ruling | or determination | n letter that it is a | | / | N/A |
| L | foundation, and the ruling is effective for Check box to indicate whether the four | | | ► | otion [2] 4043(i)/ | 3) or 4942(j)(5) |
| | Enter the lesser of the adjusted net | Tax year | e operating tourida | Prior 3 years | (Clion 4942()) | 3) Or 4942(J)(3) |
| 24 | income from Part I or the minimum | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| | investment return from Part X for | (2) 2010 | (0) 2017 | (6) 2010 | (4) 2010 | |
| L | each year listed | | | + / | | |
| | 85% of line 2a | <u></u> | | | | |
| С | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly | | | | | |
| a | for active conduct of exempt activities | | | | | |
| е | 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. | | | | | |
| _ | "Assets" alternative test—enter: | | | | | |
| а | (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 | | | | | |
| С | "Support" alternative test—enter: | | | | | |
| • | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on | | | | | |
| | sectivities loans (section 5/12(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 | | | | | |
| | (4) Gross investment income | | | | | |
| Part | XV Supplementary Information | on (Complete t | his part only if | the foundation h | ad \$5,000 or m | ore in assets at |
| | any time during the year- | -see instructio | ns.) | | | |
| 1 | Information Regarding Foundation | | | | | |
| а | List any managers of the foundation | who have contrib | | | | by the foundation |
| | before the close of any tax year (but o | only if they have o | contributed more t | han \$5,000). (See s | ection 507(d)(2).) | |
| | GERALDINE W. DELLENBACK | | | | | |
| b | List any managers of the foundation | | | | | rge portion of the |
| | ownership of a partnership or other e | ntity) of which the | e foundation has a | 10% or greater into | erest. | |
| | NOT APPLICABLE | | <u></u> | | | |
| 2 | Information Regarding Contribution | | | | | |
| | Check here ► 🗵 if the foundation | | | | | |
| | unsolicited requests for funds. If the f | | s gifts, grants, etc. | , to individuals or o | rganizations unde | r other conditions, |
| | complete items 2a, b, c, and d. See ir | | | | | |
| а | The name, address, and telephone nu | umber or email ac | ddress of the pers | on to whom applica | itions should be a | daressed. |
| | | | | | | |
| b | The form in which applications should | d be submitted a | nd information and | d materials they sho | uld include | |
| | | | | | | |
| С | Any submission deadlines: | | | | <u> </u> | |
| | • | | | | | |
| d | Any restrictions or limitations on av | wards, such as | by geographical a | areas, charitable fi | elds, kınds of ins | titutions, or other |

factors:

Part XV' Supplementary Information (continued)

| • | (4 | 1 | ture Payment | |
|--|--|-----------|--|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | <u></u> | |
| a Paid during the year TETON YOUTH AND FAMILY SERVICES P.O. BOX 2631 | NOT APPLICABLE | | RED TOP MEADOWS WILDERNESS TRIP | |
| JACKSON WY 83001 GEORGE WASHINGTON'S MOUNT VERNON P.O. BOX 110 | NOT APPLICABLE | PC (| PROGRAM PUBLICATION OF GEORGE WASHINGTON'S | 19,970. |
| MOUNT VERNON VA 22121 BUFFALO BILL CENTER OF THE WEST | NOT | PC | BARBADOS DIARY THE PAPERS OF | 50,000. |
| 720 SHERIDAN AVENUE CODY WY 82414 AMERICAN PRARIE RESERVE | NOT | PC | WILLIAM F. CODY PROJECT INTERPRETIVE TRAIL | 200,000. |
| 44704 REGINA ROAD MALTA MT 59538 THE WHITE MOUNTAIN SCHOOL | APPLICABLE | PC | AT ANTELOPE CREEK CAMPGROUND INQUIRY AND | 100,000. |
| 371 WEST FARM ROAD BETHLEHEM NH 03574 | APPLICABLE | PC | INNOVATION LAB PROJECT | 50,000. |
| | | | | |
| Total | | | ▶ 3a | 419,970. |
| b Approved for future payment GEORGE WASHINGTON'S MOUNT VERNON P.O. BOX 110 MOUNT VERNON VA 22121 AMERICAN PRAIRIE RESERVE | NOT APPLICABLE NOT | PC | PUBLICATION OF GEORGE WASHINGTON'S BARBADOS DIARY INTERPRETIVE TRAIL | 50,000. |
| P.O. BOX 908 BOZEMAN MT 59771 | APPLICABLE | PC | AT ANTELOPE CREEK CAMPGROUND | 400,000. |
| | | | | |
| | | | ▶ 3b | 450,000. |

| | | Analysis of Income-Producing Ac | · · · · · · · · · · · · · · · · · · · | | le | 510 510 511 | |
|--------|---------------------------------------|---|--|---------------------------------------|--------------------------------------|---|-----------------------------------|
| Ente | ęr gros | s amounts unless otherwise indicated. | (a) Business code | (b) Amount | (c) Exclusion code | on 512, 513, or 514 (d) Amount | Related or exempt function income |
| 1 | a _ | ram service revenue: | Dusiness code | Amount | Exclusion code | Amount | (See instructions) |
| | | | | | | | |
| | | | | | _ | | |
| | f _ | | | | | | |
| 2 | - | ees and contracts from government agencies bership dues and assessments | | | | | |
| 3 | | est on savings and temporary cash investments | | | 14 | 459. | |
| 4 5 | | ends and interest from securities ental income or (loss) from real estate: | | | 14 | 115,051. | |
| | | lebt-financed property | _ | | | | |
| 6 | | lot debt-financed property ental income or (loss) from personal property | ···· | | | | |
| 7 | Othe | r investment income | | | 14 | 120. | |
| 8 9 | | or (loss) from sales of assets other than inventory ncome or (loss) from special events | | | 18 | 329,224. | |
| 10 | Gros | s profit or (loss) from sales of inventory | | | | | |
| 11 | _ | r revenue: a | | | | | |
| | c _ | | | | | | |
| | d e | | | | | | |
| | | otal. Add columns (b), (d), and (e) | | | (7773 | 444,854. | |
| | | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation | | | | 13 | 444,854. |
| | | -B Relationship of Activities to the A | | ent of Exemp | t Purposes | • | |
| Lir | e No. ▼ | Explain below how each activity for which accomplishment of the foundation's exempt pur | income is report rposes (other that | orted in column n by providing fur | (e) of Part XVI nds for such purp | -A contributed ii oses) (See instruc | mportantly to the tions) |
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| Part | XVII | Information Organization | | sfers to and Tran | sactions | s and R | elationships With No | oncharitable | Exempt |
|----------|----------------------------|--|---|---|-------------------|-----------------------|------------------------------------|----------------------|---------------------------|
| 1 a | in sec organi Transf | tion 501(c) (o zations? ers from the rep | ther than section oorting foundation to | 501(c)(3) organizati o a noncharitable exe | ons) or empt orga | ın secti ınizatıon | | olitical | Yes No |
| | | sn ner assets . | | | | | | 1a(1) 1a(2) | × |
| b | • • | transactions. | | | | | | Id(2) | |
| - | | | a noncharitable exe | empt organization | | | | 1b(1) | × |
| | (2) Pu | rchases of asse | ets from a noncharit | able exempt organiza | ation | | | 1b(2) | × |
| | | | • • | er assets | | | | 1b(3) | × |
| | | | - | | | | | 1b(4) | × |
| | | _ | | | | | | 1b(5) | × |
| С | | | | nip or fundraising sol | | | | 1b(6) | × |
| d | | | | | | | | | |
| _ | | | | | | | . If the foundation receiv | | |
| | | | on or sharing arrang | ement, show in colu | mn (d) the | e value o | f the goods, other asset | s, or services | received. |
| (a) Line | e no (b | Amount involved | (c) Name of nonc | naritable exempt organizat | ion | (d) Descr | ption of transfers, transactions | , and shanng arra | ngements |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | <u>-</u> | | | | | |
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| | | | | <u>~</u> | | | | _ # | |
| 2a | | | • | ffiliated with, or rela ction 501(c)(3)) or in | | | ore tax-exempt organiz | | . V N. |
| b | | | following schedule | | 36011011 02 | 21: . | | · · Ye | s 🗓 No |
| | 11 100 | (a) Name of organ | | (b) Type of or | ganization | | (c) Description | of relationship | |
| | | | ···· | | | | <u></u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Under | nenalties of nerion, 1 | declare that I have examin | ed this return, including acco | mnanving ec | hedules and | d statements, and to the best of m | v knowledge and h | elief it is true |
| Sign | | t, and complete Decl | aration of preparer (other th | an taxpayer) is based on all | nformation of | which prep | arer has any knowledge | May the IRS discus | |
| Here | | Lowresel | S TOHE | 111 15/2/19 | VICE | PRESIDENT | TOPASIDED SECRETARY | with the preparer sh | nown below? |
| | | ture of officer or trus | stee | Date | Title | - TOO LOUIN | , mandally oboliginat | See instructions | Yes⊟No |
| Paid | | Print/Type preparer | 's name | Preparer's signature | 1 | | Date Check | ☐ if PTIN | |
| Prep | arer L | KENNETH F. | KARDASHIAN | 13 | | | 04/22/2019 self-em | ployed P0057 | |
| Use | | Firm's name ► | MYER, GREENE | | / | | | 13-555643 | |
| | | Firm's address ▶ | 300 NORTH MI | DDLETOWN ROAD | SUITE | 8 10965 | | 845) 735-86 | 559)-PF (2018) |
| BAA | | | PEARL RIVER | | NY | TOAPS | 1 | Form 990 | J-FF (2018) |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

36-4513808 GERALDINE W. AND ROBERT J. DELLENBACK FOUNDATION, INC. 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 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 331/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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 990-PF, 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
GERALDINE W. AND ROBERT J. DELLENBACK FOUNDATION, INC.

Employer identification number

36-4513808

| 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 | DELLENBACK CHARITABLE LEAD UNITRUST c/o MYER, GREENE & DEGGE, P.O. BOX 930 PEARL RIVER NY 10965 | \$207,549. | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person | | | | | |

Name of organization

Employer identification number

GERALDINE W. AND ROBERT J. DELLENBACK FOUNDATION, INC.

36-4513808

| ncash Property (see instructions). Use duplicate co | opies of Part II if additional space | ce is needed. |
|---|---|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | s | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| | Description of noncash property given (b) Description of noncash property given | Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) |

Name of organization

Employer identification number

| | INE W. AND ROBERT J. DELLEN | | | 36-4513808 | | | | | |
|---------------------------|---------------------------------------|-----------------------------------|-------------|--|--|--|--|--|--|
| Part III | | | | escribed in section 501(c)(7), (8), or | | | | | |
| • | | | | Complete columns (a) through (e) and | | | | | |
| | contributions of \$1,000 or less for | | | al of exclusively religious, charitable, etc., | | | | | |
| | Use duplicate copies of Part III if a | | | | | | | | |
| (a) No. | · · · · · · · · · · · · · · · · · · · | | | T | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | |
| raiti | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | •••••• | | | | | | |
| Ī | | (a) Trans | fer of gift | | | | | | |
| | | | _ | | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relatio | nship of transferor to transferee | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. | | 1 | | | | | | | |
| from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | |
| Part I | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Ī | (e) Transfer of gift | | | | | | | | |
| | | | | | | | | | |
| | Transferee's name, address, | nship of transferor to transferee | | | | | | | |
| | | | | | | | | | |
| i | | | | | | | | | |
| İ | | | | | | | | | |
| (a) No. | | | <u> </u> | T | | | | | |
| from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | |
| Part I | | | | <u> </u> | | | | | |
| | | | | | | | | | |
| | | | • | | | | | | |
| | | | | | | | | | |
| [| (a) Transfor of sift | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relatio | nship of transferor to transferee | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. | | | | / N S | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | |
| | | | • | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ļ | | | | | | | | | |
| | | (e) Trans | fer of gift | | | | | | |
| | Tuomafamada marra addition | | _ | makin of turnetary to turnetary | | | | | |
| } | Transferee's name, address, | and ZIP + 4 | Helatio | nship of transferor to transferee | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | • | | | | | | | | |

Form 990-PF Part I, Line 6a

| Name SERALDINE W. AND ROBERT J. | DELLENBACK | FOUNDATION, | INC. | Employer Identification No 36-4513808 |
|---|-------------------|---------------------|---------------|---------------------------------------|
| Asset Information: | | | | |
| | אווחד דרו ע שהאו | NED CECHDIMI | ee (CWDEI | n_001\ |
| Description of Property <u>I</u> | | | 72 (GMDE) | 2-001/ |
| Business Code Exclus | Non Code <u></u> | Durchased | | |
| Date Acquired Various | Nome of Puwer | rurchased | | |
| Date Sold Various Check Box, if Buyer is a Business | Name of Buyer . | | _ | |
| Sales Price 205, 372. | | sie (do not reduce | hy denrecia | tion) 158 207 |
| Sales Expense | Valuation Meth | od | by deprecia | 1011) 1 20, 2 2 7 |
| Total Gain (Loss) 4 | | ulated Depresiation | | |
| Description of Property I | DIDITCIV TONE | nated Depreciation | S /GWDE | <u></u> |
| | | | 72 (GMDt) | <u> </u> |
| Business Code Exclus | Now Assured | D., mah a a a d | | |
| Date AcquiredVarious | Nome of Purer | Purchased | | · |
| Date Sold Various Check Box, if Buyer is a Business | | | | |
| Sales Price1, 050, 758. | | sis (do not reduce | by deprecia | tion) 768 600 |
| Sales FinceI, 050, 756. | Voluntion Moth | od | by deprecia | 1011) |
| Sales Expense Total Gain (Loss) 282 | _ Valuation Metri | ulated Depresenties | - | |
| | | | | |
| Description of Property | | | | |
| Business Code Exclus | How Assured | - | | |
| Date Acquired . | Name of Buyer | | | |
| Date Sold Check Box, if Buyer is a Business | Name of Buyer . | | - | · |
| Check Box, if buyer is a business | Cost or other has | ne (de net reduce | by depression | tion) |
| Sales Price | | | | |
| Sales Expense Total Gain (Loss) | _ Valuation Meth | ulated Depresenties | | |
| Description of Property | Accumic | nated Depreciation | 1 | <u> </u> |
| Description of Property Business Code Exclus | | | | |
| Date Acquired . | | | | |
| Date Sold | Name of Buyer | - | | |
| Check Box, if Buyer is a Business | | | | |
| Sales Price | | sis (do not reduce | hy denrecia | tion) |
| Sales Expense | Valuation Meth | nd | by depiced | |
| Total Gain (Loss) | | | | |
| Description of Property | Accuint | nated Depreciation | 1 | |
| Description of Property Business Code Exclus | | | | |
| Date Acquired . | How Acquired | | | . |
| Date Sold | Name of Buyer | | | . |
| Check Box, if Buyer is a Business | | | | · |
| Sales Price | | sis (do not reduce | hy deprecia | tion) |
| Sales Expense . | Valuation Meth | nd | by depressia | |
| Total Gain (Loss) | _ Valdation Weth | ulated Depreciation | | · · · · · |
| Total Gaill (Loss) | Accume | diated Depreciation | | |
| Totals: | | | | |
| otals. otal Gain (Loss) of all assets | 329 224 | | | |
| Gross Sales Price of all assets | | | | |
| Inrelated Business Income | 1,230,130. | Business Code . | | |
| Excluded by section 512, 513, 514 | 329 224 | Exclusion Code | 18 | _ |
| Related/Exempt Function Income | | | | _ |
| CONTRACTOR INCOME. | | | | • |

Additional Information For Tax Return

| GERALDINE W. AND ROBE | RT J. DELI | LENBACK | FOUNDA | TION. | INC. |
|-----------------------|------------|---------|---------------|-------|------|
|-----------------------|------------|---------|---------------|-------|------|

36-4513808

Form 990-PF, p6: Line 1a, Name-1

GERALDINE DELLENBACK CANNOT PARTICIPATE IN THE ADMINISTRATION AND DISTRIBUTION OF AMOUNTS RECEIVED FROM THE CHARITABLE LEAD TRUST SHE FUNDED FOR THE BENEFIT OF THE FOUNDATION (OR ANY INCOME EARNED THEREON) WHICH ARE REQUIRED TO BE ADMINISTERED AS A SEPARATE FUND BY AN INDEPENDENT COMMITTEE OF THE FOUNDATION.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income |
|-------------------------|---------------------------------|--------------------------|------------------------|
| OTHER INVESTMENT INCOME | 120. | 120. | |
| Tota | 120. | 120. | |

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

| Description | | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income | Disbursement for charitable purpose |
|------------------------|-------|------------------------------------|-----------------------------|------------------------|-------------------------------------|
| FOREIGN TAXES WITHHELD | | 2,708. | 2,708. | | |
| FEDERAL EXCISE TAXES | | 2,330. | | | |
| | Total | 5,038. | 2,708. | | |

2018

Name
GERALDINE W. AND ROBERT J. DELLENBACK FOUNDATION, INC.

Employer Identification No
36-4513808

Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| CUMMINGS & LOCKWOOD, LLC | VARIOUS LEGAL SERVICES | 26,381. | | | 26,381. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total to Form 990- | PF, Part I, Line 16a | 26,381. | | | 26,381. |

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| MYER, GREENE & DEGGE | RECORDKEEPING, TAXES | 13,160. | 3,000. | | 10,160. |
| | | | | | |
| Total to Form 990- | PF, Part I, Line 16b | 13,160. | 3,000. | | 10,160. |

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| SANFORD C. BERNSTEIN & CO. | INVESTMENT MANAGEMENT FEES | 17,071. | 17,071. | | |
| | | | | | |
| | | | | | |
| Total to Form 990 | PF, Part I, Line 16c | 17,071. | 17,071. | | |

| Name GERALDINE W. AND ROBERT J. DELLEN | | yer Identification No | | | | |
|---|--------------------------------|-----------------------|---------------|---------------------------------|---|--|
| Line 10a - Investments - US and State Government Obligations: | rnment Obligations Obligations | | | End on nment ions alue | f Year US Government Obligations FMV | |
| Tot to Fm 990-PF, Pt II, Ln 10a | | | | | | |
| Line 10b - Investme | ents - Corporate | Stock: | Bool Value | k | f Year Fair Market Value | |
| | DFD-001) DFD-002) | | 734 | ,889. ,529. | 704,927. | |
| Totals to Form 990-PF, Part II, I | ine 10b | | 3,004 | ,418. | 3,044,287. | |
| Line 10c - Investme | nts - Corporate I | Bonds: | Bool Valu | k | f Year Fair Market Value | |
| | | | | | | |
| Totals to Form 990-PF, Part II, I | ine 10c | | | | | |
| Line 12 - Investme | ents - Mortgage I | oans: | Bool Valu | k | f Year Fair Market Value | |
| Totals to Form 990-PF, Part II, Line 12 | | | | | | |
| | | | | | | |
| Line 13 - Inve | estments - Other | : | Bool Valu | k | f Year Fair Market Value | |
| | | | | | | |
| Totals to Form 990-PF. Part II. I | ine 13 | | | | | |

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Taxes (1)

Line 18(a)

Itemization Statement

| Description | Amount |
|-------------|--------|
| GWDFD-001 | 654. |
| GWDFD-002 | 2,054. |
| Total | 2,708. |

Form 990-PF: Return of Private Foundation

Line 2(a)

Itemization Statement

| Des | scription | Amount |
|-----------|-----------|---------|
| GWDFD-001 | | 6,229. |
| GWDFD-002 | | 26,564. |
| | Total | 32,793. |

Form 990-PF: Return of Private Foundation

Line 3 Column (d)

Itemization Statement

| Description | Amount |
|-------------|--------|
| GWDFD-001 | 102. |
| GWDFD-002 | 357. |
| Total | 459. |

Form 990-PF: Return of Private Foundation

Line 4 Column (d)

Itemization Statement

| Description | Amount | |
|-------------|------------|-------|
| GWDFD-001 | 28, | 038. |
| GWDFD-002 | 87, | 013. |
| | Total 115. | .051. |

Form 990-PF: Return of Private Foundation

Line 7 Column (d)

Itemization Statement

| Description | Amount |
|-------------|--------|
| GWDFD-001 | 34. |
| GWDFD-002 | 86. |
| Total | 120. |