





Name of foundation P J CALLAHAN FOUNDATION INC		<b>A Employer identification number</b>  01-0687604	
Number and street (or P O box number if mail is not delivered to street address) 500 S AUSTRALIAN AVENUE NO 110		Room/suite	<b>B</b> Telephone number (see instructions)  (561) 366-9991
City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401			<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 4,115,907		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I	Analysis of Revenue and Expenses	Revenue and		Disbursements
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(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )			Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	for charitable purposes (d) (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule) . . . . .	185,012			
	2	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3	Interest on savings and temporary cash investments	25	25	25	
	4	Dividends and interest from securities . . . . .	14,270	14,270	14,270	
	5a	Gross rents . . . . .				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10 _____	17,189			
	b	Gross sales price for all assets on line 6a 195,181				
	7	Capital gain net income (from Part IV, line 2) . . . . .		839,145		
	8	Net short-term capital gain . . . . .				
	9	Income modifications . . . . .				
	10a	Gross sales less returns and allowances				
b	Less Cost of goods sold . . . . .					
c	Gross profit or (loss) (attach schedule) . . . . .					
11	Other income (attach schedule) . . . . .	 205,379	210,145	205,379		
12	<b>Total.</b> Add lines 1 through 11 . . . . .	421,875	1,063,585	219,674		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	4,000	0	0	4,000
	14	Other employee salaries and wages . . . . .				
	15	Pension plans, employee benefits . . . . .				
	16a	Legal fees (attach schedule). . . . .				
	b	Accounting fees (attach schedule). . . . .	 3,000	3,000	3,000	0
	c	Other professional fees (attach schedule) . . . . .				
	17	Interest . . . . .				
	18	Taxes (attach schedule) (see instructions) . . . . .	 265	265	265	0
	19	Depreciation (attach schedule) and depletion . . . . .				
	20	Occupancy . . . . .				
	21	Travel, conferences, and meetings . . . . .				
	22	Printing and publications . . . . .				
	23	Other expenses (attach schedule). . . . .	 2,195	2,195	2,195	0
	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	9,460	5,460	5,460	4,000
25	Contributions, gifts, grants paid . . . . .	117,000			117,000	
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	126,460	5,460	5,460	121,000	
	27	Subtract line 26 from line 12				
	a	<b>Excess of revenue over expenses and disbursements</b>	295,415			
	b	<b>Net investment income</b> (if negative, enter -0-)		1,058,125		
	c	<b>Adjusted net income</b> (if negative, enter -0-)			214,214	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			
	<b>2</b>	Savings and temporary cash investments . . . . .	17,532	227,414	227,414
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	803,516	1,100,211	1,190,213
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	245,376	273,308	268,444
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>Liabilities</b>	<b>15</b>	Other assets (describe ▶ _____)	1,042,112	803,018	2,429,836
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,108,536	2,403,951	4,115,907
	<b>17</b>	Accounts payable and accrued expenses . . . . .			
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted . . . . .	2,108,536	2,403,951	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
		<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	2,108,536	2,403,951	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	2,108,536	2,403,951	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	2,108,536
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	295,415
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,403,951
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	2,403,951

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	BESSEMER TRUST COMPANY OF FLORIDA - SEE STATEMENT			
b	BESSEMER TRUST COMPANY OF FLORIDA - SEE STATEMENT			
c	BESSEMER #INV27U - LT CAPITAL GAIN DISTRIBUTION	P		
d	GAIN FROM DOGWOOD K-1	P		
e	GAIN FROM DOGWOOD K-1	P		

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 89,917		96,273	-6,356
b 82,500		81,719	781
c 22,764			22,764
d			-6,496
e			828,452

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
a			-6,356
b			781
c			22,764
d			-6,496
e			828,452

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	839,145
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	-12,852

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	127,000	2,469,896	0 051419
2013	151,080	2,331,053	0 064812
2012	126,500	2,247,922	0 056274
2011	117,000	2,168,524	0 053954
2010	114,500	1,856,673	0 061669

2 Total of line 1, column (d).	2	0 288128
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 057626
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	4,943,070
5 Multiply line 4 by line 3.	5	284,849
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	10,581
7 Add lines 5 and 6.	7	295,430
8 Enter qualifying distributions from Part XII, line 4.	8	121,000

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

Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	21,163
c 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-)		2	0
3 Add lines 1 and 2. . . . .		3	21,163
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	21,163
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1,432	
b Exempt foreign organizations—tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868). . . . .	6c	40,000	
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments Add lines 6a through 6d. . . . .		7	41,432
8 Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	31
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . ▶		10	20,238
11 Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> ▶ 20,238 <b>Refunded</b> ▶		11	0

Part 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 participate or intervene in any political campaign? . . . . .	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>	1b		No
c Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ 0 <b>(2)</b> On foundation managers ▶ \$ _____ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i> . . . .	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	Yes	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	Yes	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____			
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? <i>If "No," attach explanation</i> .	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	10		No

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

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>JANOVER LLC</u> Telephone no ► <u>(212) 792-6300</u> Located at ► <u>485 MADISON AVENUE NEW YORK NY</u> ZIP+4 ► <u>10022</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<b>16</b>	<b>Yes</b>	<b>No</b>
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►				

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	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 2015? . . . . . <b>1c</b>		<b>No</b>
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2015 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	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 2015?	<b>4b</b>	<b>No</b>

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

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

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

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

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

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

*If "Yes," attach the statement required by Regulations section 53.4945–5(d)*

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **No**

*If "Yes" to 6b, file Form 8870*

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. ☐ **0**

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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. 0

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.

	Expenses
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	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	2,342,441
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	246,068
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,429,836
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	5,018,345
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	5,018,345
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	75,275
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	4,943,070
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	247,154

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	247,154
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	21,163
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	461,814
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	482,977
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	0
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	0
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	0

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	121,000
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	121,000
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	121,000

**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



Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .	23,107			
b From 2011. . . . .	10,116			
c From 2012. . . . .	15,326			
d From 2013. . . . .	124,209			
e From 2014. . . . .	7,559			
f Total of lines 3a through e. . . . .	180,317			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 121,000				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				0
e Remaining amount distributed out of corpus	121,000			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	301,317			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				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). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	23,107			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	278,210			
10 Analysis of line 9				
a Excess from 2011. . . .	10,116			
b Excess from 2012. . . .	15,326			
c Excess from 2013. . . .	124,209			
d Excess from 2014. . . .	7,559			
e Excess from 2015. . . .	121,000			

## Part XIV

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**b**

2a

b 8

**C**

**d**

**e**

3

**a**

(1)

(2)

**b**

**C**

(1)

(2)

(3)

(4)

## Part XV

**1**

**a**

**b**

**2**

Che

**a**

**b**

**C**

**d**

Part XV

Supplementary Information(continued)

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

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
<b>a</b> <i>Paid during the year</i> See Additional Data Table					
<b>Total . . . . .</b>				<b>▶ 3a</b>	117,000
<b>b</b> <i>Approved for future payment</i>					
<b>Total . . . . .</b>				<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

(2) Other assets. . . . .

**(6)** Performance of services or membership or fundraising solicitations. . . . .

1c		No
----	--	----

[illegible]☒ No

**(c) Description of relationship**


**Sign  
Here**

\* \* \* \* \*

Title

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use  
Only**

PTIN	P00157549
------	-----------

Firm's EIN ► 11-3258497

Phone no (212) 792-6300

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PATRICIA CALLAHAN	DIRECTOR 10 00	1,000	0	0
500 S AUSTRALIAN AVENUE 110 WEST PALM BEACH,FL 33401				
CAROLYN CALLAHAN	DIRECTOR 10 00	0	0	0
500 S AUSTRALIAN AVENUE 110 WEST PALM BEACH,FL 33401				
LINDA FARLEY	FUND MANAGER 10 00	1,000	0	0
500 S AUSTRALIAN AVENUE 110 WEST PALM BEACH,FL 33401				
DONALD SULLIVAN	DIRECTOR 10 00	1,000	0	0
500 S AUSTRALIAN AVENUE 110 WEST PALM BEACH,FL 33401				
CHRISTINE CALLAHAN	DIRECTOR 10 00	1,000	0	0
500 S AUSTRALIAN AVENUE 110 WEST PALM BEACH,FL 33401				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AABR 1508 COLLEGE POINT BLVD COLLEGE POINT,NY 11356	NONE	501(C)(3)	GENERAL	1,000
ALS ASSOCIATION 242 PARKSIDE CENTER CIRCLE TAMPA,FL 33619	NONE	501(C)(3)	GENERAL	1,000
AREA AGENCY ON AGING 4400 N CONGRESS AVE W PALM BEACH,FL 33407	NONE	501(C)(3)	GENERAL	1,000
ARMORY ART CENTER 1700 PARKER AVE W PALM BEACH,FL 33401	NONE	501(C)(3)	GENERAL	1,000
ARTHUR R MARSHALL FNDN FOR THE EVERGLADES 1028 N FEDERAL HWY LAKE WORTH,FL 33460	NONE	501(C)(3)	GENERAL	2,000
AUTISM PROJECT OF PALM BEACH COUNTY 5800 CORPORATE WAY WEST PALM BEACH,FL 33407	NONE	501(C)(3)	GENERAL	1,000
BRAIN AND BEHAVIOR RESEARCH FNDN 90 PARK AVENUE 16TH FLOOR NEW YORK,NY 10016	NONE	501(C)(3)	GENERAL	1,000
BROOKLYN PHILHARMONIA CHORUS 124 HENRY ST BROOKLYN,NY 11201	NONE	501(C)(3)	GENERAL	1,000
CARIDAD CENTER 8645 W BOYNTON BEACH BLVD BOYNTON BEACH,FL 33437	NONE	501(C)(3)	GENERAL	1,000
CATHOLIC CHARITIES DIOCESE PALM BEACH PO BOX 109650 P BCH GDNS,FL 33410	NONE	501(C)(3)	GENERAL	2,000
CHARITY NAVIGATOR 139 HARRISTOWN RD STE 201 GLEN ROCK,NJ 07452	NONE	501(C)(3)	GENERAL	1,000
COVENANT HOUSE - HONORING GEORGE LEWIS 5 PENN PLACE NEW YORK,NY 10001	NONE	501(C)(3)	GENERAL	5,000
FARMWORKERS COORD COUNCIL PB COUNTY 1123 CRESTWOOD BLVD LAKE WORTH,FL 33460	NONE	501(C)(3)	GENERAL	1,000
CITY MEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK,NY 10017	NONE	501(C)(3)	GENERAL	1,000
COLUMBIA UNIVERSITY PANCREATIC CANCER RESEARCH 622 WEST 113TH STREET NEW YORK,NY 10025	NONE	501(C)(3)	GENERAL	1,000
<b>Total</b> . . . . . ▶ <b>3a</b>				117,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CYSTIC FIBROSIS FOUNDATION 700 S DIXIE HWY 100 HOLLAND, MI 49423	NONE	501(C)(3)	GENERAL	1,000
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	GENERAL	1,000
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	NONE	501(C)(3)	GENERAL	2,000
FOX HOUSE 111 EAST 117TH STREET NEW YORK, NY 10035	NONE	501(C)(3)	GENERAL	1,000
FRESH AIR FUND 633 THIRD AVE 14TH FL NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	1,000
GLADES HEALTHCARE FOUNDATION (FKA LAKESIDE MEDICAL CENTER) 39200 HOOKER HWY BELLE GLADE, FL 33430	NONE	501(C)(3)	GENERAL	1,000
HABITAT FOR HUMANITY - PB COUNTY 6578 N MILITARY TRAIL 303 W PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	2,000
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION 360 ESSEX STREET STE 301 HACKENSACK, NY 07601	NONE	501(C)(3)	GENERAL	2,000
HELP HOPE LIVE - KIDNEY ASSISTANCE TO MICHAEL MCGUIRE 2 RADNOR CORP CTR 100 RADNOR, PA 19087	NONE	501(C)(3)	GENERAL	1,000
HISTORICAL SOCIETY OF PALM BEACH COUNTY PO BOX 4364 WEST PALM BEACH, FL 33402	NONE	501(C)(3)	GENERAL	1,000
HOLY APOSTLES SOUP KITCHEN 296 NINTH AVE NEW YORK, NY 10001	NONE	501(C)(3)	GENERAL	1,000
HOME FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	NONE	501(C)(3)	GENERAL	1,000
HOME SAFE 2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	NONE	501(C)(3)	GENERAL	1,000
HOPE FOR THE WARRIORS 1335 STE E WESTERN BLVD JACKSONVILLE, NC 28546	NONE	501(C)(3)	GENERAL	1,000
HOPE RURAL SCHOOL INC 15929 SW 150TH STREET INDIANTOWN, FL 34956	NONE	501(C)(3)	GENERAL	2,500
<b>Total</b> . . . . . <b>3a</b>				117,000



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
IMMACULATE HEART ACADEMY 500 VAN EMBURGH AVE TOWNSHIP OF WASHINGTON, NJ 07676	NONE	501(C)(3)	GENERAL	3,000
JULIA'S BUTTERFLY FOUNDATION 637 WYCKOFF AVE 285 WYCKOFF, NJ 07481	NONE	501(C)(3)	GENERAL	2,500
JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HWY JUPITER, FL 33458	NONE	501(C)(3)	GENERAL	2,000
KRAVIS CENTER FOR PERFORMING ARTS 701 E OKEECHOBEE BLVD WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	2,000
LEUKEMIA & LYMPHOMA SOCIETY  4360 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33410	NONE	501(C)(3)	GENERAL	2,500
LITTLE SISTERS OF THE POORJEANNE JUGAN RESIDENCE 2999 SCHURZ AVE BRONX, NY 10465	NONE	501(C)(3)	GENERAL	1,000
LORD'S PLACE 2808 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	1,000
MATTHEW DUDGEON MEMORIAL FUND PO BOX 19 CHESTER, NY 10918	NONE	501(C)(3)	GENERAL	1,000
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10021	NONE	501(C)(3)	GENERAL	2,000
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	501(C)(3)	GENERAL	1,000
LUSTGARDEN FNDN - PANC CANCER RESEARCH 1111 STEWART AVE BETHPAGE, NY 11714	NONE	501(C)(3)	GENERAL	1,000
NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
OASIS 59 MILL STREET PATERSON, NJ 07501	NONE	501(C)(3)	GENERAL	1,000
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LATANA, FL 33462	NONE	501(C)(3)	GENERAL	1,000
PALM BEACH DAY ACADEMY 241 SEAVIEW AVENUE PALM BEACH, FL 33480	NONE	501(C)(3)	GENERAL	5,000
<b>Total . . . . . ▶ 3a</b>				117,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PALM BEACH DAY ACADEMY ANNUAL FUND 241 SEAVIEW AVENUE PALM BEACH, FL 33480	NONE	501(C)(3)	GENERAL	5,000
PALM BEACH DRAMAWORKS 322 BANYAN BLVD WEAT PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
PALM BEACH POPS 500 AUSTRALIAN AVENUE 100 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	2,000
PASSION FOR PAWS 500 S AUSTRALIAN AVE 120 WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	500
PLACE FOR HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	501(C)(3)	GENERAL	1,000
PROJECT CHILDREN PO BOX 933 GREENWOOD LAKEN, NY 10925	NONE	501(C)(3)	GENERAL	1,000
REED ACADEMY 25 POTASH ROAD OAKLAND, NJ 07436	NONE	501(C)(3)	GENERAL	1,000
SACRED HEART SCHOOL 410 N M STREET LAKE WORTH, FL 33460	NONE	501(C)(3)	GENERAL	1,000
ST ANN'S CHURCH - WPB 310 N OLIVE AVENUE W PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
ST ANN'S CHURCH - OSSINING 25 EASTERN AVE OSSINING, NY 10562	NONE	501(C)(3)	GENERAL	1,000
FOOD BANK FOR WESTCHESTER 39 BROADWAY 10TH FL NEW YORK, NY 10006	NONE	501(C)(3)	GENERAL	1,000
ST ANN'S CHURCH 25 EASTERN AVE OSSINING, NY 10562	NONE	501(C)(3)	GENERAL	1,000
MEMORIAL SLOAN-KETT CANCER CTR - MEM EDWARD LEIN 1275 YORK AVENUE NEW YORK, NY 10021	NONE	501(C)(3)	GENERAL	1,000
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	501(C)(3)	GENERAL	4,000
ST FRANCIS COLL ENDOWED SCHOL PROG - MEM ELIZ DREYER 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	501(C)(3)	GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				117,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST FRANCIS OF ASSISI CHURCH 200 WEST 20TH STREET RIVIERA BEACH,FL 33404	NONE	501(C)(3)	GENERAL	1,000
ST MARY'S CHURCH 1200 EAST MAIN STREET PAHOKEE,FL 33476	NONE	501(C)(3)	GENERAL	1,000
UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORP DRIVE FAIRFAX,VA 22031	NONE	501(C)(3)	GENERAL	1,000
URSULINE SCHOOL - ANNUAL FUND 1354 NORTH AVENUE NEW ROCHELLE,NY 10804	NONE	501(C)(3)	GENERAL	1,000
WOMENS CHAMBER FOUNDATION - SCHOLARSHIP PROGRAM 400 HIBISCUS STREET W PALM BEACH,FL 33401	NONE	501(C)(3)	GENERAL	1,000
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY STE 100 JACKSONVILLE,FL 32256	NONE	501(C)(3)	GENERAL	1,000
WXEL PUBLIC TV PO BOX 6607 W PALM BEACH,FL 33405	NONE	501(C)(3)	GENERAL	1,000
AVOW CARES - MEMAMANDA BEDE 1095 WHIPPOORWILL LANE NAPLES,FL 34105	NONE	501(C)(3)	GENERAL	1,000
NEW YORK WEILL CORNELL MED CTR- 1-TIME SPEC STEM CELL RSCH 1300 YORK AVE BOX 314 NEW YORK,NY 10065	NONE	501(C)(3)	GENERAL	2,500
OPPORTUNITY INC 1713 QUAIL DRIVE W PALM BEACH,FL 33409	NONE	501(C)(3)	GENERAL	2,000
ST FRANCIS PREP - BRO ROBERT KENT SCHOL FUND 6100 FRANCIS LEWIS BLVD FRESH MEADOWS,NY 11365	NONE	501(C)(3)	GENERAL	5,000
ST FRANCIS PREP - VINCENT O'CONNOR SCHOL FUND 6100 FRANCIS LEWIS BLVD FRESH MEADOWS,NY 11365	NONE	501(C)(3)	GENERAL	1,000
ST JOHN OF GOD RC CHURCH - MEM EVELYN SCOLLON 84 CARLETON AVE CENTRAL SLIP,NY 11722	NONE	501(C)(3)	GENERAL	1,000
ST JOSEPH REGIONAL MEDICAL CENTER FOUNDATION 703 MAIN STREET PATTERSON,NJ 07503	NONE	501(C)(3)	GENERAL	2,000
ST MICHAEL ARCHANGEL CHURCH - MEM WALTER PIOLI 14251 NAIL AVE LEAWOOD,KS 66223	NONE	501(C)(3)	GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				117,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SISTERS OF LIFE 38 MONTEBELLO RD SUFFERN,NJ 10901	NONE	501(C)(3)	GENERAL	1,000
SISTERS OF ST JOSEPH 1725 BRENTWOOD RD BRENTWOOD,NY 11717	NONE	501(C)(3)	GENERAL	1,500
UNIV OF FLA FNDN- OPPORTUNITY SCHOLARSHIPS - BEN BROWN PO BOX 14425 GAINSVILLE,FL 32604	NONE	501(C)(3)	GENERAL	1,000
WAFER FAMILY FOUNDATION 295 SQUIRE JOHNS LANE PALM CITY,FL 34990	NONE	501(C)(3)	GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				117,000

## TY 2015 Accounting Fees Schedule

**Name:** P J CALLAHAN FOUNDATION INC

**EIN:** 01-0687604

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JANOVER LLC	3,000	3,000	3,000	0

**TY 2015 Investments Corporate Stock Schedule****Name:** P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	1,100,211	1,190,213

## TY 2015 Investments - Other Schedule

**Name:** P J CALLAHAN FOUNDATION INC

**EIN:** 01-0687604

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OLD WESTBURY FIXED INCOME	AT COST	273,308	268,444

**TY 2015 Other Assets Schedule****Name:** P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
FRACTIONAL INT - DOGWOOD LP	1,042,112	803,018	2,429,836



**TY 2015 Other Expenses Schedule****Name:** P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT SERVICE FEE	2,161	2,161	2,161	0
MISCELLANEOUS	34	34	34	0

**TY 2015 Other Income Schedule****Name:** P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NET ORDINARY INCOME FROM DOGWOOD DRIVE FLP	0	1,176,234	0
LESS UBI PORTION	0	-1,171,468	0
PENNMUTUAL COMPANY - CASH SURRENDER	205,379	205,379	205,379

## TY 2015 Taxes Schedule

**Name:** P J CALLAHAN FOUNDATION INC

**EIN:** 01-0687604

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FLORIDA FRANCHISE TAX	61	61	61	0
FOREIGN TAXES	204	204	204	0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>P J CALLAHAN FOUNDATION INC</div>	<div>Employer identification number</div> <div>01-0687604</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> P J CALLAHAN FOUNDATION INC	<b>Employer identification number</b> 01-0687604
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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		\$ 185,012	Person <input checked="" type="checkbox"/>
	THE PETER J CALLAHAN CHAR LEAD TRUS 222 ROYAL PALM WAY		Payroll <input type="checkbox"/>
	PALM BEACH GARDENS, FL 33410		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

01-0687604

## Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

**Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

Name of organization P J CALLAHAN FOUNDATION INC	Employer identification number 01-0687604
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	