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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

. 0.	r calendar year 2011 or tax year beginning	, and	ending			
Nar	me of foundation			A Em	ployer identification nur	mber
	e Steven C Calicchio Foundation			<u> </u>	27-03802	
Nur	imber and street (or P O box number if mail is not delivered to street add	ress)	Room/suite	B Tel	lephone number (see instr	uctions)
Fou	undation Source 501 Silverside Rd		123		(800) 839-	1754
City	ty or town, state, and ZIP code			C If ex	kemption application is per	nding, check here 🕨 🗌
Wilr	Imington [DE 19	9809-1377			
G	Check all that apply	return of a former pu	blic charity	D 1. F	oreign organizations, che	ck here ▶
		nded return		2. F	oreign organizations mee	ting the 85% test,
	Address change Name	e change		ه ا	check here and attach com	putation ►
Н	Check type of organization X Section 501(c)(3) exert	npt private foundation		E If o	nvate foundation status wa	as terminated
	Section 4947(a)(1) nonexempt charitable trust 🔲 O	ther taxable private fo	undation		ler section 507(b)(1)(A), cl	
ı	Fair market value of all assets at end J Accounting m	ethod X Cash	Accrual	Flfth	ne foundation is in a 60-mo	onth termination
	of year (from Part II, col (c),	ecify)		und	ler section 507(b)(1)(B), cl	heck here ►
	line 16) ▶\$ 1,374,411 (Part I, column (d	must be on cash basis)	<u> </u>	ı	
Рa	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investr	nent	(c) Adjusted net	(d) Disbursements for chantable
	amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income		income	purposes
	the amounts in column (a) (see instructions))					(cash basis only)
ļ	1 Contributions, gifts, grants, etc., received (attach schedule)	361,493			4/	
Ì	2 Check ▶ f the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments	17		17		
	4 Dividends and interest from securities	10,237	1(0,237		
	5 a Gross rents		·			**************************************
ne	b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10	-80,030				
e	b Gross sales price for all assets on line 6a 1,230,902	-00,030[» à		56, gr 49;	to to Mar.
Revenue	7 Capital gain net income (from Part IV, line 2)		. 30	0		
œ	8 Net short-term capital gain	re a - Gr		7 4		Ç 82 W
	9 Income modifications					uto
	10 a Gross sales less returns and allowances		<u></u>			
	b Less Cost of goods sold	of which is the	î.			
	c Gross profit or (loss) (attach schedule)					
	11 Other income (attach schedule)					· · · · · · · · · · · · · · · · · · ·
	12 Total. Add lines 1 through 11	291,717	1	0,254		, } ***
Ş	13 Compensation of officers, directors, trustees, etc					
JSE	14 Other employee salaries and wages					
Expenses	15 Pension plans, employee benefits.					
EX	16 a Legal fees (attach schedule)	15,036				15,03
	I haccounting tage (attach schedule) 124 I I					
aţi	c Other professionalitees (attach; schedule)					
štr	17 Interest	19				
Ë	18 Taxes (attach schedule) (see) ເກົ່າຮຸກປະຕິເດັກຣ) 19 Depreciation (attach schedule) and depletion	19				<u> </u>
<u>E</u>	20 Occupancy					<u> </u>
Administrative	21 Travel, conferences, and meetings					
and	22 Printing and publications .					
		6,825				6,82
ij	24 Total operating and administrative expenses.					,
perating	Add lines 13 through 23	21,880		0		21,86
	\ 	12,000				12,00
<u> </u>	26 Total expenses and disbursements. Add lines 24 and 25	33,880		0		33,86
	27 Subtract line 26 from line 12	新··· · · · · · · · · · · · · · · · · ·	Th. Ja. 3	水	with the sales when	-angles , "aga on spillings, hiji
	a Excess of revenue over expenses and disbursements	257,837		ţ ,,,	3. 10.50	a a u a
	b Net investment income (if negative, enter -0-)	Mant to much the Asia Manager	1	0,254	Andrew Advanced	many at the
	c Adjusted net income (if negative, enter -0-)			* *		ridifippy of deficient 1966, was the

(HTA)

Form **990-PF** (2011)

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
Γđ	سعة	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	65,878	1,374,411	1,374,411
	3	Accounts receivable			
- 1		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	· · · · · · · · · · · · · · · · ·		
		Less allowance for doubtful accounts			
တ္သ	8	Inventories for sale or use .			
Assets	9	Prepaid expenses and deferred charges			
ΑS	10 a	Investments—U.S. and state government obligations (attach schedule)			
,	1	b Investments—corporate stock (attach schedule)	1,050,696		,
	(c Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		man and and the extra and area. In a particular	party and the second se
		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)	1,116,574	1,374,411	1,374,411
	17	Accounts payable and accrued expenses			
10	18	Grants payable			21. 22. 2
ë.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia t	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			** A
	23	Total liabilities (add lines 17 through 22)	O	0	
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26 and lines 30 and 31.			gar and over a regular Ma
2	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
<u> </u>	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			6.2
Fun		and complete lines 27 through 31.			,
Net Assets or	27	Capital stock, trust principal, or current funds			
ş	28	Paid-in or capital surplus, or land, bldg , and equipment fund			<i>7</i> ,
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds	1,116,574	1,374,411	
Ä	30	Total net assets or fund balances (see instructions)	1,116,574	1,374,411	
<u>듛</u>	31	Total liabilities and net assets/fund balances (see	, ,	,,,	
Z		instructions)	1,116,574	1,374,411	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with		
		of-year figure reported on pnor year's return)	-	1_	1,116,574
2		r amount from Part I, line 27a		2	257,837
3				3	
4		lines 1, 2, and 3	·	4	1,374,411
5	Decr	eases not included in line 2 (itemize)	·	5	
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II,		6	1,374,411
_					1,017,711

27-0380219

(a) List and describe the ki	Losses for Tax on Invends) of property sold (e.g., real es or common stock, 200 shs MLC C	tate,	nt Incor	(b) How acquired PPurchase		ate acquired	(d) Date sold (mo , day, yr)	
1a Publicly-traded Securities				D—Donation	,	,, i j- j	· · · · · · - · · · · · · · · ·	
b								
c							-	
d								
е								
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			r other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a 1,230,902				1,310,932			-80,030	
b								
<u>c</u>								
d			-	- · · · · · · · · · · · · · · · · · · ·				
Complete only for constant above	in caliums (b) and auma	ed by the	foundation	on on 12/21/60				
Complete only for assets showing	· · · · · · · · · · · · · · · · · · ·	U Dy u le			ı		(h) gain minus less than -0-) or	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			ssofcol(ı) I(j),ıfany			om col (h))	
a		 				•	-80.030	
b								
С								
d								
е								
2 Capital gain net income or (ne	et canital incel (°			rt I, line 7 rt I, line 7	2		-80,030	
3 Net short-term capital gain or If gain, also enter in Part I, lin	•							
ın Part I, line 8					3			
Part V Qualification Unde	r Section 4940(e) for R	educe	d Tax c	n Net Investm	<u>ent In</u>	come		
If section 4940(d)(2) applies, leave Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the disqualify under section 4940	(e) Do	not com	plete this part			Yes X No	
1 Enter the appropriate amou	nt in each column for each	year, s	see the ir	istructions before	makir	ng any entries	(d)	
Base period years	(b) Adjusted qualifying distribution		Not value	(c) of nonchantable-use a	ocate	Dist	inbution ratio	
Calendar year (or tax year beginning in)	Adjusted qualifying distribut		Net value	·		(col (b)	divided by col (c))	
2010		5,611		762	2,060		0 007363	
2009 2008		0			0		0 000000	
2007							0 000000 0 000000	
2006							0 000000	
2 Total of line 1, column (d)	. 1					2	0 007363	
3 Average distribution ratio for	the 5-year base periodd	ıvıde th	e total or	line 2 by 5 or by	,	-	0 001 000	
the number of years the foun					'	3	0 003682	
4 Enter the net value of noncha	arıtable-use assets for 201	1 from	Part X, lı	ne 5	ļ	4	1,099,567	
5 Multiply line 4 by line 3						5	4,049	
6 Enter 1% of net investment in	ncome (1% of Part I, line 2	7b)			ļ	6	103	
7 Add lines 5 and 6						7	4,152	
8 Enter qualifying distributions If line 8 is equal to or greater the Part VI instructions		ın Part	VI, line	1b, and complete	that p	8 art using a 1	33,861 % tax rate See	

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	see	instruc	tions)	
1 a	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)					
b		1		"	103	
	here ► X and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
_	of Part I, line 12, col (b)	_ [ا	
2		2			0	
3	 	3			103	—
4	(, , , , , , , , , , , , , , , , , , ,	<u>4</u>			400	
5		5	************		103	
6	Credits/Payments 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 10					
		and the second				, 4,
	D Exempt foreign organizations—tax withheld at source C Tax paid with application for extension of time to file (Form 8868) . 6c 0				1)	*
	Backup withholding erroneously withheld 6d	A THE PERSON			ij	
7		7	}		10	
8		8			-6	
9	,,, , , , , , , , , , , , , , , , , ,	9			93	
10		10			0	
11		11			0	
Рa	rt VII-A Statements Regarding Activities					
	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	1	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
	instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			io.	-6.46	744
	published or distributed by the foundation in connection with the activities					
(C Did the foundation file Form 1120-POL for this year?			1c		X
(d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			102		27
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$				7,4	ш.
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$				18.2	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	Seattine 2	X
•	If "Yes," attach a detailed description of the activities				300	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			66.534	* 2031	
4.	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3	_	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4a 4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	IVA	Х
•	If "Yes," attach the statement required by General Instruction T				5 Marabal	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or				10000	
	By state legislation that effectively amends the governing instrument so that no mandatory directions				1	
	that conflict with the state law remain in the governing instrument?			6	X	gragoio silgen
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	d Pa	art XV	7	Х	
8 8	a Enter the states to which the foundation reports or with which it is registered (see instructions)				La R	
	NY					
ı	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			-4-4	vr.	
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			****		3 6- 41
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			1		
	complete Part XIV			9		X
10	, i , i , i , i , i , i , i , i , i , i					1
_	their names and addresses			10		X
			F	QQ(DE	(2044)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

1

4b

For	1990-PF (2011) The Steven C Calicchio Four	ndation			27-0380219	Page 6
Pa	rt VII-B Statements Regarding Activiti	es for Which For	m 4720 May Be F	Required (continued)	-	
	During the year did the foundation pay or incur any					
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Yes	X No	
	(2) Influence the outcome of any specific public	election (see section 4	4955), or to carry			
	on, directly or indirectly, any voter registratio	n drive?		· Yes	X No	
	(3) Provide a grant to an individual for travel, stu	ıdv. or other sımılar pı	ımoses?	Yes	X No	[] []
	(4) Provide a grant to an organization other than					
	in section 509(a)(1), (2), or (3), or section 49		•	☐ Yes ☐	X No	
	(5) Provide for any purpose other than religious.		•			∦
	educational purposes, or for the prevention of		-	Yes	X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qua	alify under the excepti			
	Regulations section 53 4945 or in a current notice				5b	N/A
	Organizations relying on a current notice regarding			. ,		
С	If the answer is "Yes" to question 5a(4), does the f			٠.		
	tax because it maintained expenditure responsibili			☐ Yes ☐	No Bill	
	If "Yes," attach the statement required by Regulati	-	5(d)	ا ۱۰۰۰ ا		
6a	Did the foundation, during the year, receive any fu	nds, directly or indirec	atly, to pay			100
	premiums on a personal benefit contract?	man, amoun, or manou		☐ Yes ☐	X No	
b	Did the foundation, during the year, pay premiums	. directly or indirectly.	on a personal benefit		6b	Х
	If "Yes" to 6b, file Form 8870	,,, ,				
7a	At any time during the tax year, was the foundation	n a party to a prohibite	ed tax shelter transact	ion? Yes	X No	# J 21 27 3
	If "Yes," did the foundation receive any proceeds of				7b	N/A
	art VIII Information About Officers	· · · · · · · · · · · · · · · · · · ·				
	and Contractors	, ,			p y -	,
1	List all officers, directors, trustees, found	ation managers ar	nd their compensa	tion (see instructions).		
		(b) Trtle, and average		(d) Contributions to	(e) Expens	e account.
_	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	مالم معطيم	
SE	ATTACHMENT				ĺ	
_						
				,		
_						
		<u> </u>	_l			
2	Compensation of five highest-paid emplo	yees (other than th	nose included on l	ine 1—see instructions	s). If none,	
	enter "NONE."	····		1 100 11		
		(b) Title, and ave		(d) Contributions to employee benefit	(e) Expens	e account
(a	Name and address of each employee paid more than \$50	0,000 hours per wee devoted to posi		plans and deferred	other alk	
		devoted to posi	luon	compensation		
ЙĊ	<u>NE</u>					
		 -	00			
_		 				
			20			
			00			
			001			
			00	- 		

Total number of other employees paid over \$50,000

Form 990-PF (2011) The Steven C Calicchio Foundation	27-0380219 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Parand Contractors (continued)	d Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services .	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable 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.	Expenses
1	1
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	Amount
1	
2	
2	
All other program-related investments See instructions	
3	
Total, Add lines 1 through 3	0

Cash distribution test (attach the required schedule)

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

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

33,861

33,758

103

4

5

Part	XIII- Undistributed Income (see instructions)				
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
_	line 7				54,875
2	Undistributed income, if any, as of the end of 2011		 	20,474	
_	Enter amount for 2010 only		 	32,474	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2011				
a	From 2006 0 From 2007 0				
D	From 2008 0				
d	From 2009 0				ļ
e	From 2010 0				
f	Total of lines 3a through e	(d		
4	Qualifying distributions for 2011 from Part	<u> </u>			
•	XII, line 4 ► \$ 33,861	1			
а	Applied to 2010, but not more than line 2a		<u> </u>	32,474	
	Applied to undistributed income of prior years			<u> </u>	
	(Election required—see instructions)		ol	į	
С	Treated as distributions out of corpus (Election				
	required—see instructions)			İ	
d	Applied to 2011 distributable amount	٠,٠	ŀ		1,387
е	Remaining amount distributed out of corpus	(0		***************************************
5	Excess distributions carryover applied to 2011	(o		0
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:			Age a la company de la company	,
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	(ol I		
b	Prior years' undistributed income Subtract			,	*
	line 4b from line 2b	19.44	0	· 🎎	
С	Enter the amount of prior years' undistributed				25 g
	income for which a notice of deficiency has				·
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				, 1988 so
d	Subtract line 6c from line 6b Taxable	7,3		Yaday Walis	er American
	amount—see instructions .		0		
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions .	*c.}	.a. #	O	
f	Undistributed income for 2011 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2012				53,488
7	Amounts treated as distributions out of		1 1 1 1	~ * <u>*</u>	
	corpus to satisfy requirements imposed by	İ	***		
_	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006				
_	not applied on line 5 or line 7 (see instructions)		0		
9	Excess distributions carryover to 2012.		144	14 m	
46	Subtract lines 7 and 8 from line 6a		0	· · · · · · · · · · · · · · · · · · ·	
10	Analysis of line 9				
	Excess from 2007	4			
		-t	Total Sold of	170	
C	Excess from 2009	4 '	1 1	46/k/ ***	**
C	Excess from 2010	7		-	
€	Excess from 2011] [, i		1

	1 990-PF (2011) The Steven C Calicchio Fou		od Doct VIII A lea	uaction (1)	27-038	0219 Page 10 N/A
	t XIV Private Operating Foundations (s If the foundation has received a ruling or determina			uestion 9)		IV/A
ıa	foundation, and the ruling is effective for 2011, enti-	•	•	•		
b	Check box to indicate whether the foundation is a j	рпvate operating foun	dation described in	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
_	Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(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					0
	from an exempt organization		-			0
-	(4) Gross investment income		1 1541 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0
Pa	ITT XV Supplementary Information (Coassets at any time during the year)			ndation had \$5	,000 or more in	
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have con before the close of any tax year (but only if they have				the foundation	
	NE					
t	 List any managers of the foundation who own 109 ownership of a partnership or other entity) of whice 		,		ortion of the	
NC	DNE					
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation m other conditions, complete items 2a, b, c, and d	s contributions to pres	elected charitable	organizations and d		
- 6	The name, address, and telephone number of the	person to whom app	lications should be	addressed		
	The form in which applications should be submitted	ed and information and	d matenals they sh	nould include		
	Any submission deadlines					
_	Any restrictions or limitations on awards, such as factors	by geographical area	s, charitable fields,	, kınds of ınstitutions	, or other	

Part XV Supplementary Information (continued)

1205 W BALMORAL AVE CHICAGO II 68980 JUILLIARD SCHOOL 50 SO SO SO SO SO SO SO S	3 Grants and Contributions Paid During t	he Year or Approved	for Future	Payment	
Name and address (home or business) a Paid dump the year CHICAGO CLASSICAL RECORDING FDN 1205 W BAILMORAL AVE CHICAGO IL 60640 JUILLIARD SCHOOL 60 LINCOLN CENTER PLZA RM 225 NEW YORK NY 10033 NEW YORK AND PRESBYTERIAN HOSPITAL 525 E 68TH ST, BOX 123 NEW YORK NY 10065 TRUSTEES OF COLUMBIA UNIVERSITY 475 RIVERSIDE DR, MC7724 NEW YORK NY 10115 Total Total Total Total Approved for future payment Page 120 Approved for future payment Page 120 Approved for future payment Page 121 Approved for future payment Page 121 Approved for future payment Page 121 Approved for future payment	Recipient	show any relationship to			Amount
CHICAGO CLASSICAL RECORDING FDN 1205 W BALMORAL AVE CHICAGO II. 60840 JUILLIARD SCHOOL 80 LINCOLIN CENTER PLZA RM 225 NEW YORK NY 10023 NEW YORK AND PRESBYTERIAN HOSPITAL 925 E 68TH ST, BOX 123 NEW YORK NY 10065 TRUSTLES OF COLUMBIA UNIVERSITY 475 RIVERSIDE DR, MC7724 NEW YORK NY 10115 Total Total Total Approved for future payment N/A 509(a)(1) General & Unrestricted 5,000 General & Unrestricted 3,000 Weill Cornell Medical Center So9(a)(1) General & Unrestricted 2,000 Total Approved for future payment 12,000	Name and address (home or business)		recipient	Contribution	
N/A 509(a)(1) General & Unrestricted 3,000	CHICAGO CLASSICAL RECORDING FDN 1205 W BALMORAL AVE	N/A	509(a)(2)	General & Unrestricted	5,000
NEW YORK AND PRESBYTERIAN HOSPITAL 5525 E8RH ST, BOX 123 NEW YORK NY 10065 TRUSTEES OF COLUMBIA UNIVERSITY 475 RIVERSIDE DR, MC7724 NEW YORK NY 10115 Total Approved for future payment Approved for future payment	JUILLIARD SCHOOL 60 LINCOLN CENTER PLZA RM 225	N/A	509(a)(1)	General & Unrestricted	3,000
Total .	NEW YORK AND PRESBYTERIAN HOSPITAL 525 E 68TH ST, BOX 123	N/A	509(a)(1)		2,000
b Approved for future payment		N/A	509(a)(1)	General & Unrestricted	2,000
b Approved for future payment	Total			▶ 3a	12 000
		-T	ή		12,000
Total ▶ 3h					
	Total	- '		▶ 3h	o c

	vities				
Enter gross amounts unless otherwise indicated	Unrelated business income Excluded by section 512, 513, or 514			(e)	
	(a) Business code				Related or exempt function income
1 Program service revenue					(See instructions)
a					
b					
c					
d					·
е		_			
f					
g Fees and contracts from government agencies .	·				
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investments			14	17	·
4 Dividends and interest from securities .	-		14	10,237	
5 Net rental income or (loss) from real estate	2 10 12 11 1 12 11 22				
a Debt-financed property .					
b Not debt-financed property					
		· · · · · · · · · · · · · · · · · · ·			
6 Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income			40	90,020	
8 Gain or (loss) from sales of assets other than inventory			18	-80,030	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	-		<u> </u>		
11 Other revenue a					
b	-				
c	-				 -
d	-				
e			1 2007 7		
12 Subtotal Add columns (b), (d), and (e)		(D	-69,776	
13 Total. Add line 12, columns (b), (d), and (e)	•			13	-69,776
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to the Ac					
				41. 4 .	
Line No. Explain below how each activity for which incom					ictions)
the accomplishment of the foundation's exempt					uctions)
					uctions)
					uctions)
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					uctions)

Form 990-PF (2011) The Steven C Calicchio Foundation 27-0380219

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organiza			 						
1	ın secti			ngage in any of the folic ection 501(c)(3) organia						Ye	s No
а	Transfe	ers from the reporting	foundation to	a noncharitable exemp	t organizati	on of					Ì
(1) Cash									1a(1)	X	
		ner assets							ļ	1a(2)	X
b		ransactions									
		les of assets to a none		•						1b(1)	<u> </u>
				ible exempt organizatio	n.					1b(2)	X
		ntal of facilities, equip		rassets						1b(3)	<u> </u>
		imbursement arrange								1b(4)	X
		ans or loan guarantee			-4		•			1b(5)	X
_				ip or fundraising solicita		_				1b(6)	X
		=	-	ts, other assets, or paid				•	·	1c	
a	value o	of the goods, other ass	ets, or service	complete the following es given by the reporting ement, show in column	g foundatio	on If the	e foundation rec	eived	less than	fair marke	et ed
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt organ	ization	(d) Des	cription of transfers,	transa	ctions, and sh	aring arrang	ements
							•				
		·									
		 									
_											
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					İ				· · · · · · · · · · · · · · · · · · ·		
	describ		of the Code (o	ated with, or related to, ther than section 501(c				ions		′es 🗓 N	0
<u> </u>	103	(a) Name of organization		(b) Type of org	anization		(c)	Descr	ption of relation	nship	
		(,		(2, ,), po 3, 6, g			(0)		,		
											•
							<u> </u>				
				this return, including accompanying				wledge	and belief, it is th	ue,	
Si	gn 🛚 🐃	rreat and complete Declaration of	f prepater (other than	taxpayer) is based on all information	n of which prepare	er has any l	nowledge	Г	May the IRS	discuss this	etum
	- 1.	$\langle 1 \rangle / 1 \rangle$	1 -		tre:	1.	. . +		with the prepa		
п	ere 🕨	* - Charl	<u> </u>	15/1/2	116:	>100	<u> </u>	.	instructions)?	X Yes	☐ No
		Signature of officer or truste		Date '	Title					T	
Pa	id	Print/Type preparer's r	ame	Preparer's signature			Date		[T].	PTIN	
		Jeffrey D Haskell		Jeffrey D. Haske	II		4/27/2012		eck ıf f-employed	P013457	70
	epare	From's same	oundation Sou				712112012	_		1-039834	
Us	e Onl	v ————		Fairfield, CT 06824				Phor) 839-17	
		1 0.00000 - 00	valis Drive,	i annelo, OT 00024				. 1101		orm 990-	
									۲	om 330-1	r (2011)

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.

OMB No 1545-0047

2011

Employer identification number

The Steven C Calicchio Foundation 27-0380219 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Name of organization Employer identification number
The Steven C Calicchio Foundation 27-0380219

THE CICTOR	10 Callochio i Canadatori		
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charitable Lead Trust "A" U/W Steven Calicchio 575 Madison Avenue New York NY 10022 Foreign State or Province Foreign Country	\$ 136,204	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Charitable Lead Trust "B" U/W Steven Calicchio 575 Madison Avenue New York NY 10022 Foreign State or Province Foreign Country	\$ 225,289	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Occupation (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$ 0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$ <u>o</u>	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 6	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)

Name of organization Employer identification number
The Steven C Calicchio Foundation 27-0380219

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions)

Name of org			- .		Employer identification number
	C Calicchio Foundation				27-0380219
Part III	Exclusively religious, charitable, etc., i				
	total more than \$1,000 for the year. Cor		- · ·		
	For organizations completing Part III, enter				
	contributions of \$1,000 or less for the year			structi	ons) > \$0
(a) No.	Use duplicate copies of Part III if additional	ai space is nee	eaea		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee
					•••••
·	For Prov Country				•••••
(a) No.	For Prov Country		l		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
				·	
	· · · · · · · · · · · · · · · · · · ·	(a) T	ransfer of gift		
		(6) 1	ransier of gift		
	Transferee's name, address, and	71P + 4	Relationsh	in of	transferor to transferee
	Transferee 5 name, address, and	211-1-4	Relationsh	ip oi	uansieror to transieree
					••••••
	For Prov Country				
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(0	l) Description of how gift is held
				'	
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee
					•••••
	•••••				
(a) No.	For Prov Country		1		
from Part I	(b) Purpose of gift	(c	c) Use of gift	(0	i) Description of how gift is held
				l	
		<u> </u>		<u> </u>	
		(e) 1	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee
	For Press				

Form 990-PF, Part I, Line 16a - Legal Fees

(a) (b) (c) (d) Expenses per Description Expenses per Books Income Books Income Incom			TOTAL: 15,036	0	0	15,036
Legal Set-up Fee Description Adjusted Net Income Income Income Companies Set-up Fee O O COMPANIE O O COMPANIE O O COMPANIE O O O O O O O O O O O O O O O O O O O			(a)	(a)	(2)	(Đ
Legal Set-up Fee Description 15,036 10 10 10 10 10 10 10 10 10 10 10 10 10			Expenses per	Net Investment	Adjusted Net	Charitable
	T	dusen	15,036	0		15,036
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	C					

Form 990-PF, Part I, Line 18 - Taxes

Color Colo	_'			- 1			,						_
Company	0	(0	Charitable Purpose	0									
(a) Expenses per Description Books IRS Excise Tax Payment with 2010 1st ext 990-PF	0	(0)	Adjusted Net Income	0									
(a) Expenses per Description Books IRS Excise Tax Payment with 2010 1st ext 990-PF	0	(g)	Net Investment Income	0									
Description IRS Excise Tax Payment with 2010 1st ext 990-PF	19	(e)	Expenses per Books	19									
Description 1 IRS Excise Tax Payment with 2010 1st ext 990-PF 3 4 5 6 7 7 9	TOTAL:												
1 2 2 4 5 6 7 8 B			Description	IRS Excise Tax Payment with 2010 1st ext 990-PF									
				-	2	က	4	2	9	7	8	6	10

Form 990-PF, Part I, Line 23 - Other Expenses

The Steven C Calicchio Foundation

		TOTAL:	6,825	0	0	6,825
1			(a)	(q)	(0)	(p)
			Expenses per N	let Investment	Adjusted Net	Charitable
	Description		Books	Income	Income	Purpose
1	Administrative Fees		3,950	0	0	3,950
12	2 Administrative Set-Up Fee		2,500	0	0	2,500
10	3 Filing Fees		250	0	0	250
4	4 Public Disclosure in Newspaper Ad		125	0	0	125
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The Steven C Calicchio Foundation

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

Avg Avg Benefits President / Director / Secretary 1 0 0 Director / Secretary 1 0 0							1	TOTAL	0		
Foundation Source 501 Shverside Rd Wilmington DE 19809 President 1 0 0 0 1 Shverside Rd Wilmington DE 19809 Vice President / Director 1 0 0 0 501 Shverside Rd Wilmington DE 19809 Director / Secretary 1 0 0 0 1 Shverside Rd Wilmington DE 19809 Director / Secretary 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name	Street	City	State	Zip Code	Title	Avg Hrs	Comp	Benefits	Expense
Foundation Source Sol Silverside Rd Wilmington DE 19809 Vice President / Director 1 0 0 Foundation Source Sol Silverside Rd Wilmington DE 19809 Director / Secretary 1 0 0	o L L	Calicchio	Foundation Source 501 Silverside Rd	Wilmington	DE	19809		-	0	0	
Foundation Source 501 Silverside Rd Wilmington DE 19809 Director / Secretary 1 0 0	W S	ent Calicchio	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	1	-	0	0	
	S.	Jackson	Foundation Source 501 Silverside Rd	Wilmington	DE	19809		-	0	0	