A Employer identification number

Department of the Treasury Internal Revenue Service

Name of foundation

For calendar year 2019 or tax year beginning

c Adjusted net income (if negative, enter -0-). . JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

### **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, and ending

OMB No 1545-0047

Open to Public Inspection

Form 990-PF (2019)

	THE	<u>STEV</u> EN C. CAI	LICCHIO FOU	JNDATI	.ON						27-038021	9	
N	lumber	r and street (or P O box n	number if mail is not	delivered t	o street	addres	ss)	_	Room/suite		B Telephone numb	er (see instructions)	_
	FOU	NDATION SOURCE	E 501 SILVE	ERSIDE	RD						(800) 83	9-1754	
ā	City or t	town, state or province, co	ountry, and ZIP or fo	reign posta	al code								_
	WTT.	MINGTON, DE 19	9809-1377								C If exemption application pending, check here		] (
7		eck all that apply	Initial retu	rn		Ir	utial return	of a former p	nublic charif	tv	_		٦
	<b>5</b> Onc	son all triat apply	Final retur		<u> </u>	_	mended re	· -	Jubiic Cilarii	· y	D 1 Foreign organizations, check here >  2 Foreign organizations meeting the		
			Address o		ŀ	_	ame chang				85% test, check t	ere and attach	٦
ĩ	- Che	eck type of organizat			(c)(3)				411		computation .	▶∟	J
ĺ		Section 4947(a)(1) nor			` ——		•	rivate founda	100 ()Y		E If private foundation	- L	٦
لـ ا		market value of					hod X C		crual			)(1)(A), check here . P	
•		of year (from Part				-			Ji dai			in a 60-month termination (1)(1)(B), check here	٦
			49,322.			ther (specify)column (d), must be on cash basis )			-1	(2)	((,(,),), direction : [ ]	_	
			nue and Expens					,				(d) Disbursements	_
	Part 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)			10	expen	enue and ses per oks	(b) Net inve		(c) Adjusted net income		for charitable purposes (cash basis only)		
`\ -	Τ_1	Contributions, gifts, grants, e		hadula)		_	350,695.					,,,	_
X	2	Chack I If the fo	oundation is not req	uired to	<del> </del>						<del>-</del>		_
1	3	attach s	Sch B		<u> </u>		233.		233.				_
	4	Interest on savings and interest on savings and interest on savings and interest of the savings and interest on savings are savings and interest on savings and interest on savings are savings and interest on savings and interest on savings are savings and interest on savings and interest on savings are savings are savings are savings and interest on savings are sa	· ·		<u> </u>		20,458.		0,458.				_
	5a	_				_	· ·		<del></del>				_
	1	Net rental income or (los						_					_
a	. ]	Net gain or (loss) from s					615,434.						
evenue	b	Gross sales once for all	2,711										_
٥	7	assets on line 6a Capital gain net incor	me (from Part IV	line 2)					0.		<del></del>		_
~	8	Net short-term capita	· ·								<del></del>	<del></del>	_
707	9	Income modifications				_		-					_
	10a	Gross sales less returns and allowances									<del></del>		_
၀ <b>ဂ</b>	b	Less Cost of goods sold		,			_						_
	1	Gross profit or (loss) (				_							_
<u> </u>	11	Other income (attach					17,641.		9,355.				_
≥	12	Total Add lines 1 thr				-2	226,407.	3	0,046.				_
) _	13	Compensation of officers	s, directors, trustees	etc			0.			ı	, 1		_
Expenses	14	Other employee salar								Ι			_
Sus	15	Pension plans, emplo	yee benefits								ULU		_
Ž	16a	Legal fees (attach sch	nedule)						1	\			_
ú	J h	Accounting fees (atta	ach schedule)										_
		Other professional fee	es (attach schedu	le).[2]			15,844.	1	5,844				_
rat	17	Interest					_						_
<u>.v.</u>	18	Taxes (attach schedul	le) (see instruction	ns)[3].			17,619.						_
2	17 18 19 20	Depreciation (attach	schedule) and de	pletion.									_
Ę	20	Occupancy											_
<b>4</b>	21	Travel, conferences, a	and meetings										_
and	22	Printing and publicate	ons										_
<u>و</u>	23	Other expenses (attac				7	87,146.	76	5,693.			20,89	7.
atir	23 24 25	Total operating and	administrative ex	penses									
Š	5	Add lines 13 through	23				20,609.	78	1,537.			20,89	
ő	25	Contributions, gifts, g	grants paid				13,000.					413,00	
_	26	Total expenses and disburs	sements Add lines 2	4 and 25		1,2	33,609.	78	1,537.			433,89	7.
_	27	Subtract line 26 from	line 12										
	a	Excess of revenue over	expenses and disbu	rsements		-1,4	60,016.						_
	l b	Net investment incor	me (if negative er	nter -0-1					0.				

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
· 	<u> </u>	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing			
2	Savings and temporary	cash investments	1,526,653.	375,183.	375,183
3	Accounts receivable ▶	14,176.	İ		
		btful accounts ▶		14,176.	14,176
4					
	Less allowance for dou	btful accounts ▶			
5					<u></u>
6		officers, directors, trustees, and other			•
		tach schedule) (see instructions)			
7		receivable (attach schedule)			
	Less allowance for dou	btful accounts ▶			
8	Inventories for sale or us	e			
Assets	•	eferred charges			
100	Investments - US and stat	e government obligations (attach schedule).	132 342	1 000 000	1 252 004
		stock (attach schedule) ATCH 5	132,343.	1,290,820.	1,353,024
11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)			
1	and equipment basis				
	Less accumulated deprecia (attach schedule)	uion •			
12	Investments - mortgage	loans	1 405 604	4 405	( 0.30
13 14	Investments - other (atta Land, buildings, and	ach schedule) ATCH 6	1,485,694.	4,495.	6,939
' '	animament bear	tion >			
	(attach schedule)	ntion >			
15	Other assets (describe				
16		completed by all filers - see the	2 144 600	1 604 674	1 740 220
		age 1, item !)	3,144,690.	1,684,674.	1,749,322
17		ccrued expenses		··	
	•	· · · · · · · · · · · · · · · · · · ·			
19					<del></del>
<b>20</b>		rs, trustees, and other disqualified persons			
<del></del> -!		tes payable (attach schedule)			
<b>-</b>   22	Other liabilities (describe	:▶)			<del></del>
23	Total liabilities (add line	s 17 through 22)	0.	0.1	
24 25	and complete lines 24,	v FASB ASC 958, check here			
Ĕ	•				
24		or restrictions		-	<del></del>
8	Net assets with donor re	estrictions · · · · · · · · · · · · · · · · · · ·			
Net Assets or Fun 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and complete lines 26 thre	ollow FASB ASC 958, check here			
<u>-</u>	•				
5 26 5 27		cipal, or current funds			<del></del>
28		ulated income, endowment, or other funds	3,144,690.	1,684,674.	
¥ 29	•	balances (see instructions)	3,144,690.	1,684,674.	
30		net assets/fund balances (see	0,211,0301	2,001,011	
Ž			3,144,690.	1,684,674.	
		nges in Net Assets or Fund Balan		-,,	
	-	alances at beginning of year - Part II		just agree with	
		d on prior year's return)			3,144,690
		line 27a			-1,460,016
		1-1-1-5			
					1,684,674
	reases not included in			5	,
		alances at end of year (line 4 minus l	line 5) - Part II, column (b)		1,684,674

_	
Page	

Par	(a) List and des	and Losses for Tax on Invo scribe the kind(s) of property sold (for e rick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase		(d) Date sold (mo , day, yr )
1 a	CDE DADE THE COURT		3/13 1/1/20 00 /	D - Donation		
<u> </u>			<del>- · · · · · · · · · · · · · · · · · · ·</del>	l —		
	<del></del>					
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	_				,	
<u>b</u>		<u> </u>			_	
c						
<u>d</u>						
<u>        e</u>	Complete and for exacts of	having age is calling (b) and award	by the foundation on 12/21/60			
	Complete only for assets s	howing gain in column (h) and owned			Gains (Col (h) ga (k), but not less the	
(	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
a					<del></del>	
<u>b</u>						
_ <u>c</u>	·				<del></del>	
<u>d</u>						
<u>e</u>	<del>_</del> ,,	( If or	ain, also enter in Part I, line 7			
2	Capital gain net income	or (not conital loce)	oss), enter -0- in Part I, line 7	2	_	621,173.
3	Net short-term capital o	ain or (loss) as defined in sections	· ·			
-		art I, line 8, column (c) See ins				
	-	· · · · · · · · · · · · · · · · · · ·		3		0.
Par			duced Tax on Net Investment I	ncome		
Was			outable amount of any year in the b	ase period	i?	Yes X No
1			ar, see the instructions before maki	ng anv en	tries	
<u> </u>	(a)	(b)	(c)		(d)	
Cale	Base penod years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	! 	Distribution ra (col (b) divided by	
	2018	377,152.	2,120,038.			0.177899
	2017	292,045.	3,338,202.			0.087486
	2016	337,893.	3,591,711.			0.094076
	2015	345,009.	2,897,664.			0.119065
	2014	132,690.	2,859,988.			0.046395
						0 504001
2		d)		2		0.524921
3	•	o for the 5-year base period - divid	•			0 104004
	the number of years the	foundation has been in existence i	of less than 5 years	3		0.104984
					1	589,337.
4	Enter the net value of no	oncharitable-use assets for 2019 f	rom Part X, line 5	4		309,337.
_				5		166,855.
5	Multiply line 4 by line 3.			-		100,000.
	F-4 40/ -5 1	ant manne (40/ cf Part Line 071)		6		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		<del>                                     </del>	<del></del>	
7	Add lines 5 and 6			7		166,855.
7	Add mies 5 and 0,					
8	Enter qualifying distribut	ions from Part XII line 4		8		433,897.
•	If line 8 is equal to or g	reater than line 7, check the box	ın Part VI, line 1b, and complete		using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	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			0.	
	here $\blacktriangleright$ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			0.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			0.	
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,900.				
b	Exempt foreign organizations - tax withheld at source				
c	Tax paid with application for extension of time to file (Form 8868)6c				
đ	Backup withholding erroneously withheld		~ .		
7	Total credits and payments Add lines 6a through 6d		۷, ۱	900.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2 (	900.	
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		2,3	,00.	
11 Por	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,900. Refunded ▶ 11   t VII-A Statements Regarding Activities				
		T 7	V	No.	,
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 X	-
<b>h</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	- 'α			-
ь	Instructions for the definition	16		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				-
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	10	!	x	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
_	(1) On the foundation $\triangleright$ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers   \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х	_
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X		-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	-
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	X		-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NY,				
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 <sup>2</sup> If "No," attach explanation	8b	X		
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 tax year beginning in 2019? See the instructions for Part XIV if "Yes,"			.,	
	complete Part XIV	9		X	. •
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		Х	
	names and addresses	10			

Form	990-PF (2019) THE STEVEN C. CALICCHIO FOUNDATION 27-0380	)219	F	age :
Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X	
	Website address ▶ N/A		_	
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839-	.175	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	·
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶			
Pai	t 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.	<u> </u>	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? Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
		'		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, it terminating within 50 days /			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1ь		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		-
_	Organizations relying on a current notice regarding disaster assistance, check here			
C	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
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))			
2	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years	i '	i	
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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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 Form 4720 Schedule C to determine if the			

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **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?

Form 990-PF (2019)

4b

Х

Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Rec	quired (cont	inued)			
5a	During the	year, did the foundation pay or incur any ami	ount to	· · · · · ·				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influen	ce the outcome of any specific public ele	ection (see section	4955), or to carry or	n,				
	directly	or indirectly, any voter registration drive?			Yes	X No			
		e a grant to an individual for travel, study, or o		X No					
		e a grant to an organization other than a							
	• •	4945(d)(4)(A)? See instructions				X No			
		e for any purpose other than religious, cl				<del></del>	1		
		es, or for the prevention of cruelty to children		= :		X No	İ		
ь									
	Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions.								
	-	ons relying on a current notice regarding disa	_	<del>-</del>					
С	-	wer is "Yes" to question 5a(4), does the					_		
		maintained expenditure responsibility for the		•		No			
		tach the statement required by Regulations s	_		_				
6a		undation, during the year, receive any fur		ectly, to pay premiur	ms		İ		
		nal benefit contract?	•		Yes	X No			
b		indation, during the year, pay premiums, dire			act?		6b		Х
	If "Yes" to	6b, file Form 8870							
7a	At any time	e during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?.	. Yes	X No			
b		d the foundation receive any proceeds or har					7b		
8	Is the foun	dation subject to the section 4960 tax on page	ment(s) of more that	n \$1,000,000 in					_
		on or excess parachute payment(s) during the				X No			
Par		nformation About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Pa	aid Emplo	oyees,		
1	List all off	icers, directors, trustees, and foundat	on managers and	their compensation	. See instruct	tions.			
•				their compensation					
•			(b) Title, and average	(c) Compensation	(d) Contribut	ions to	(e) Expens	se accou	int,
		(a) Name and address				ions to efit plans	(e) Expens other all	se accou	ınt, s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accou lowance	s
ATCH			(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	ions to efit plans	(e) Expens other all	se accor owance	ont,
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accou	s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accor lowance	s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accor owance	s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accou	s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans inpensation	(e) Expens other all	se accou	s
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene and deferred con	ions to stiff plans appensation	other all	owance	0. 
ATCH	7		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee beneand deferred con	nons to stiff plans appensation 0 .	other all	owance	0. 
ATCH	Compensa	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con	nors to effit plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	other all	one, (	0.
ATCH	Compensa	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribute employee beneand deferred con	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.
ATCH	Compensa "NONE."	(a) Name and address , ition of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribut employee bene and deferred con  e 1 - see i  (d) Contribut employee b plans and de	nors to stiff plans appensation 0 .	ns). If no	one, (	0.

Form 990-PF (2019)

NONE

Par	Minimum Investment Return (All domestic foundations must complete this part see instructions)	Foreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, purposes	etc,	
а	Average monthly fair market value of securities	1a	630,295.
	Average of monthly cash balances	1 1	317,261.
	Fair market value of all other assets (see instructions)		665,984.
	Total (add lines 1a, b, and c)		1,613,540.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		1,613,540.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,	see	
•	instructions)		24,203.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, li		1,589,337.
6	Minimum investment return. Enter 5% of line 5		79,467.
Par	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operational and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	79,467.
2a	Tax on investment income for 2019 from Part VI, line 5 2a		<u> </u>
ь	Income tax for 2019 (This does not include the tax from Part VI) 2b	155.	
	Add lines 2a and 2b	2c	155.
3	Distributable amount before adjustments Subtract line 2c from line 1	_	79,312.
4	Recoveries of amounts treated as qualifying distributions	_	
5	Add lines 3 and 4	5	79,312.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part		
	line 1,		79,312.
Par	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		422 227
а	,,, <b>3</b> ,,, , , , , , , , , , , , , , ,		433,897.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, purposes		
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII,		433,897.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inc		
	Enter 1% of Part I, line 27b See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		433,897.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wh		hether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Part XIII Undistributed Income (see instru	ctions)			
Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7				79,312.
2 Undistributed income, if any, as of the end of 2019				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Enter amount for 2018 only				1
b Total for pnor years 20 17 ,20 16 ,20 15				
3 Excess distributions carryover, if any, to 2019	- <del>-</del>			
a From 2014				
b From 2015 101,532.				
c From 2016 162,051.				
d From 2017 131,635.				
e From 2018				
f Total of lines 3a through e	674,345.			
4 Qualifying distributions for 2019 from Part XII,				
line 4 ▶ \$433,897.				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2019 distributable amount				79,312.
e Remaining amount distributed out of corpus	354,585.			<del>-</del>
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	:		* **	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,028,930.			
b Prior years' undistributed income Subtract				
line 4b from line 2b.				
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				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2020				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2014 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020.	1,028,930.			
Subtract lines 7 and 8 from line 6a	1,020,000.			
10 Analysis of line 9				
a Excess Hulli 2015				
131 635				
c Excess from 2017				
e Excess from 2019 354, 585.	1			

Pa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE	
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating		
	foundation, and the ruling is effective for 2019, enter the date of the ruling ▶						
h	Check box to indicate v		•		<del>-                                    </del>	j)(3) or 4942(j)(5)	
			is a private operating		30000011 4042(	17(0) 01 1 4042(1)(0)	
z a	Enter the lesser of the ad- justed net income from Part	Tax year		Prior 3 years	_ <del></del>	(e) Total	
	I or the minimum investment	(ã).2019	(b) 2018	(c) 2017	(d) 2016		
	return from Part X for each						
	year listed						
<b>.</b>	·						
D	85% of line 2a	<b></b>					
С	Qualifying distributions from Part						
	XII, line 4, for each year listed .					<del> </del>	
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						
а	"Assets" alternative test - enter						
۰							
	(1) Value of all assets (2) Value of assets qualifying					<del></del>	
	under section						
	4942(j)(3)(B)(i)						
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X,						
_	line 6 for each year listed				<del></del>	<del>\</del>	
С	"Support" alternative test - enter						
	(1) Total support other than gross investment income						
	(interest, dividends, rents,						
	payments on secunties						
	loans (section 512(a)(5)),						
	or royalties)					+	
	public and 5 or more						
	exempt organizations as						
	provided in section 4942 (j)(3)(B)(iii)						
	(3) Largest amount of sup-						
	port from an exempt						
	organization					<del> </del>	
	(4) Gross investment income .						
Pa				only if the founda	ition had \$5,000 c	or more in assets at	
	any time di	uring the year - see	instructions.)				
1	Information Regarding	Foundation Manage	rs:				
- a	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	il contributions recei	ved by the foundation	
	before the close of any						
	Ť	, , ,	•	, ,	· / / / /		
_	NONE				· · · · · · · · · · · · · · · · · · ·		
b	List any managers of			•	•	y large portion of the	
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest		
	N/A						
_	Information Regarding	Contribution Grant	Gift Loan Scholarch	in etc. Brograms:	-		
2	<del></del>						
	Check here ► X If the	he foundation only i	makes contributions	to preselected chari	table organizations	and does not accept	
	unsolicited requests for	or funds If the found:	ation makes gifts, gra	ints, etc., to individua	ls or organizations u	nder other conditions,	
	complete items 2a, b, c	c, and d. See instruction	ns				
	The name, address, ar	nd telephone number	or email address of th	e person to whom and	lications should be add	dressed	
a	The hame, address, at	na telephone namber	or email address or tr	ic person to whom app	moditions should be ad-	2100000	
				<del></del>			
b	The form in which appl	ications should be sub	omitted and information	on and materials they	should include		
	Any submission deadling	nes					
Ü	mily submission deadill	100					
				····			
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other	
	factors		_				

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid De Recipient Name and address (home or business)	uring the Year or App	proved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	<del> </del>
a Paid during the year				
AMOU O				
ATCH 8				
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		1		
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				1
				1
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				İ
Total			▶ 3a	413,000.
b Approved for future payment	1			,
a ripproved for ration payment				
			1	
		]		
	<u> </u>	<u> </u>	<u></u>	
Total			▶ 3b	İ

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	<u> </u>	y section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	Business code	Amount	(c) Exclusion code	Amount	function income (See instructions)
a						
b						
c						
d						
е						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest o	in savings and temporary cash investments -			14	233.	
4 Dividend	ds and interest from securities	· 		14	20,458.	
5 Net rent	al income or (loss) from real estate					
a Debt	-financed property					
b Not o	lebt-financed property					
6 Net renta	l income or (loss) from personal property					<del></del>
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory	525990	5,739.	18	-621,173.	
9 Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a					
ь <u>А</u>	TCH 9		58.		17,583.	
c						
e		_				
12 Subtotal	Add columns (b), (d), and (e)		5,797.		-582,899.	
13 Total Ad	dd line 12, columns (b), (d), and (e)				13	-577,102.
	neet in line 13 instructions to verify calcu					
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of Ex	empt Pur	ooses	
Line No	Explain below how each activity	y for which	n income is reported in	n column (e	e) of Part XVI-A contribut	ted importantly to the
▼	accomplishment of the foundation	n's exemp	t purposes (other than b	y providing	funds for such purposes)	(See instructions)
·			<u> </u>			· · · · · · · · · · · · · · · · · · ·
					<del></del>	
				<u>_</u>		
						, <u></u>
			·			
		_	-	-		
						<del></del>
			-			

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Organizations												
1		he organization direct ection 501(c) (other											Yes	No
		nizations?		` ,` ,	•	,			•		•			
а	-	sfers from the reportin	g foundation to	a noncharita	ble exe	empt orgai	nization o	f						
	(1) C	ash	<i></i>									. 1a(1)		Х
		ther assets												Х
b	Other	r transactions												
	(1) S	ales of assets to a no	ncharitable exer	npt organizati	on							. 1b(1)		Х
		urchases of assets fro												Х
		ental of facilities, equip			-									X
		eimbursement arrange												X
		oans or loan guarantee												Х
		erformance of service												X
С		ng of facilities, equipm			-									Х
		answer to any of the	-										fair m	arket
		of the goods, other												
		in any transaction or												
(a) L	ine no	(b) Amount involved		onchantable exe			_				ctions, and s			
<u> </u>		N/A					N/A	•					3	
									_				•	
					-									
_	_						<del>                                     </del>							
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				-										
	•••					*******						••••••		
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							-							
	مالم ما				!-	4	<u></u>	4						
Za		foundation directly o										$\square_{v}$	x	1
_		ribed in section 501(c)		tion 501(c)(3	)) or in	section 5.	217					· Y6	S [_^	NO
	ii re	s," complete the follow (a) Name of organization		/b) T:	unn of or	ganization		-	(0)	Dococo	tion of relation			
		(a) Name or organization		(6) 1)	ype or or	ganization			(0)	Descrip	non orrelatio	DITSTIIP		
			_											
						_								
	Lind	er penaltes of penuty, declar	re hat I have examin	ed this return inc	dudina ac	companying s	chadulas and	1 statements	s and to	the best	of my knowle	edge and h	oliof it	ic this
		ect, and complete Declaration of								tile best	or my known	euge anu p	ener, it	is live,
Sigi	۱ 👠	(L)	<u>,                                    </u>		1.2	200	Pa	esid	1		May the	IRS discuss	this	retum
Her	e 🔼			9 111	17	<i>pr</i>	_ <del></del>	2 > 1 W				preparer s		elow?
	-   Si	gnature of officer or trusted		Date	,		Title				See instruct	ons X	Yes	No
		Pant/Tino accounts - a-		Dear ands -	an atriac			Date			<del></del>	OTIN		
aic	i	Print/Type preparer's nar		Preparer's si	-	A C LUTT		Date	/10/00		eck if	PTIN	1577	0
	- parer	JEFFREY D HASK		JEFFREY	א ט א	ASKELL		111/			f-employed	P013		<del></del>
		Till 3 name	UNDATION SO		<u> </u>	-			F	irm's EIN	▶ 510	398347	· 	
use	Only		E HOLLOW LN	•	۷.		1 1	0.4.0			000	000 10	r 4	
		LA	KE SUCCESS,	NY			11	042	F	hone no	800-	839-17	54	

#### Schedule B

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

Name of the organization

#### **Schedule of Contributors**

0040

Employer identification number

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

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

2019

OMB No. 1545-0047

THE STEVEN C. CALICCHIO FOUNDATION 27-0380219 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 27-0380219

Part I	Contributors (see instructions) Use duplicate cop		<del></del>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARITABLE LEAD TRUST B  575 MADISON AVENUE  NEW YORK, NY 10022	\$ 350,695.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b> 55 -		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE STEVEN C. CALICCHIO FOUNDATION

Employer identification number 27-0380219

T			<u> </u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		l	
(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 THE STEVEN C. CALICCHIO FOUNDATION

Employer identification number

27-0380219 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. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

The Steven C Calicchio Foundation Taxable Year Ending December 31, 2019

Part I, Line 6a (990-PF) - Net Gain/(Loss) from Sales of Assets Not Included in Part IV

Nате	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Book Basis	Net Gain/(Loss)
Publicly-traded Securities Passthrough K-1 Capital Gain/(Loss) - non UBI				\$ 1,197,536	\$ 1,166,527	\$ 31,009
BRELF II, LLC REIT	Various	Purchase	10/18/2019	\$ 426,775	\$ 403,332	\$ 23,443
Direct Lending Income Fund, LP	9/29/2015	Purchase	12/31/2019	ا ج	\$ 765,697	\$ (765,697)
Ventor Capital Credit Opportunity Fund LP	2/1/2019	Purchase	3/31/2019	\$ 503,111	\$ 502,722	\$ 389
Woodson Capital Partners, LP	2/1/2019	Purchase	7/17/2019	\$ 584,572	\$ 584,570	\$
Total included in Part IV				\$ 2,711,994	\$ 3,422,848	\$ (621,173)
Passthrough K-1 Capital Gain/(Loss) - UBI						\$ 5,739
Part I, Line 6a Total						\$ (615,434)

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

	NET	INVESTMENT	INCOME	.09	7,681.	1,614.		9,355.
REVENUE	AND	EXPENSES	PER BOOKS	.09	7,681.	1,672.	8,228.	17,641.
			DESCRIPTION	K-1 INC/LOSS DIRECT LENDING INCOME FUND,	K-1 INC/LOSS VECTOR CAPITAL CREDIT OPPOR	K-1 INC/LOSS WOODSON CAPITAL PARTNERS, L	FEDERAL TAX REFUND	TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME AND EXPENSES PER BOOKS REVENUE DESCRIPTION

TOTALS INVESTMENT MANAGEMENT SERVICES

15,844.

15,844.

ATTACHMENT 2

15,844.

15,844.

ATTACHMENT 3

## FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
990-PF ESTIMATED TAX FOR 2019 990-PF EXTENSION FOR 2018 990-T INCOME TAX FOR 2018 STATE INCOME TAX 2018	2,800. 3,097. 8,303. 3,419.
TOTALS	17,619.

27-0380219 .

ATTACHMENT 4

EXPENSES	
OTHER	
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PART	
990PF,	
FORM 9	

CHARITABLE	PURPOSES 20.647.		250.	20,897.
NET INVESTMENT	INCOME	33,206. 715,562. 1,469.		765, 693.
REVENUE AND EXPENSES	PER BOOKS	33,206. 715,562. 1,469.	16,012. 250.	787,146.
	DESCRIPTION ADMINISTRATIVE FEES	BANK CHARGES K-1 EXP DIRECT LENDING INCOME K-1 EXP VECTOR CAPITAL CREDIT	K-1 EXP WOODSON CAPITAL PARTNE STATE OR LOCAL FILING FEES	TOTALS

27-0380219 ·

ATTACHMENT 5

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	133,379. 130,146. 133,989. 136,068. 137,998. 136,404. 132,301. 134,833.	1,353,024.
ENDING BOOK VALUE	119,710. 132,485. 134,030. 126,910. 126,952. 148,631. 125,772. 125,772. 127,379.	1,290,820.
DESCRIPTION	EMERSON ELECTRIC CO GEN DYNAMICS CP HONEYWELL INTL JOHNSON & JOHNSON PACKAGING CORP AMER PUBLIC STORAGE INC ROBERT HALF INTL INC SNAP ON INC TEXAS INSTRUMENTS INC	TOTALS

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ATTACHMENT 6		ENDING ENDING BOOK VALUE FMV	4,495.
	FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	VISIUM GLOBAL OFFSHORE FUND LT

TOTALS

ATTACHMENT 6

2019 FORM 990-PF THE STEVEN C. CALICCHIO FOUNDATION

# M 990-PF THE STEVEN C. CALICCHIO FOUNDATION 27-0380219 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CA	APITAL GAI	NS AND LO	SSES FOR	K TAX ON	INVEST	W	ENT INCOM	<u> </u>
Kınd of F				ription		20	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
1,197,536.		PUBLICLY-TRA 1,166,527.	ADED SECURIT	TIES			31,009.	
		PASSTHROUGH	K1 CAPITAL	GAIN/(LOSS)	)		89,681.	
426,775.		BRELF - BREI 403,332.	LF II, LLC F	REIT		Р	VAR 23,443.	10/18/2019
		DIRECTLENDIN 765,697.	IG - DIRECT	LENDING INC	COME FU	P	09/29/2015 -765,697.	12/31/2019
503,111.		VECTOR - VEC 502,722.	CTOR CAPITAI	CREDIT OPE	PORTUNI	P	02/01/2019 389.	03/31/2019
584,572.	İ	WOODSON - WO 584,570.	OODSON CAPIT	CAL PARTNERS	S, LP	P	02/01/2019	07/17/2019
TOTAL GAIN(L	oss)						621,173.	
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<b>.</b>								
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ATTACHMENT 7

2019 FORM 990-PF

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN CALICCHIO FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PRES 1.00	.0	Ö	.0
MILLICENT CALICCHIO FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR, VP 1.00	.0	.0	.0
LISA JACKSON FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR, SEC 1.00	.0	.0	.0
	GRAND TOTALS	0.	0	0.

27-0380219

ATTACHMENT 8

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ATLANTIC GOLF CLUB EDUCATIONAL FUND INC PO BOX 1890 BRIDGEHAMPTON, NY 11932	N/A PC	GENERAL & UNRESTRICTED	10,000
CARDINAL'S APPEAL 1011 1ST AVE 14TH FL NEW YORK, NY 10022	N/A PC	GENERAL & UNRESTRICTED	25,000
CEDILLE CHICAGO NFP 1205 W BALMORAL AVE CHICAGO, IL 60640	N/A PC	GENERAL & UNRESTRICTED	2,000
JUILLIARD SCHOOL 60 LINCOLN CENTER PLZ NEW YORK, NY 10023	N/A PC	GENERAL & UNRESTRICTED	3,000
SOLOMON R GUGGENHEIM FOUNDATION 1071 5TH AVE NEW YORK, NY 10128	N/A PC	GENERAL & UNRESTRICTED	255, 000
STUDENT ADVOCACY INC 3 W MAIN ST ELMSFORD, NY 10523	N/A PC	GENERAL & UNRESTRICTED	2,000

ATTACHMENT 8 (CONT'D)		AMOUNT	110,000
		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL & UNRESTRICTED
URING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	N/A PC
FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		RECIPIENT NAME AND ADDRESS	TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW 622 W 113TH ST MC4524 NEW YORK, NY 10025

27-0380219

2019 FORM 990-PF

THE STEVEN C CALICCHIO FOUNDATION

413,000

TOTAL CONTRIBUTIONS PAID

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THE STEVEN C. CALICCHIO FOUNDATION

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 9	AMOUNT FUNCTION INCOME	9,355. 8,228.	17, 583.
ATT	EXCLUSION AMC	14 01	
	E AMOUNT	90 58.	58.
	BUSINESS	525990	
	DESCRIPTION	K-1 INC/LOSS FEDERAL TAX REFUND	TOTALS