

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990PF for instructions and the latest information.

2019**Open to Public
Inspection****For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation P J CALLAHAN FOUNDATION INC		A Employer identification number 01-0687604
Number and street (or P.O. box number if mail is not delivered to street address) 450 PARK AVENUE SOUTH NO 3 FL		Room/suite
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		B Telephone number (see instructions) (561) 366-9991
G 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		C If exemption application is pending, check here ► <input type="checkbox"/>
H 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		D 1. Foreign organizations, check here..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ <u>5,075,216</u>	J 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.)	E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	229,885			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,519	1,519		
	4 Dividends and interest from securities	37,353	37,353		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	73,203			
	b Gross sales price for all assets on line 6a	231,759			
	7 Capital gain net income (from Part IV, line 2)		293,877		
	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)	302,075	-9		
	12 Total. Add lines 1 through 11	644,035	332,740		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	7,500	0	7,500	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	12,300	0	0	
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	350	52	0	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,368	3,266	0	
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	23,518	3,318	7,500	
	25 Contributions, gifts, grants paid	231,000		231,000	
	26 Total expenses and disbursements. Add lines 24 and 25	254,518	3,318	238,500	
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	389,517			
	b Net investment income (if negative, enter -0-)		329,422		
	c Adjusted net income (if negative, enter -0-)				

	Part II Balance Sheets	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
	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		228,307	300,820	300,820
	3 Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U.S. and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		1,481,337	1,688,444	2,080,753
	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)		504,414	535,887	541,445
	14 Land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)		3,553,762	3,629,397	2,152,198
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		5,767,820	6,154,548	5,075,216
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		1,040	0	0
	23 Total liabilities (add lines 17 through 22)		1,040	0	0
	Foundations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions		5,766,780	6,154,548	
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
	29 Total net assets or fund balances (see instructions)		5,766,780	6,154,548	
	30 Total liabilities and net assets/fund balances (see instructions)		5,767,820	6,154,548	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)		1	5,766,780
2 Enter amount from Part I, line 27a		2	389,517
3 Other increases not included in line 2 (itemize) ►		3	0
4 Add lines 1, 2, and 3		4	6,156,297
5 Decreases not included in line 2 (itemize) ►		5	1,749
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29		6	6,154,548

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a BESSEMER TRUST COMPANY OF FLORIDA - DETAILS ON REQUEST				2019-12-31
b BESSEMER TRUST COMPANY OF FLORIDA - DETAILS ON REQUEST				2019-12-31
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	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 40,574		39,963	611	
b 140,790		79,445	61,345	
c 50,395			50,395	
d			15,895	
e			165,631	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			611	
b			61,345	
c			50,395	
d			15,895	
e			165,631	
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	293,877
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	

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))
2018	156,012	4,288,660	0.036378
2017	189,000	4,017,058	0.047049
2016	167,600	3,574,022	0.046894
2015	121,000	4,943,070	0.024479
2014	127,000	2,469,896	0.051419
2 Total of line 1, column (d)			0.206219
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.041244
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4,736,560
5 Multiply line 4 by line 3			195,355
6 Enter 1% of net investment income (1% of Part I, line 27b)			3,294
7 Add lines 5 and 6			198,649
8 Enter qualifying distributions from Part XII, line 4			238,500

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	3,294
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,294
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	3,294
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	3,294
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	8,757
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	3,500
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	12,257
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	8,963
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ►	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?		Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).		Yes	No
	<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>			
1c	Did the foundation file Form 1120-POL for this year?		Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1)	On the foundation. ► \$ _____ 0	(2)	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?		Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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>		Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Yes	
	• 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?			
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>		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>		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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		Yes	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►JANOVER LLC	Telephone no. ►(212) 792-6300	
Located at ►485 MADISON AVENUE NEW YORK NY			ZIP+4 ►10022
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here.	► 15	<input type="checkbox"/>
16	At any time during calendar year 2019, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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
1a	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? (Exception. 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	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b	
c	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 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	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	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2019?	4b	No

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?				
(3) Provide a grant to an individual for travel, study, or other similar purposes?				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?				
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>				
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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 NONE	(b) Type of service	(c) Compensation
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.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	2,492,229
b	Average of monthly cash balances.	1b	164,263
c	Fair market value of all other assets (see instructions).	1c	2,152,198
d	Total (add lines 1a, b, and c).	1d	4,808,690
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,808,690
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	72,130
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,736,560
6	Minimum investment return. Enter 5% of line 5.	6	236,828

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

1	Minimum investment return from Part X, line 6.	1	236,828
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	3,294
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	3,294
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	233,534
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	233,534
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	233,534

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	238,500
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	238,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	3,294
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	235,206
	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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				233,534
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	7,559			
b From 2015.	121,000			
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	128,559			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>238,500</u>			0	
a Applied to 2018, but not more than line 2a				
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 2019 distributable amount.				233,534
e Remaining amount distributed out of corpus	4,966			
5 Excess distributions carryover applied to 2019. (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:	133,525			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions)	7,559			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	125,966			
10 Analysis of line 9:				
a Excess from 2015.	121,000			
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.	4,966			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon:			
a	"Assets" alternative test—enter:			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"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).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization.			
(4)	Gross investment income.			

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<i>a Paid during the year</i> See Additional Data Table				
Total			► 3a	231,000
<i>b Approved for future payment</i>				
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	1,519	
4 Dividends and interest from securities.			14	37,353	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	73,203	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a <u>MISC. INVESTMENT INCOME</u>			01		
b <u>DOGWOOD DRIVE FLP</u>	302,075	01			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).	302,075		112,075		0
13 Total. Add line 12, columns (b), (d), and (e).	302,075		112,075		414,150

Part XVII-B: Relationships of Activities to the Accomplishment of Forecast Purposes

Part XVII

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political 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

a Transfers from the reporting foundation to a noncharitable exempt organization of:

1a(1)		No
1a(2)		No

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3) Rental of facilities, equipment, or other assets.	1b(3)	No
(4) Reimbursement arrangements.	1b(4)	No
(5) Loans or loan guarantees.	1b(5)	No
(6) Performance of services or membership or fundraising solicitations.	1b(6)	No

1b(1)	No
1b(2)	No
1b(3)	No
1b(4)	No
1b(5)	No
1b(6)	No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

2020-11-06

May the IRS discuss this return with the preparer shown below
(see instr.) Yes No

Paid Preparer Use Only	Print/Type preparer's name ELLIOTT GLASS	Preparer's Signature	Date 2020-11-06	Check if self-employed ► <input type="checkbox"/>	PTIN P00157549
	Firm's name ► JANOVER LLC				Firm's EIN ► 11-3258497
	Firm's address ► 485 MADISON AVE - 9TH FLOOR NEW YORK, NY 10022				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 333 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY 10001	DIRECTOR 10.00	2,500	0	0
CAROLYN CALLAHAN 333 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY 10001	DIRECTOR 10.00	0	0	0
LINDA FARLEY 333 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY 10001	FUND MANAGER 10.00	0	0	0
DONALD SULLIVAN 333 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY 10001	DIRECTOR 10.00	2,500	0	0
CHRISTINE CALLAHAN 333 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY 10001	DIRECTOR 10.00	2,500	0	0

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)				
<i>a Paid during the year</i>				
AMERICAN FRIENDS OF SHALVA 315 5TH AVENUE NEW YORK, NY 10016	NONE	501(C)(3)	GENERAL	500
AQUINAS HIGH SCHOOL (ELIZABETH R DREYER SCHOLAR) 685 EAST 182 STREET BRONX, NY 10457	NONE	501(C)(3)	GENERAL	5,000
ARCHDIOCESE OF NY 1011 FIRST AVENUE 14TH FLOOR NEW YORK, NY 10022	NONE	501(C)(3)	GENERAL	2,500
Total			► 3a	231,000

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)				
a Paid during the year				
ARMORY ART CENTER 1700 PARKER AVE WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
BELMONT CHILD CARE ASSOCIATION 2150 HEMPSTEAD TPK GATE 6 ELMONT, NY 11003	NONE	501(C)(3)	GENERAL	2,500
BRAIN AND BEHAVIOR RESEARCH FNDN 90 PARK AVENUE 16TH FLOOR NEW YORK, NY 10016	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
BRAIN TUMOR NETWORK 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	NONE	501(C)(3)	GENERAL	50,000
BROOKLYN PHILHARMONIA CHORUS 124 HENRY ST BROOKLYN, NY 11201	NONE	501(C)(3)	GENERAL	1,000
CABRINI IMMIGRANT SERVICES 139 HENRY STREET NEW YORK, NY 10002	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
CARIDAD CENTER 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	NONE	501(C)(3)	GENERAL	1,000
CATHOLIC CHARITIES PALM BEACH COUNTY 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410	NONE	501(C)(3)	GENERAL	5,000
CENTER FOR CREATIVE EDUCATION 425 24TH STREET WEST PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	5,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
CENTER FOR FOOD ACTION 192 W DEMAREST AVE ENGLEWOOD, NJ 07631	NONE	501(C)(3)	GENERAL	1,000
CHARITY NAVIGATOR 139 HARRISTOWN RD STE 201 GLEN ROCK, NJ 07452	NONE	501(C)(3)	GENERAL	1,000
CHURCH OF RESURRECTION 13720 ROE AVENUE LEAWOOD, KS 66224	NONE	501(C)(3)	GENERAL	5,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
CITY MEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	1,000
COLUMBIA BUSINESS SCHOOL 33 WEST 60TH STREET 7TH FLOOR NEW YORK, NY 10023	NONE	501(C)(3)	GENERAL	5,000
COLUMBIA UNIVERSITY PANCREATIC CANCER RESEARCH 622 WEST 113TH STREET NEW YORK, NY 10025	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
CRISIS GROUP (CAROLE CORCORAN) 10 GRAND CENTRAL 155 EAST 44TH STREET SUITE 1705 NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	1,000
CYSTIC FIBROSIS FOUNDATION 700 S DIXIE HWY 100 WEST PALM BEACH, FL 33401	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
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
FARMWORKER COUNCIL 1123 CRESTWOOD BLVD LAKEWORTH, FL 33460	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
FOOD BANK FOR WESTCHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
FRESH AIR FUND 633 THIRD AVE 14TH FL NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	1,000
GLADES HEALTHCARE 230 S BARFIELD HWY PAHOKEE, FL 33476	NONE	501(C)(3)	GENERAL	1,000
HABITAT FOR HUMANITY - PB COUNTY 6578 N MILITARY TRAIL 303 WEST PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION 160 ESSEX STREET SUITE 101 LODI, NJ 07644	NONE	501(C)(3)	GENERAL	2,000
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
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
HOLY CHILD JESUS CHURCH 111-11 86TH AVENUE QUEENS, NY 11418	NONE	501(C)(3)	GENERAL	1,000
HOME FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	NONE	501(C)(3)	GENERAL	1,000
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
HOPE RURAL SCHOOL INC 15929 SW 150TH STREET INDIANTOWN, FL 34956	NONE	501(C)(3)	GENERAL	2,500
HOPSPICE OF PALM BEACH COUNTY 5300 EAST AVENUE WEST PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	1,000
HORSEABILITY 223 STORE HILL ROAD OLD WESTBURY, NY 11568	NONE	501(C)(3)	GENERAL	500
Total			► 3a	231,000

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)				
a Paid during the year				
IMMACULATE HEART ACADEMY 500 VAN EMBURGH AVENUE TOWNSHIP OF WASHINGTON, NJ 07676	NONE	501(C)(3)	GENERAL	3,000
JOHN HOPKINS MEDICINE 1800 ORLEANS STREET BALTIMORE, MD 21287	NONE	501(C)(3)	GENERAL	3,000
JULIA'S BUTTERFLY FOUNDATION 637 WYCKOFF AVE 285 WYCKOFF, NJ 07481	NONE	501(C)(3)	GENERAL	5,000
Total			► 3a	231,000

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)				
a Paid during the year				
JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HWY JUPITER, FL 33458	NONE	501(C)(3)	GENERAL	5,000
KRAVIS CENTER FOR PERFORMING ARTS 701 E OKEECHOBEE BLVD WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	2,000
LEUKEMIA & LYMPHOMA SOCIETY 3230 COMMERCE PLACE SUITE B WEST PALM BEACH, FL 33407	NONE	501(C)(3)	GENERAL	2,500
Total			► 3a	231,000

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)				
a Paid during the year				
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
LOYOLA UNIVERSITY NEW ORLEANS 6363 ST CHARLES AVE NEW ORLEANS, LA 70118	NONE	501(C)(3)	GENERAL	2,500
Total			► 3a	231,000

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)				
a Paid during the year				
MARIST COLLEGE FASHION PROGRAM 3399 NORTH ROAD POUGHKEEPSIE, NY 12601	NONE	501(C)(3)	GENERAL	2,500
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	NONE	501(C)(3)	GENERAL	2,000
MISCELLANEOUS CHURCHES 500 S AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
MISCELLANEOUS DONATIONS 500 S AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	8,000
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	501(C)(3)	GENERAL	1,000
NEW JERSEY CHORAL SOCIETY PO BOX 367 RIDGEWOOD, NJ 07451	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET NEW YORK, NY 10065	NONE	501(C)(3)	GENERAL	2,500
NO WARRIOR LEFT BEHIND 4309 ROSEMARY ST CHEVY CHASE, MD 20815	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	2,500
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
OASIS 59 MILL STREET PATERSON, NJ 07501	NONE	501(C)(3)	GENERAL	1,000
OPPORTUNITY INC 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409	NONE	501(C)(3)	GENERAL	3,000
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LATANA, FL 33462	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
PALM BEACH DRAMAWORKS 201 CLEMATIS STREET WEST PALM BEACH, FL 33401	NONE	501(C)(3)	GENERAL	1,000
PALM BEACH SYMPHONY 44 COCONUT ROW M207B PALM BEACH, FL 33480	NONE	501(C)(3)	GENERAL	1,000
PERMANENTLY DISABLED JOCKEY FUND PO BOX 803 ELMHURST, IL 60126	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
PLACE FOR HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	501(C)(3)	GENERAL	1,000
RANDOM ACTS OF FLOWERS 3500 WORKMAN ROAD STE 101A KNOXVILLE, TN 37921	NONE	501(C)(3)	GENERAL	1,000
REED ACADEMY 25 POTASH ROAD OAKLAND, NJ 07436	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
SISTERS OF LIFE 38 MONTEBELLO RD SUFFERN, NY 10901	NONE	501(C)(3)	GENERAL	1,000
SISTERS OF ST JOSEPH 1725 BRENTWOOD RD BRENTWOOD, NY 11717	NONE	501(C)(3)	GENERAL	1,000
ST ANDREWS SCHOOL 3900 JOG ROAD BOCA RATON, FL 33434	NONE	501(C)(3)	GENERAL	5,000
Total			► 3a	231,000

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)				
a Paid during the year				
ST PATRICK CHUCH 13591 PROSPERITY FARMS ROAD PALM BEACH GDNS, FL 33410	NONE	501(C)(3)	GENERAL	7,500
ST FRANCIS BREADLINE 144 WEST 32ND STREET NEW YORK, NY 10001	NONE	501(C)(3)	GENERAL	1,000
ST FRANCIS COLLEGE (ASSISI PILGRIMAGE) 180 REMSEN STREET BROOKLYN, NY 11201	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
ST FRANCIS COLLEGE (CHARTER AWARD DINNER) 180 REMSEN STREET BROOKLYN, NY 11201	NONE	501(C)(3)	GENERAL	1,000
ST FRANCIS COLLEGE (FRANCK BARKOCY) 180 REMSEN STREET BROOKLYN, NY 11201	NONE	501(C)(3)	GENERAL	1,000
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN, NY 11201	NONE	501(C)(3)	GENERAL	10,000
Total			► 3a	231,000

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)				
a Paid during the year				
ST FRANCIS PREP - 60TH REUNION 6100 FRANCIS LEWIS BLVD FRESH MEADOWS, NY 11365	NONE	501(C)(3)	GENERAL	6,000
ST FRANCIS PREP - ALAN WEAVER 6100 FRANCIS LEWIS BLVD FRESH MEADOWS, NY 11365	NONE	501(C)(3)	GENERAL	1,000
ST FRANCIS PREP - FRANK NASTRO 6100 FRANCIS LEWIS BLVD FRESH MEADOWS, NY 11365	NONE	501(C)(3)	GENERAL	2,000
Total			► 3a	231,000

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)				
<i>a Paid during the year</i>				
ST FRANCIS PREP 6100 FRANCIS LEWIS BLVD FRESH MEADOWS, NY 11365	NONE	501(C)(3)	GENERAL	10,000
ST JOSEPH MEDICAL CENTER 703 MAIN STREET PATERSON, NJ 07503	NONE	501(C)(3)	GENERAL	2,000
ST JUDE CHILDREN RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

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)				
a Paid during the year				
ST MARY'S CHURCH 1200 EAST MAIN STREET PAHOKEE, FL 33476	NONE	501(C)(3)	GENERAL	1,000
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	NONE	501(C)(3)	GENERAL	1,000
THE RAY PFEIFER FOUNDATION 827 ROUTE 82 SUITE 10210 HOPEWELL JUNCTION, NY 12533	NONE	501(C)(3)	GENERAL	2,000
Total			► 3a	231,000

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)				
a Paid during the year				
THOROUGHBRED CHARITIES OF AMERICA PO BOX 910668 LEXINGTON, KY 40591	NONE	501(C)(3)	GENERAL	1,000
THOROUGHBRED RETIREMENT FOUNDATION PO BOX 834 SARATOGA SPRINGS, NY 12866	NONE	501(C)(3)	GENERAL	1,000
TUESDAYS CHILDREN 390 PLANDOME RD SUITE 217 MANHASSET, NY 11030	NONE	501(C)(3)	GENERAL	1,500
Total			► 3a	231,000

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)				
a Paid during the year				
UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	NONE	501(C)(3)	GENERAL	1,000
URSULINE SCHOOL 1354 NORTH AVENUE NEW ROCHELLE, NY 10804	NONE	501(C)(3)	GENERAL	3,000
WXEL PUBLIC TV PO BOX 6607 WEST PALM BEACH, FL 33405	NONE	501(C)(3)	GENERAL	1,000
Total			► 3a	231,000

TY 2019 Accounting Fees Schedule

Name: P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,300	0	0	0

TY 2019 Investments Corporate Stock Schedule

Name: P J CALLAHAN FOUNDATION INC

EIN: 01-0687604

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	1,688,444	2,080,753

TY 2019 Investments - Other Schedule

Name: P J CALLAHAN FOUNDATION INC

EIN: 01-0687604

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OLD WESTBURY FIXED INCOME	AT COST	535,887	541,445

TY 2019 Other Assets Schedule

Name: P J CALLAHAN FOUNDATION INC

EIN: 01-0687604

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
FRACTIONAL INT - DOGWOOD LP	3,551,421	3,629,397	2,152,198
RECEIVABLES	2,341		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315015830
TY 2019 Other Decreases Schedule		
Name: P J CALLAHAN FOUNDATION INC		
EIN: 01-0687604		
Description	Amount	
OTHER BOOK ADJUSTMENTS		1,749

TY 2019 Other Expenses Schedule

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

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT SERVICE FEE	3,266	3,266		0
BANK FEES	95	0		0
OFFICE SUPPLIES	7	0		0

TY 2019 Other Income Schedule

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

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NET ORDINARY INCOME FROM DOGWOOD DRIVE FLP	0	2,138	0
LESS: UBI PORTION	0	-2,147	0
DOGWOOD DRIVE FLP	302,075		302,075

TY 2019 Other Liabilities Schedule

Name: P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD PAYABLE	1,040	0

TY 2019 Taxes Schedule

Name: P J CALLAHAN FOUNDATION INC**EIN:** 01-0687604

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	52	52		0
NYS TAXES	298	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

2019Name of the organization
P J CALLAHAN FOUNDATION INC**Employer identification number**
01-0687604**Organization type** (check one):**Filers of:** **Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
P J CALLAHAN FOUNDATION INCEmployer identification number
01-0687604

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	THE PETER J CALLAHAN CHAR LEAD TRUST 222 ROYAL PALM WAY PALM BEACH, FL 33480	\$ 179,827	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	PETER CALLAHAN 2415 CASA DE MARBELLA PALM BEACH GARDENS, FL 33410	\$ 50,058	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
P J CALLAHAN FOUNDATION INC

Employer identification number

01-0687604

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

Name of organization P J CALLAHAN FOUNDATION INC		Employer identification number 01-0687604	
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
	_____	_____	_____
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____