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

2016

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	_	lar year 2016 or tax y	ear beginning	<u>, 2016</u>	, and ending				
Name of			undation Inc			A Employer Identification nur	nber		
Number	and st	A. Melman For reet (or PO box number if m	iail is not delivered to street a	address)	Room/suite	38-3892922 B Telephone number (see instr	uctions)		
<u>7387</u>	0:	rangewood Lan	e			(301) 365-019			
		tate or province, country, and	ZIP or foreign postal code		22422	C If exemption application is	nending, check here. >		
Boca			Initial return		aturn of a former public charity				
G CI	ECK	⊨	Final return	Amended return	er public charity	ck here 🟲 📘			
			Address change	Name change		2 Foreign organizations mee	ting the 85% test, check		
H Ch	eck	type of organization:		(c)(3) exempt private for	ındation	here and attach computation	on" ▶ 📙		
		Section 4947(a)(1) non			rivate foundation	E If private foundation status	was terminated		
I Fai		ket value of all assets at en		counting method: X C		under section 507(b)(1)(A)	, check here 🟲 📙		
•		nt II, column (c), line 16)	, l L	Other (specify)	L I	F If the foundation is in a 60-	month termination		
	\$	1,745,6		column (d) must be on c	ash basis.)	under section 507(b)(1)(B)			
Part		Analysis of Reve		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
5		Expenses (The total columns (b), (c), and (al of amounts in 'd) may not neces-	expenses per books	income	income	for charitable		
* ∋		sarily equal the amour					purposes (cash basis only)		
» ———	 	(see instructions).)	, received (attach schedule)	220 020	Loughy Hart to Military 11	1.76 77 v 15 14.07.2	テールにおける場合を選択が A A		
	;		·	338,939.		PART OF THE RESERVE TO			
	1	_			N 22 22 22 22 22 22 23 23 23 23 23 23 23	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	;		rary cash investments · · · ·	1,100.	1,10	0. 1,100.			
REV	1 2	4 Dividends and interest from se 5 & Gross rents		39,860.	39,86	<u>0. 39,860.</u>			
2	1	b Net rental income							
R	1	or (loss) 6 a Net gain or (loss) from sale of a	assets not on line 10	98,214.	i⊬6a Sont		100		
E	`	b Gross sales price for all assets on line 6a · · ·	300,208.						
V	;	_	from Part IV, line 2)		98,21				
Ñ	1 1	Net short-term capital gar	ın			4,838.			
υ E	1 1	n a Gross sales less		The second second second			in the second second		
_	11	0 a Gross sales less returns and allowances							
		b Less Cost of					773 Y. A. W.		
		goods sold C Gross profit or (loss) (attach so	hedule)	Control of the second of the s		The second of th			
	11				E AMERICA COLL SERVICE COLUMN TO SERVICE COLUMN				
					<u> </u>				
	12		ıgh 11	478,113.	139,17	4. 45,798.	Partie Andrews		
	13	3 Compensation of officers	, directors, trustees, etc	WED					
	14	 Other employee salarie Pension plans, employee 	es and wages RECE	IVED		_ 			
_	1	6 a Legal fees (attach sched)	1 1	101					
A D	"	b Accounting fees (attach s		3 2017 101		- 			
M I		c Other professional fees (attac			-				
O I P S	17	7 Interest							
E Ť	11		istrs) . OGD	L14,					
RRAA	19	Depreciation (attach schedule) and depletion							
i i	20	- ,				- 			
ĞĚ	2			4,582.			4,582.		
A E N X D P	22	• .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	23		•						
E N	1_		dvisory fees	2,911.	2,91	2,911.			
S E	24	Total operating and admergences. Add lines 13 t		7,493.	2,91	2,911.	4.582		
3	2	•	•	76,007.	2,31	2, 311.	4,582. 76,007.		
	20								
	<u> </u>			83,500.	2,91	1. 2,911.	80,589.		
	27	7 Subtract line 26 from line a Excess of revenue over							
		and disbursements .	•	394,613.			<u> </u>		
		b Net investment income	(if negative, enter -0-)		136,26	3.			
	_	C Adjusted net Income (if	negative, enter -0-)			42,887.	,		

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	,
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing		67,296.	67,296.
	2	Savings and temporary cash investments			
	3	Accounts receivable	- ne		
		Less: allowance for doubtful accounts		b A -	
	4	Pledges receivable	- 2 3 4 5 7 7	* • • •	
	_ ا	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 sch)			
A S S E T		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	·		· · · · · · · · · · · · · · · · · · ·
S		a Investments — U S and state government obligations (attach schedule)			
	k	b Investments — corporate stock (attach schedule) . L=10b. St \mathfrak{m} t	1,179,721.	1,678,364.	1,678,364.
	4	c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis		A STATE OF THE STA	TO STATE OF THE PROPERTY OF TH
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)		-	
	14	Land, buildings, and equipment: basis		, , , , , , , , , , , , , , , , , , , ,	A1 (
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,429,216.	1,745,660.	1,745,660.
T	17			1,743,660.	1,745,660.
Ī	18	Grants payable			
A B	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
ı	21	Mortgages and other notes payable (attach schedule)			
T	22)		3 33 18 2 2 2
Ė S			- '		
<u>s</u>	23	Total liabilities (add lines 17 through 22)			
		and complete lines 24 through 26 and lines 30 and 31.	-		
F	24	Unrestricted	1 -//	1,745,660.	
E U T N	25	Temporarily restricted	1		
D	26	Permanently restricted			
B		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	_		
L	27	Capital stock, trust principal, or current funds	.		1、 20年 20年 20年 20日
Ņ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			and what is the District of
C DE	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	1,429,216.	1,745,660.	T 4 ~ 4 ~
	31	Total liabilities and net assets/fund balances (see instructions)		1,745,660.	
Parl	: 111	Analysis of Changes in Net Assets or Fund Balar	_ +		
1	Total	I net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)	nn (a), line 30 (must agree wi	th	1,429,216.
		r amount from Part I, line 27a			394,613.
					J94,013.
		lines 1, 2, and 3		4	1,823,829.
		ases not included in line 2 (itemize) Unrealized De			78,169.
		net assets or fund balances at end of year (line 4 minus line 5) –			1,745,660.

Part IV	Capital Gains and I	Losses for Tax on Investmer	nt Income			
	(a) List and describe 2-story brick wareho	the kind(s) of property sold (e.g , real use; or common stock, 200 shares M	estate, LC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a 74	0 Abbie Inc CMN		I		04/01/16	10/21/16
b 80	Unitedhealth Grp	Cmn			01/27/16	10/21/16
	<u> 3 Berkshire Hatha</u>	way class B		?	11/07/14	09/02/16
	3 Abbie Inc CMN			<u> </u>	06/25/14	10/21/16
e See	Columns (a) thru (d)				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale	s	(h) Gain or (e) plus (f) mi	nus (g)
a	45,080.			2,284.		2,796.
<u>b</u>	11,592.			550.		2,042.
<u>c</u>	19,963.			716.		1,247.
<u>d</u>	58,058.			587.		18,471.
e	See Columns (e) thru (h)			,858.		73,658.
_) F.M V as of 12/31/69	ng gain in column (h) and owned by th (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	t	(f) Gains (Co gain minus col (k), b han -0-) or Losses (fi	ut not less
a		-		-		2,796.
b	··				"	2,042.
						1,247.
d						18,471.
	See Columns (i) thru (i)		· · · · · · · · · · · · · · · · · · ·	- 1		73,658.
2 Cap	oital gain net income or (net o	If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	2		98,214.
in P Part V (For optio	art I, line 8	R, column (c) (see instructions) If (loss r Section 4940(e) for Reduce foundations subject to the section 494	d Tax on Net Investm		9	4,838.
Was the f	oundation liable for the section to the section of the section of the section does not qualify	on 4942 tax on the distributable amou y under section 4940(e) Do not comp	lete this part.		Yes	X No
		each column for each year; see the in		y entries		
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use asse	ets	(d) Distributior (col. (b) divided	
	2015	58,297.	1,137	,111.		0.051268
	2014	49,811.	985	,889.		0.050524
	2013	35,035.				
	2012	5,000.				
	2011					
2 Tota	al of line 1, column (d)			2		0.101792
3 Ave	rage distribution ratio for the iber of years the foundation	5-year base period — divide the total has been in existence if less than 5 year	on line 2 by 5, or by the pars	3		0.050896
4 Ente	er the net value of noncharita	able-use assets for 2016 from Part X,	line 5	4	ļ	1,459,692.
5 Mult	tiply line 4 by line 3			5		74,292.
6 Ente	er 1% of net investment inco	me (1% of Part I, line 27b)		6		1,363.
7 Add	lines 5 and 6			7		75,655.
		n Part XII, line 4			<u> </u>	80,589.
If lin	e 8 is equal to or greater tha	n line 7, check the box in Part VI, line	1b, and complete that part u	sing a 1% tax	rate. See the	

		3-389			F	Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee insti	uction	າຣ)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here Land enter 'N/A' on line 1	ķ	 			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)					
E		··· 1	ļ		1,	<u>363.</u>
	check here . X and enter 1% of Part I, line 27b					
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	-				
•	foundations only. Other's enter -0-)	<u> </u>	↓			0.
3	Add lines 1 and 2				1,3	363.
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	· · <u>5</u>			1,	363.
6	Credits/Payments		1 12	林学	, ,	
	2,761	<u></u>	, ,	ъ.		
	Exempt foreign organizations — tax withheld at source		>-	-	-	
) <u> </u>	,	•	- 3	
_	Backup withholding erroneously withheld					
7 8	Total credits and payments. Add lines 6a through 6d		<u> </u>		2,7	761.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>		1,3	398.
11 10%*	Enter the amount of line 10 to be Credited to 2017 estimated tax	<u> 11</u>				
	TVILA Statements Regarding Activities			· · · · ·		
1 a	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
_		· · · · ·		1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?					
				1 b	€	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities.			à		,
C	Did the foundation file Form 1120-POL for this year?			1 c		Х
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation > \$ (2) On foundation managers > \$					भारत स्ट्र
е	(1) On the foundation ► \$ (2) On foundation managers ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1		77 -
	foundation managers • \$			3.7	\$ 1500 Sec. 10	5 mg 1 mg
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If Yes,' attach a detailed description of the activities.			<u> </u>	- mi	· ^
2	·			,	eritor N	. [
	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	<u>`</u>	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		x
	If 'Yes,' attach the statement required by General Instruction T.			. A. J.	· Sadarde	\ v^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			5".0		1.
	By language in the governing instrument, or			,	£ .	
		_		* * *	3 4	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflic with the state law remain in the governing instrument?	: t		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	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		• • •		_^	
	remainder the registration (and modulation) in the first		-			
h	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-	J		
_	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942		l			 -
-	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Par	t XIV .		9		

Form 990-PF (2016)

Form	1990-PF (2016) Steven A. Melman Foundation Inc	_38-3	389292	2	_ P	age 5
Pai	t 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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified padvisory privileges? If 'Yes,' attach statement (see instructions)	erson had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption app				Х	
	Website address					
14	The Foundation Telephon	ne no 🏲		365	019	2
	Located at 7387 Orangewood Lane Boca Raton FL ZIP+4		33			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			• • •	. •	\sqcup
	and enter the amount of tax-exempt interest received or accrued during the year	• 1	5			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other author bank, securities, or other financial account in a foreign country?	ity over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country				* \$	
Par	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.			÷ .	Yes	No
18	During the year did the foundation (either directly or indirectly):	П. <i>.</i>		ايو يعشو	For	*
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo	uro tay		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			2
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Н	X No			₹.3 ***
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	-	X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			2. 4	4	1.7 .3
	for the benefit or use of a disqualified person)?	Yes	X No	(i	. X	~ ,
	(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	[] _V				32 6 . / 2
	of government service, if terminating within 90 days)	Yes	XNo			
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)?			1 b		St. 4 +
	Organizations relying on a current notice regarding disaster assistance check here		\Box	mr sayari	3 E541 652 284	\$5. ⁴ 7
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 2016?		_	1 c		* X
2	· · · · · ·			3	Ţ	<u> </u>
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)):			è.	بالإي الإراد	. 1º
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d			1 1 1		4 2 1
	and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No	() 4 x 4 } 8 # 4 4 4		* **
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	_	_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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) all years listed, answer 'No' and attach statement — see instructions.)			2 b	· FUT	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			7.0	; ,	
	► 20 _ , 20 _ , 20 _ , 20				98 t _e 25 g t	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	,	10 - 10 mg	
_		□ '•••			*	
D	If 'Yes,' did it have excess business holdings in 2016 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 2016.)		• • • • •	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
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 2016?			4 b		
BAA		• •)-PF (2	
					٠,-	,

David Brown 8909 Iverleigh Ct Potomac MD 20854 2.00 0. 0. 0. 0. Kenneth Shapiro 7501 Wisconsin Ave Bethesda MD 20814 2.00 0. 0. 0. 0. See Information about Officers, Directors, Trustees, Etc. 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 hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the railbowances. NONE Total number of other employees paid over \$50,000 None	Form 990-PF (2016) Steven A. Melman I			38-38	92922	<u>. </u>	Page 6		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4456(s))?.		 _	n 4720 May Be Req	uired (continued)					
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, scientific, literary, or decucional purposes, or for the pervision of crustly to inflation or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or decucional purposes, or for the pervention of crustly to inflation or animals? (7) Provide for any purpose other than religious, charitable, scientific, literary, or decucional purposes, or for the pervention of crustly to inflation or animals? (8) Provide for any purpose other than religious, charitable, scientific, literary, or decucional purposes, or for the pervention of crustly to inflation or animals? (9) It is an interest to see the state of the pervention of the state of the pervention of the state of the pervention of the state of the state of the pervention of the state of the s		•		О. С	, l	1			
(2) Interactor the outcome of any species pulse election (see section 49-5); of to carry (3) Provide a grant to an organization other than a charitable, etc. preparation described in section 4945(d)(A)N) (see instructions). (4) Provide a grant to an organization other than a charitable, etc. preparation described in section 4945(d)(A)N) (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to indicent or animals? (6) Provide a grant to an organization other than a charitable, etc. indicent or animals? (7) Provide a grant to an organization other than a charitable, etc. indicent or animals? (8) Provide a grant to an organization other than a charitable, etc. indicent or animals? (9) Provide a grant to an organization other than a charitable, etc. indicent or animals? (9) Provide a grant to an organization other than a charitable, etc. indicent or animals? (1) Provide a grant to an organization other than a charitable, etc. indicent or animals? (1) Provide a grant to an organization other than a charitable, etc. indicent or animals? (2) Provide a grant to an organization other than a charitable, etc. indicent or animals? (2) Provide a grant to an organization other than a charitable, etc. indicent or animals? (3) I any animals of the charitable of the charit	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (se	ection 4945(e))?	Yes X	No				
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 495(c)(4)(6) (fee instructions). (5) Provide for any purpose other than relajous, charitable, etc. organization described in season 495(c)(4)(6) (fee instructions). (6) Provide for any purpose other than relajous, charitable, etc. or the control of charitable of the charitable of the prevention of charity to children or animals? b) If any answer is Yes' to 5a(1)–(5), did any of the transactions fall to quality under the exceptions (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c) If he answer is Yes to question 54(4) does the foundation dain exemption from the list reaches in markingha expenditure recurrent or the stransactions of the foundation dain exemption from the list received in markingha expenditure recurrent by respective to the previous of the foundation during the year, reserve any funds, directly or indirectly, to pey premiums on a personal benefit contract? 1 Is at any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 1 Is at any time during the tax year, was the foundation are any not income attributable to the transaction? 1 Is at all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and everage (c) Compensation (see instructions). (b) Title, and everage (c) Compensation (see instructions). (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). (e) Expense account, other allowances of each employee paid more than \$50,000 (e) Expense account, other allowances of each employee paid more than \$50,000 (e) Expense account, other allowances of each employee paid more than \$50,000 (f) Expense account, other allowances of each employee paid more than \$50,000 (e) Expense account, other allowances of each employee paid more than \$50,000 (e) Expense account, other al	on, directly or indirectly, any voter registratio	n drive?`			No				
in section 4945(c)(4)(4)(2) (see instructions).	(3) Provide a grant to an individual for travel, stu	ıdy, or other similar purpo	oses? • • • • • • • • • •	Yes X	No				
educational purposes, or for the prevention of cruelty to children or animals? If any answer is Yes 15 561, 163, deal any of the transactions fall to qualify under the exceptions described in Regulations section S3 4945 or in a curren notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of the answer is Yes' to question 564, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, and 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 bandison, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If Yes to 8b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes is did the foundation necesses any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). Seeven A Meliman 7387_Organgewood Lane President Boca Ration Fit 33433 10,00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).								
described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	(5) Provide for any purpose other than religious educational purposes, or for the prevention	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							
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? A company of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiume, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiume, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract. B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract. B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract. B Did the foundation, during the year, receive any funds on a personal benefit contract. B Did the foundation, during the year, receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the foundation receive any funds on a personal benefit contract. C Did the found	described in Regulations section 53 4945 or in a		5 b	* ,					
tax because it maintained expenditure responsibility for the grant? If Yes and the statement required by Regulations section 3.4945–5(d). 6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes (2.60, file Form 8870. If Yes (3.60, file Form 8870. If Yes (4.60, file Form 8870. If Yes	Organizations relying on a current notice regardi	ng disaster assistance cl	heck here	<i></i>] [
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, file Form 8870. 7 at A any time during the tay sear, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 8870. 7 at A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 8870. 7 at A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' tid the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). 1 List all offic	c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible.	foundation claim exemptility for the grant?	tion from the	Yes	No	(=) } %			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	If 'Yes,' attach the statement required by Regula	tions section 53.4945—5	(d).		_				
### Tyes'to 8b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	6 a Did the foundation, during the year, receive any on a personal benefit contract?	funds, directly or indirectl	ly, to pay premiums	· · · · · · · · Yes · · ·	∢No	317, 2	1 pp. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b Did the foundation, during the year, pay premiun	ns, directly or indirectly, o	on a personal benefit con	tract?	· · · ·				
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 devoted to position (f) Title, and average plant more than \$50,000 (e) Compensation (e) Compensation (f) Comp	•			<u> </u>	ا ا	573 ¢			
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1									
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 (ft not paid, enter -0-) Steven A Melman 7387 Orangewood Lane Boca Raton FL 33433 10.00 0.0.0 0.0									
(a) Name and address (b) Title, and average hours per week devoted to position (the tot paid, enter 4). Steven A Melman 7387 Orangewood Lane Boca Raton FL 33433 10.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	and Contractors				Empic		<u> </u>		
Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'	1 List all officers, directors, trustees, foundation						_		
President Pres	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred	(e) Ex	cpense a ther allo	account, wances		
President 10.00 0. 0. 0. 0.	Steven A Melman				Ţ				
David Brown 8909 Iverleigh Ct	7387 Orangewood Lane	President							
Sect/Treas Sec		10.00	0.	0.	·		0.		
Potomac MD 20854 2.00 0. 0. 0. 0. Kenneth Shapiro 7501 Wisconsin Ave Bethesda MD 20814 2.00 0. 0. 0. 0. 0. See Information about Officers, Directors, Trustees, Etc. 0. 0. 0. 2,850. 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 hours per week devoted to position Point Mone and efformed compensation of the April Mone and efformed compensation of the April Mone and efformed compensation of the April Mone and efformed compensation Point Mone and efformed compensation of the April Mone and efformed compensation Point Mone and efformed compensation Point Poi					ĺ				
Name and address of each employee paid more than \$50,000 NONE NOR NONE					1		0		
Total number of other employees paid over \$50,000 Total number of other employees paid over \$50,000 None N		2.00	<u> </u>		`				
Bethesda MD 20814 2.00 0. 0. 0. O. See Information about Officers, Directors, Trustees, Etc. O. 0. 0. 2,850. 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 hours per week devoted to position NONE NONE Total number of other employees paid over \$50,000.	Kenneth Shapiro	Wise Pres			1				
See Information about Officers, Directors, Trustees, Etc. 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 other allowances NONE Total number of other employees paid over \$50,000 None		1	0	0	1		0		
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 hours per week devoted to position (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 (other allowances) (other allowances) (other allowances)			<u> </u>		`				
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 NONE	Oct mornandi about Omona, birocola, mascoa, ca								
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 NONE			0.	0.	.	2	2,850.		
(c) Compensation employee benefit plans and deferred compensation employee benefit plans and deferred compensation employees paid over \$50,000	2 Compensation of five highest-paid employee	s (other than those inc		nstructions). If none, e	enter 'N				
NONE		hours per week	(c) Compensation	` employee benefit plans and deferred	(e) Ex	tpense a	account, wances		
	NONE								
					+				
]				
					_				
	Total number of other employees said ever \$50,000	<u> </u>	<u> </u>		-		Mana		
	BAA					m 990-F			

_	ive highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
_		
Total n	umber of others receiving over \$50,000 for professional services	None
		110110
Рап і	Summary of Direct Charitable Activities	
List the fo	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of lons and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		
_		
_		
2 _		
_		
3 -		
_		
_		
4	"	
	X-B Summary of Program-Related Investments (see instructions)	
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 _		
_		
_ _	-	
2 _		
2 _ -		
-	er program-related investments. See instructions	
-	or program-related investments. See instructions	
All othe	program-related investments. See instructions	
All other	pr program-related investments. See instructions dd lines 1 through 3	

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

Adjusted qualifying distributions. Subtract line 5 from line 4

BAA

Form 990-PF (2016)

79,226.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				71,622.
2 Undistributed income, if any, as of the end of 2016	THE PARTY OF THE P	WINDS A STREET		2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Enter amount for 2015 only	· All and State of the last in the		0.	
b Total for prior years. 20 , 20 , 20			THE WAR PARTY	THE RESERVE AS A STATE OF THE PARTY OF THE P
3 Excess distributions carryover, if any, to 2016:	L. M. C. ST. C. N. S.			
a From 2011		A Maria Maria Maria		Market Control of the
b From 2012	·····································	A PARTY AND A SECOND		
c From 2013				建
d From 2014				
e From 2015				
f Total of lines 3a through e	5,492.			
4 Qualifying distributions for 2016 from Part				
XII, line 4: \$ 80,589.				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				1 1 1 1 1 H
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount			6.6	The Carlotter of Marie at the section
e Remaining amount distributed out of corpus	80,589.			
5 Excess distributions carryover applied to 2016	- 00/003.			The second of th
(If an amount appears in column (d), the			100	
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				THE PARTY OF
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	86,081.			
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			# 1 T	
				attraction at the second
d Subtract line 6c from line 6b. Taxable amount — see instructions				
				Crew Sales S
Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			٥.	
				Barrie Banka
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be	等, 不			
distributed in 2017	7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			71,622.
7 Amounts treated as distributions out of				2
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				-
may be required - see instructions)			Control of the second	
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	86,081.		~	
10 Analysis of line 9	30,001.	<u> </u>		
a Excess from 2012 3,019.				
b Excess from 2013 0 .				
c Excess from 2014 0 .				
d Excess from 2015 2,473.				
e Excess from 2016 80,589.				

Form 990-PF (2016) Steven A. Melman				38-3892922	
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or deter is effective for 2016, enter the date of the rulin	mination letter tha	t it is a private opera	iting foundation, and	the ruling	
b Check box to indicate whether the foundation	•			4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Тах уеаг	T	Prior 3 years	1 1 1 1 1 1 1	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for each year listed	(4/20.0	(5/25.5	10/201	10/200	
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		<u> </u>			
(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)(lil)					
(3) Largest amount of support from	•	1	-	-	<u> </u>
an exempt organization		 	<u> </u>		_ _
(4) Gross investment income		<u> </u>			
Part XV Supplementary Information (assets at any time during the	Complete this	s part only if the	e toundation had	1 \$5,000 or more	in
1 Information Regarding Foundation Manage		istructions.,			
a List any managers of the foundation who have	contributed more	than 2% of the total	contributions receive	d by the foundation be	efore the
close of any tax year (but only if they have cor	tributed more thar	n \$5,000). (See sect	ion 507(d)(2).)		
Steven A. Melman					
b List any managers of the foundation who own	10% or more of th	e stock of a comoral	tion (or an equally lar	ge portion of the owne	arshin of
a partnership or other entity) of which the foun	dation has a 10%	or greater interest.	tion (or an equally lar	ge portion of the Owne	sistilp of
n/a					
					
2 Information Regarding Contribution, Grant,		-			
Check here if the foundation only mak requests for funds. If the foundation makes gif complete items 2a, b, c, and d					
a The name, address, and telephone number or	e-mail address of	the person to whom	applications should	be addressed:	
Steven A Melman, VMD					
7387 Orangewood lane		_			
Boca Raton	FL 3343		<u>61) 487-1363</u>		
b The form in which applications should be subn	nitted and informat	lion and materials th	ey should include:		
c Any submission deadlines:		_			
None					
d Any restrictions or limitations on awards, such	as by geographica	al areas, charitable f	ields, kinds of institut	ons, or other factors	
None					

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	Foundation status of recipient	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor								
a Paid during the year			[D] Jan 10 3 4						
Jewish Federation 9901 Donna Klein Blvd	N/A	PC	Elderly Asst Programs						
Boca Raton FL 33428	· ·	PC	Programs	13,770.					
SS St. Louis Legacy			Educational	15,770.					
72 Suffolk B	N/A	PC	Documentary						
Boca Raton FL 33434			Video	10,000.					
University of Illinois			Support college of	20,000					
Veterinary Medicine	N/A	PC	Veterinary						
Urbana IL 61802			Medicine	10,000.					
Boca Raton Regional Hosp			Elderly Asst	,					
745 Meadows Road	N/A	PC	Programs						
Boca Raton FL 33486				2,500.					
Alzheimers Assoc.		ļ	Research & patient	,					
3323 West Commercial Blvd	N/A	PC	assistance						
Fort Lauderdale FL 33309	· ·		programs	500.					
Friends of Israel Def Force			for scholarships						
7700 Congress Ave	N/A	PC	to combat						
Boca Raton FL 33487			soldiers	4,000.					
MS Society	ł		Assistance for						
Burnside Court	N/A	PC	research programs						
Boca Raton FL 33433			l i	500.					
Pittsburgh Aviation Rescue			Volunteer						
1201 Banksville Rd	N/A	PC	Animal Rescue						
Pittsburgh PA 15216				1,000.					
Judith Lese Breast Cancer Fdn	[Education prog.						
16012 Chester Mill Terr	N/A	PC	for breast cancer						
Silver Spring MD 20906			awareness	250.					
See Line 3a statement									
				33,487.					
Total		<u> </u>	3a	76,007.					
b Approved for future payment									
	}	ļ	1						
			1						
	J		j i						
Total		<u> </u>							
Total									

Part XVI	-A Analysis of Income-Producing	<u>Activities</u>	<u> </u>			
Enter gross	er gross amounts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	(e)
1 Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
-	ani service revenue.	<u> </u>		code		
				 		
D		-				
c				├		
d			- · 			
e	_ -			$\perp \perp \downarrow$		
f						
g Fees	and contracts from government agencies					
2 Mem	bership dues and assessments					
3 Interes	st on savings and temporary cash investments			14	1,100.	
4 Divide	ends and interest from securities		<u> </u>	14	39,860.	
5 Net n	ental income or (loss) from real estate:	, ,	The state of the s	4	· · · · · · · · · · · · · · · · · · ·	
a Debt-	financed property					
b Not d	ebt-financed property	-		\top		
	ntal income or (loss) from personal property					
	r investment income			+		
	r (loss) from sales of assets other than inventory	-		18	98,214.	
	ncome or (loss) from special events	-	· · ·	1 10	30,214.	
	s profit or (loss) from sales of inventory			+		
	• • •			- FE - T /T/		
	r revenue.		See to a second district	الله	生をかれて、「はんしもかっ」	
				+		
b				+		
°.—			-	+		
d	· · · · · · · · · · · · · · · · · · ·			├ ──		
e				60° 0.5 . #83.79		
12 Subto	otal Add columns (b), (d), and (e)	· · · · · · · · · · · · · · · · · · ·			139,174.	
				• • • • •	13	<u> </u>
	heet in line 13 instructions to verify calculations					
Part XV	B Relationship of Activities to the	e Accomp	lishment of Exem	pt Purp	oses	
Line No.	Explain below how each activity for which inco	ome is report	ed in column (e) of Part	t XVI-A co	ntributed importantly to t	he
	accomplishment of the foundation's exempt p	urposes (other	er than by providing fun	ds for suc	h purposes). (See instru	ctions.)
<u> </u>						
		·				
				·		
		-		<u>~</u> .		
				-	- <u></u>	
	 					
	<u> </u>	· -				
			-			
						
						
	 					
						
						
<u> </u>						<u> </u>
· ·						
	 					

Form 990-PF (2016) Steven A. Melman Foundation Inc 38-3892922 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									ì	Yes	No
(describ	organization directly bed in section 501(c) o g to political organizati	of the Code (ot)	gage in any of the her than section	ne following with ar 501(c)(3) organiza	ny other (tions) or	organization in section 527,				
		ers from the reporting		noncharitable e	exempt organization	n of:					!
		, ,							1 a (1)		X
											X
_	٠.	ransactions.							·····		
	(1) Sa	les of assets to a non-	charitable exer	not organization					1 b (1)		X
											Х
	-								-		X
			•								X
											X
	•	_									X
	-	of facilities, equipme	·						1 c		X
	J. 1. 2. 1. 1. 2	, 0	,	,, 01.10. 000010, 0	, paid onipioyees						
t	he goo	nswer to any of the ab ids, other assets, or so nsaction or sharing an	ervices given b	v the reporting for	oundation. If the fo	undation	received less th	show the fair market value rvices received.	alue of in		
(a) Lin	e no.	(b) Amount involved	(c) Name	of noncharitable ex	empt organization	(d)) Description of tra	nsfers, transactions, and s	haring arrang	jements	<u> </u>
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d	escribe	undation directly or in ed in section 501(c) of complete the following	the Code (other	ed with, or related er than section 5	d to, one or more to 01(c)(3)) or in sect	ax-exem tion 527?	pt organizations		. Yes	X	No
	(a) Name of organizatio	n	(b) Typ	e of organization		(0) Description of relati	onship		
					-						
	Under p	enalties of perjury, I declare	that I have examine	d this return, including	accompanying schedul	es and state	ements, and to the be	est of my knowledge and bel	ef, it is true,		
Sign	CONTECL		· preparer (outer ura	iii taxpayer) is baseu i	on all mildings will	at property	nas any knowledge		May the IR	S discus	s
Here		XXIII			16/15/17	.			this return preparer sh	with the	
	0	tum of officer as to the			Date		<u>resident</u>		(see matru	tions)2_	- I
	Signa	ture of officer or trustee		1	Date	Tit			X Y	0 5	No
_		Pnnt/Type preparer's name	B	Preparer's	signature		Date		PTIN ハタノク・	1	10-
Paid		David Brown			ran		16/15/201	self-employed	1013	<u> 504</u>	<u>U</u>
Prepa	rer	Firm's name ► D	<u>avid A. E</u>	rown				Firm's EIN			
Use O	nly	Firm's address 🕨 1	4622 Baue	r Dr							
		R	ockville		М	D 208	353	Phone no (301)	<u>365-0</u> :	192	
BAA			. 				- 		Form 990 -	PF (20)16)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

Steven A. Melman Foundation I	nc	38-3892922
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 trust not trust	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organi	zation can check boxes for both the General Rule and a Specia	Rule. See instructions
General Rule		
X For an organization filing Form 990, 990-EZ, property) from any one contributor. Complete	or 990-PF that received, during the year, contributions totaling \$ Parts I and II. See instructions for determining a contributor's to	5,000 or more (in money or tal contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support tea that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of EZ, line 1 Complete Parts I and II.	3, 16a, or 16b, and that
during the year, total contributions of more that	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a an \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, nildren or animals Complete Parts I, II, and III.	ny one contributor, or educational
during the year, contributions exclusively for r \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a eligious, chantable, etc., purposes, but no such contributions to total contributions that were received during the year for an exclof the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year	taled more than <i>lusively</i> religious,
990-PF), but it must answer 'No' on Part IV, line 2	e General Rule and/or the Special Rules doesn't file Schedule B 2, of its Form 990; or check the box on line H of its Form 990-EZ g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org		_ ·	r identification number
Stever	A. Melman Foundation Inc	38-38	892922
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Steven A Melman		Person
	7387 Orangewood Lane	\$ <u>338</u> _939.	Noncash X
	Boca Raton FL 33433		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· 	\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702 08/09/16	Schedule B (Form 9	 90, 990-EZ, or 990-PF) (2016)

1 of Part II Employer identification number

Steven A. Melman Foundation Inc

38-3892922

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	700 shs Unitedhealth Group Common Stock		
		\$ 101,220.	10/21/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1773 shs Abbvie Inc Common Stock		
		\$ 108,233.	10/21/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	465 shs Facebook Inc Common Stock		
-		\$ 55,926.	12/15/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	56 shs Amazon Common Stock		
		\$43 <u>,</u> 224.	12/15/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	181 shs Ishares Core S&P Midcap ETF		
		\$ \$	12/15/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2016

Name		Employer Identification Number
Steven A. Melman Foundation	Inc	38-3892922
Asset Information:		
Description of Property See	part 1V, capital gains & losses	
Date Acquired: various	How Acquired:	
Date Sold: various	Name of Buyer:	
Sales Price 300, 208.	Cost or other basis (do not reduce by depreciation) 20	01,994.
Sales Expense:	Valuation Method Fair Market Value	
Total Gain (Loss) 98,2	14. Accumulation Depreciation:	
Description of Property		
Date Acquired:	How Acquired:	
Date Sold:	Name of Buyer:	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation:	
Description of Property:		
Date Acquired.	How Acquired	
Date Sold	Name of Buyer:	
Sales Price	Cost or other basis (do not reduce by depreciation)	.,
Sales Expense: .	Valuation Method:	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property:		
Date Acquired: .	How Acquired	······································
Date Sold	Name of Buyer:	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense:	Valuation Method:	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired	How Acquired:	-
Date Sold:	Name of Buyer	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation:	
Description of Property:		
Date Acquired .	How Acquired	
Date Sold:	Name of Buyer:	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense:	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation:	
Description of Property:		
Date Acquired:	How Acquired:	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property		
Date Acquired	How Acquired:	
Date Sold	Name of Buyer	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation	

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
620 Unitedhealth Group CMN	D	04/23/14	10/21/16
950 Gilead Sciences Cmn	D	02/25/13	10/24/16
80 Abbie Inc CMN	D	12/06/10	10/21/16

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(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)
89,835. 70,806. 4,875.		51,891. 38,014. 1,953.	37,944. 32,792. 2,922.
Total		91,858.	73,658.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

Complete only for assets by the foundation on 12/3	showing gain in column 31/69	(h) and owned	(I) Gains (Column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
			37,944. 32,792. 2,922.
Total	***		73,658.

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(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
Person. X Business . Phyllis Liss 7387 Orangewood Lane Boca Raton FL 33433	Vice Pres.	0.	0.	2,850.

Form 990-PF, Page 6, Part V	/III, Line 1		
Information about Officers,	Directors,	Trustees,	Etc.

Continued

(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
Person. X Business	Vice Pres.			
Westport CT 06880	2.00	0.	0.	0.

Total

0.	0.	2,850.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	contributor			
a Paid during the year				
Medstar Georgetown Univ 3800 Reservoir Rd Washington DC 20007	N/A	PC	Support services for neo-natal care	Person or Business X
Israel Childrens Ctr 2151 W. Hillsboro Deerfield Beach FL 33442	 N/A	 PC	Assistance prog. for special needs children	Person or Business X
American Vets for Israel 125 Patterson Ave Little Falls NJ 07424	N/A	 PC	Educational programs in Israel	Person or Business X
Israel Cancer Association 2751 S. Dixie Hwy., #3a West Palm Beach FL 33401	N/A	PC	Cancer Research	Person or Business X 20,730.
E.M.E.T. PO BOX 66366 Washington DC 20035		PC	Education proq. to fight terrorism	Person or Business 1,000.
Friendship Bridge 405 Urban St, ste 140 Denver CO 80228		PC	Programs to eliminate poverty	Person or Business 250.
The Golden Network PO BOX 10995 Silver Spring MD 20914		 PC	Jewish Education Programs	Person or Business 500.
Helping Israel Fund 7999 N Federal Hwy Boca Raton FL 33487		PC	Support prog. for soldiers	Person or Business 1,250.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

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	Person or Business Checkbox Amount
a Paid during the year Jewish Community Ctr 141 NW 20th Street Boca Raton FL 33431		PC	Support programs for teenagers	Person or Business 1, 357.
Jewish National Fund 42 E 69th Street New York NY 10021		PC	research programs for a better future	Person or Business 2,000.
Special Olympics 1915 Don Wickham Dr Clermont FL 34711		PC	Support proq. for the handicapped	Person or Business 100.

Total

33,487.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	End of Year	
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
US Equity Accrued Income	1,674,924.	1,674,924 3,440	
Total	1,678,364.	1,678,364.	