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### Form **990-PF**

EXTENDED TO NOVEMBER 15, 20 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.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service

OMB No 1545-0052

For	caler	ndar year 2016 or tax year beginning			, and ending		
Na	me o	f foundation				A Employer identificatio	n number
		& KARRY MESHBERG FOU				46-1671870	5
		and street (or P O box number if mail is not delivered to	street a	ddress)	Room/suite	B Telephone number	. = 4
		VIA PALACIO				561-630-5	170
		own, state or province, country, and ZIP or forei M BEACH GARDENS, FL	ign po: 3 3 4			C If exemption application is	pending, check here
		k all that apply: Initial return			ormer public charity	D 1. Foreign organization	ns, check here
		Final return		Amended return			
		Address change		Name change		2 Foreign organizations m check here and attach of	eeting the 85% test, computation
H	Check		3) exe	mpt private foundation		E If private foundation st	
	] Se	ection 4947(a)(1) nonexempt charitable trust		ther taxable private founda	ition	under section 507(b)(1	
1 Fa	air ma	arket value of all assets at end of year   J   Acco	ounting	g method: X Cash	Accrual	F If the foundation is in a	
(fi	rom .	Part II, col (c), line 16)		er (specify)		under section 507(b)(	
	\$	2,504,751. (Part I,	colum	nn (d) must be on cash L	oasis.)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	10t	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		650,000.	Ź.	N/A	
	2	Check If the foundation is not required to attach Sch	В				
	3	Interest on savings and temporary cash investments		4,095.	4,095	•	STATEMENT 1
	4	Dividends and interest from securities	L	94,843.	94,843	•	STATEMENT 2
	5a	Gross rents	_				
	b	Net rental income or (loss)		·			
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	.  -	125,507.			<del> </del>
Revenue	_b	assets on line 6a	<u>•</u>  -		105 505	RECI	IVED
è	7	Capital gain net income (from Part IV, line 2)	-	Av	125,507	1 2	
	8	Net short-term capital gain	  -	,	*	₩ NOV 2	7 2017 9
	9	Income modifications Gross sales less returns	-			l-	101
		and allowances Less Cost of goods sold	$\dashv$			- GGDE	N IIT E
		Gross profit or (loss)	-+				
	11	Other income	<u> </u>				
	12	Total. Add lines 1 through 11		874,445.	224,445	•	
	13	Compensation of officers, directors, trustees, etc		0.	0	•	0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	16a	Legal fees STMT 3		4,336.	4,336	•	0.
Expense		Accounting fees STMT 4	· L	4,744.	4,744	•	0.
Ä		Other professional fees	_				
tive	17	Interest	-			<del></del>	
tra	18	Taxes STMT 5	-	5,738.	5,738	•	0.
ī.	19	Depreciation and depletion	-				
<b>⊋</b>	20	Occupancy	-			<del></del>	<del> </del>
3 5	21 22	Travel, conferences, and meetings Printing and publications	-				<del> </del>
	23	Other expenses STMT 6	  -	6,291.	3,146		3,145.
<b>2</b>	24	Total operating and administrative	<u> </u>	0,291.	3,140	<del></del>	3,145.
ĕ≥	~ ~	expenses Add lines 13 through 23		21,109.	17,964		3,145.
냥	25	Contributions, gifts, grants paid	<u> </u>	87,280.		-	87,280.
0	26	Total expenses and disbursements.	  -	<u> </u>	<del></del>		0,,200.
Ū,	-	Add lines 24 and 25	}	108,389.	17,964		90,425.
SCANNED NOV 2 & 2010. SCANNED Operating and Administrative	27	Subtract line 26 from line 12:					
K	a	Excess of revenue over expenses and disbursements		766,056.			
S	b	Net investment income (if negative, enter -0-)			206,481	•	
	ı	Adjusted net income (if negative, enter -0-)				N/A	
6235	01 11	-23-16 LHA For Paperwork Reduction Act N	lotice,	see instructions		· <del>-</del>	Form <b>990-PF</b> (2016)

Par	Hached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	ear
Par	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	18,341.	26,698.	26,698.
2		30,460.	2,017,581.	2,017,581.
3				
`	Less: allowance for doubtful accounts ▶			
4				
"	Less: allowance for doubtful accounts			
5				
6				
١.	disqualified persons			
7				
	Less: allowance for doubtful accounts			
ets	T T T T T T T T T T T T T T T T T T T			
Assets	, ,			
<b>₹</b>  10	a Investments - U.S. and state government obligations		1.15.050	445 611
	b Investments - corporate stock STMT 7	1,681,757.	445,862.	447,611.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
1	Less accumulated depreciation			
12	2 Investments - mortgage loans			
13	3 Investments - other			
14	Land, buildings, and equipment: basis ►			
	Less accumulated depreciation			<u></u> _
15	o Other assets (describe ► DUE FROM BROKER )	6,388.	12,861.	12,861.
16				
'	instructions. Also, see page 1, item I)	1,736,946.	2,503,002.	2,504,751.
17				
18				
١	· ·			~
Liabilities 51	·			*
ig 2	The state of the s			
ور ا ت	2 Other liabilities (describe ►			
-			-	
2	3 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31			
8 2	4 Unrestricted			
Net Assets or Fund Balances				
Ba 20				
2	Foundations that do not follow SFAS 117, check here			
교	and complete lines 27 through 31			
Ö 2		0.	0.	
Set 2	· · · · · · · · · · · · · · · · · · ·	0.	0.	
Y ASS		1,736,946.	2,503,002.	
₹ 30		1,736,946.	2,503,002.	
2   5				
3	1 Total liabilities and net assets/fund balances	1,736,946.	2,503,002.	
Par	t III Analysis of Changes in Net Assets or Fund Ba		<del></del>	
<b>1</b> To	tal net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
,	ust agree with end-of-year figure reported on prior year's return)		1	1,736,946.
<b>2</b> En	ter amount from Part I, line 27a		2	766,056.
<b>3</b> Oti	her increases not included in line 2 (itemize)		3	0.
<b>4</b> Ad	d lines 1, 2, and 3		4	2,503,002.
	creases not included in line 2 (itemize)			0.
<u>6 To</u>	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,503,002.
				Form <b>990-PF</b> (2016)

SAM & KARRY MESHBERG FOUNDATION, INC.

46-1671876

Page 2

Form 990-PF (2016)

orm 990-PF (2016) <b>SAM</b>	& KARRY MESHBER	G FOUN		INC.		46-167	<u> 1876 </u>	Page 3
Part IV Capital Gains a	nd Losses for Tax on In	vestment		<u></u>	<del></del>			
	be the kınd(s) of property sold (e.g. ehouse; or common stock, 200 shs			(b) How acquire P - Purchase		ate acquired o., day, yr.)	(d) Dat (mo., da	
la U.S TRUST				D - Donation		,, , , ,	(, 0	
b U.S TRUST						<del></del>		
c CAPITAL GAINS I	DIVIDENDS							
d								
<u>e</u>		_		<del></del>				<del></del> -
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			h) Gain or (loss plus (f) minus		_
a 1,418,618.			1,366,089					<u>,529.</u>
b 1,371,772.			<u>1,299,280</u>	0.			72	,492.
<u>c</u> 486.								486.
<u>d</u>								
Complete only for assets showing	gain in column (h) and owned by t	he foundation	on 12/31/69		(I) Gair	ıs (Col. (h) gaın	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any		còl. (k), i	but not less that ses (from col. (	n -0-) or	
a	40 01 12/0 1/00		(),,,			<del></del>	5.2	,529.
b							72	, <u>492.</u>
C								486.
d								
е								
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	} 2			125	,507.
	s) as defined in sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8, c	olumn (c).					3T / 3		
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tay on Net	Investment	Incom	N/A		
For optional use by domestic private	_ <del>-</del>							
,	·	1040(a) tax 011	The investment in	,0,110.)				
f section 4940(d)(2) applies, leave thi	is part blank.							
Vas the foundation liable for the secti	on 4942 tax on the distributable am	ount of any ye	ear in the base perio	od?			Yes	X No
f "Yes," the foundation does not qualif								
	ach column for each year; see the in	istructions be	fore making any en		-	<del></del>	(d)	
Base period years	(b) Adjusted qualifying dist	tributions	Net value of non	( <b>c)</b> icharitable-use a	ssets	Distrib (col. (b) div	oution ratio	(c))
Calendar year (or tax year beginning 2015	97	3,814.		1,779,		(601. (1) 014		52728
2014		$\frac{5,621}{6,687}$		1,843,				52456
2013		,						
2012								
2011			<u> </u>					
2 Total of line 1, column (d)						2	.1	05184
Average distribution ratio for the 5	-year base period - divide the total o	on line 2 by 5,	or by the number of	of years				
the foundation has been in existen	ce if less than 5 years				-	3	.0	<u>52592</u>
Enter the net value of noncharitable	e-use assets for 2016 from Part X, I	ine 5			<u> </u>	4	1,948	,368.
Multiply line 4 by line 3						5	102	,469.
Enter 1% of net investment income	e (1% of Part I, line 27b)					6	2	,065.
Add lines 5 and 6						7	104	,534.
B Enter qualifying distributions from	Part XII line 4					8		,425.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax rate.	<u>L</u>	<u> </u>	0	<u>, <del>,</del> , , , , , , , , , , , , , , , , , </u>
See the Part VI instructions.		_						

_			<u> 1671</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	948 -	see II	nstru	ctio	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1			<u>4,1</u>	<u>30.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			4,1	30.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			4,1	30.
6	Credits/Payments:					
a	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)  6c 10,000.	1				
	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7		1	0,0	00.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			<del>- / -</del> 1	23.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5,7	47.
	Enter the amount of line 10 to be Credited to 2017 estimated tax   5,747. Refunded	11			<u> </u>	0.
	rt VII-A Statements Regarding Activities	- 1 1				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene				Yes	No
10	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	2		1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish			וט		
	distributed by the foundation in connection with the activities.	eu oi				
_	·			1.		х
	Did the foundation file Form 1120-POL for this year?			1c		^
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			:		
•	managers. > \$					x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
^	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			•		v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT.	/A	4a		
_	If "Yes," has it filed a tax return on Form 990-T for this year?	14	/ A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		^
_	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	iaw		_	37	
_	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)					
	FL	<del> –</del> .				
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? 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 caler	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	. ==	_X_
			For	m <b>99</b> 0	)-PF	(2016)

Form **990-PF** (2016)

X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

Part VII-B   Statements Regarding Activities for Which I			46-16/18	/6 Page 6
	TOTAL STATE OF THE	nequired (contin	uea) T	,
5a During the year did the foundation pay or incur any amount to:	- 404E(a)\Q		es X No	
<ul><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li><li>(2) Influence the outcome of any specific public election (see section 4955); or</li></ul>			NO LAL SE	}
any voter registration drive?	ir to carry on, unectiy or mund		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			.3 (22) 110	
4945(d)(4)(A)? (see instructions)	ii described iii section		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f		.5	
the prevention of cruelty to children or animals?	or dadditional purpodoc, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	<del></del>	, , , , , ,	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		I/A 🔲 Ye	es No	
If "Yes," attach the statement required by Regulations section 53.494		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	•	Ye	es 🗶 No	1 1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X_
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 💄	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highly	<b>y</b>	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(a) Componention	(d) Contributions to	(-) Evnance
(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
SAM MESHBERG	PRESIDENT/TRE	ASURER		
118 VIA PALACIO				
PALM BEACH GARDENS, FL 33418	1.00	0.	0.	0.
	VICE PRESIDEN	T/SECRETA	RY	
118 VIA PALACIO		_		
PALM BEACH GARDENS, FL 33418	1.00	0.	0.	0.
		<del> </del>		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
2 Sompensation of the highest part employees (other than those me	(b) Title, and average	The Home.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
NONE	dovoted to position		compensacen	unovidio o
NONE				
		1		
		<u> </u>		
		1		
Total number of other employees paid over \$50,000				0
			Form	<b>990-PF</b> (2016)

Form 990-PF (2016) SAM & KARRY MESHBERG FOUNDATION, Part VIII Information About Officers, Directors, Trustees, Foundation		-1671876 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the	Expenses
1 N/A		<del>                                     </del>
2		
		-
3		-
		1
4		
		<u></u>
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 <u>N/A</u>		_
	<del></del>	-
2		<del> </del>
		1
All other program-related investments. See instructions.		
3		_
		_
		4
		-
		-
Total. Add lines 1 through 3		0.
		Form <b>990-PF</b> (2016)

.671876 Page	6'	71	876	Page
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	art X   Minimum Investment Return (All domestic foundations	must complete this	part Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitate	ole, etc., purposes:			
a	Average monthly fair market value of securities			1a	1,472,998. 505,041.
b	Average of monthly cash balances			1b	505,041.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	1,978,039.
е	Reduction claimed for blockage or other factors reported on lines 1a and			] ]	
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	1,978,039.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	29,671.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part V, line 4		5	1,948,368.
6	Minimum investment return. Enter 5% of line 5			6	97,418.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a	ınd (¡)(5) private opei	ating foundations ar	nd certain	
_	foreign organizations check here 🕨 🔲 and do not complete this part	.)			
1	Minimum investment return from Part X, line 6			1	97,418.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	4,130.		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b		]	
C	Add lines 2a and 2b			2c	4,130.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	93,288.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	93,288.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	93,288.
P:	art XII Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rnoses:			
-	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	poscs.		1a	90,425.
	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ble_etc_nurnoses		2	
3	Amounts set aside for specific charitable projects that satisfy the:	, c.c., pui pocco			
-	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, a	nd Part XIII line 4		4	90,425.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.		i	•	50,1201
•	income. Enter 1% of Part I, line 27b	odinom:		5	_0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		'	6	90,425.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years.	when calculating whe	ther the foundation (		

Form **990-PF** (2016)

SAM & KARRY MESHBERG FOUNDATION, INC. Page 9 Form 990-PF (2016) Part XIII Undistributed Income (see instructions) (b) (c) (d) 2015 2016 Years prior to 2015 Corpus 1 Distributable amount for 2016 from Part XI, 93,288. line 7 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 c From 2013 9,530. 6,024 d From 2014 10,400 e From 2015 25,954 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 90,425 Part XII, line 4: ► \$ 0 a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 90,425. d Applied to 2016 distributable amount 0. e Remaining amount distributed out of corpus 2,863. 2,863. Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 23,091 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2011 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2017 23,091 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 6,667 b Excess from 2013

c Excess from 2014

d Excess from 2015 e Excess from 2016

6,024.

10,400.

	ARRY MESHBE				571876 Page 10
Part XIV   Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		<u> </u>	▶ ∟	14040(1/0) - 7	040/ \/\$\
<b>b</b> Check box to indicate whether the found		ig foundation described i		4942( <u>J</u> )(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4)2010	(0) 2010	(6) 2014	(4) 2010	(e) rotar
investment return from Part X for					
each year listed			<del> </del>	<del> </del>	<del> </del>
<b>b</b> 85% of line 2a					<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed  d Amounts included in line 2c not				<del> </del>	
used directly for active conduct of					
exempt activities		-			
e Qualifying distributions made directly				<del> </del>	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	<u> </u>		<del></del>	<del> </del>	<del>                                     </del>
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
, ,					
(2) Value of assets qualifying under section 4942(1)(3)(B)(i)			ļ		
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:		·		<del>                                     </del>	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	1				
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)			<u></u>
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed in	tore than \$5,000). (See Si	ection 507(a)(2).)			
NONE			·		
b List any managers of the foundation when other entity) of which the foundation has			or an equally large port	ion of the ownership of a p	partnership or
• •	s a 10 % of greater interes	l.			
NONE		<u> </u>			
2 Information Regarding Contribut					wasta for funda. If
Check here \( \sum \big  \text{X} \) if the foundation of the foundation makes gifts, grants, etc.	this makes contributions t (see instructions) to indiv	o preselected charitable ( Iduals or organizations II	organizations and does nder other conditions o	not accept unsolicited req	desis for futios. If
a The name, address, and telephone num	·				
a The Hallie, address, and telephone hulli	Der of e-mail address of the	ie person to whom appir	cations should be addre	:sseu.	
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of institutions, or	other factors:	

Form 990-PF (2016) SAM & KARRY MESHBERG FOUNDATION, INC. 46-1671876 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or Foundation status of contribution Amount any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year NEW YORK PHILHARMONIC PUBLIC GENERAL CHARITABLE 10 LINCOLN CENTER PLAZA PURPOSES 5,000. NEW YORK, NY 10023 JUPITER MEDICAL CENTER PUBLIC GENERAL CHARITABLE 1210 S. OLD DIXIE HWY. PURPOSES JUPITER, FL 33458 20,000. KRAVIS CENTER PUBLIC GENERAL CHARITABLE 701 OKEECHOBEE BLVD. PURPOSES WEST PALM BEACH, FL 33401 12,500. CONGREGATION BINAI JACOB PUBLIC GENERAL CHARITABLE 12794 FOREST HILL BLVD PURPOSES WELLINGTON, FL 33414 5,000. SOUNDVIEW YMCA PUBLIC GENERAL CHARITABLE 628 EAST MAIN STREET PURPOSES BRANFORD CT 06405 32,000. SEE CONTINUATION SHEET(S) Total ➤ 3a 87,280. **b** Approved for future payment NONE

 $\triangleright$ 3b

Total

SAM & KARRY MESHBERG FOUNDATION, INC.

Part XVI-A Analysis of Income-Producing Activities

Entry grand amounts unless otherwise understad	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	741100111	Tanonom moonto
a b	-	<del></del>	<del>   </del>		
	-		<del>                                     </del>		
d			<del>                                     </del>		<del></del>
f			1 1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	~				
Investments			14	4,095.	
4 Dividends and interest from securities			14	4,095. 94,843.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					······································
6 Net rental income or (loss) from personal			1 1		
property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	125,507.	
9 Net income or (loss) from special events			<del>                                     </del>		
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		
11 Other revenue:		•			
a	I I				
b	1	<del></del>	-		
¢		<del></del> -	+ +-		
d	-		<del>                                     </del>	<del></del>	
e 12 Subtotal. Add columns (b), (d), and (e)	- <del>  </del>	0.	<del></del>	224,445.	0.
<b>13 Total</b> Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)				10	224,443
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	xempt P	urposes	- <u>-</u>
Line No. Explain below how each activity for which income the foundation's exempt purposes (other that			A contributed	importantly to the accomp	olishment of
	<del></del>				
				<del></del>	
			<del></del>	<del></del>	
	<del></del>			·	
				<del></del>	
	· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·			
<del></del>	<del></del>			<del></del>	<del></del>

				FOUNDATION,		46-16			age 13
Part			nsfers To a	and Transactions a	and Relations	hips With Nonch	naritable	е	
4 Dua	Exempt Organ							Yes	No
	the organization directly or indi			•		ion 50 I(c) of		162	INO
	Code (other than section 501(c				nzations/				
	nsfers from the reporting found	ation to a noncharit	able exempt or	ganization of:			4-14)	{	
	Cash						1a(1)		X
	Other assets						1a(2)		X
	er transactions:						41.44		
	Sales of assets to a noncharita						1b(1)		X
	Purchases of assets from a no	•	organization				1b(2)	-	X
	Rental of facilities, equipment,						1b(3)		X
	Reimbursement arrangements						1b(4)		X
	Loans or loan guarantees						1b(5)		X
	Performance of services or me	•	•				1b(6)	-	X
	aring of facilities, equipment, ma						<u>1c</u>		X
	ne answer to any of the above is			, ,				sets,	
	services given by the reporting f				ue in any transaction	or sharing arrangemen	t, show in		
	umn (d) the value of the goods,								
(a) Line n	o (b) Amount involved	(c) Name		e exempt organization	(d) Description	of transfers, transactions, a	ind sharing ar	rangem	ents
			N/A						
				· · · · · · · · · · · · · · · · · · ·					
	<u> </u>								
			· <del>-</del> ·						
			-						
			<del></del> -						
2a Ist	he foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
	section 501(c) of the Code (othe						Yes	X	No 🔼
	res," complete the following sch		-,(-,,						
	(a) Name of org			(b) Type of organization		(c) Description of relation	nship		
	N/A	·							
	<del></del>					<u></u>			<del>-</del>
					-				-
			<del></del>			···			
	Under penalties of perjury, I declare	that I have examined the	his return, includin	I ng accompanying schedules and	statements, and to the	best of my knowledge			
Sign	and belief, it is true, correct, and con	mplete Declaration of p	oreparer (other than	n taxpayer) is based on all inform	nation of which prepare	has any knowledge DENT/DIREC	May the IRS return with the	e prepa	rer
Here			7	Nov 17'1	7 TOR	ATKI / DIKEC	shown below		T
	Signature of officer or trustee			Date	Title		LAL Tes	· _	_ No
	Print/Type preparer's na		Preparer's si		Date	Check If PTI	N		
	\\ \begin{array}{cccccccccccccccccccccccccccccccccccc	,	,	· _ /		Lane			

PA 8/30/1

Form **990-PF** (2016)

P00174743

Firm's EIN  $\triangleright$  59-1488101

Phone no. 561-694-1040

Paid

Preparer

**Use Only** 

GARTH E.

ROSENKRANCE

Firm's name ► LKD - CPAS &

Firm's address ▶ 500 UNIVERSITY BLVD., SUITE 215

JUPITER, FL 33458

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	SAM & KARRY MESHBERG FOUNDATION, INC.	46-16/18/6
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990·EZ that met the 33 1/3% suppo )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990·EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo 0·EZ, line 1 Complete Parts I and II	a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu of cruelty to children or animals Complete Parts I, II, and III.	
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc ,
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990·EZ or on its eet the filing requirements of Schedule B (Form 990, 990·EZ, or 990·PF)	
LHA For Paperwork R	deduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2016

Name of organization

Employer identification number

SAM	&	KARRY	MESHBERG	FOUNDATION,	INC

46-1671876

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	SAM MESHBERG  118 VIA PALACIO  PALM BEACH GARDENS, FL 33418	\$\$.	Person X 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				
		\$	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)				

Name of organization

Employer identification number

#### SAM & KARRY MESHBERG FOUNDATION, INC.

46-1671876

Part II	art II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		<b>\$</b>				
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
Part I						
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
Ì		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
			}			
		\$				
(a) No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions)	Date received			
	.16	\$	990 990-E7 or 990-PF) (			

Employer identification number

AM & Part III	KARRY MESHBERG FOUNDAT Exclusively religious, charitable, etc., cont	ION, INC.	46-1671876 f in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	COIUMNS (a) through (e) and the folions, charitable, etc., contributions of \$1,000 o	WING line entry, For organizations					
(a) No. from	Use duplicate copies of Part III if addition							
Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held					
-								
) :								
<u> </u>		(e) Transfer of git	 ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
<del> </del>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	<b>.</b>							
ļ-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
'								

SAM & KARRY MESHBERG FOUNDATION, INC. 46-1671876

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient		<del></del>	<del></del>	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
The state of the s	or substantial contributor	recipient		
BHAI ISRAEL		PUBLIC	GENERAL CHARITABLE	
233 CENTRAL STREET EVANSTON IL 60201			PURPOSES	2,50
LUBAVITCH/CHABAD JEWISH CENTER 1209 MAIN ST		PUBLIC	GENERAL CHARITABLE PURPOSES	
UPITER, FL 33458		<del> </del>		4,20
NOMENS AUXILIARY, JEWISH SENIOR BERVICES		PUBLIC	GENERAL CHARITABLE PURPOSES	
200 PARK AVE BRIDGEPORT, CT 06604				1,08
MENDEL JCC 5221 HOOD ROAD		PUBLIC	GENERAL CHARITABLE PURPOSES	
PALM BEACH GARDENS, FL 33418				5,00
				}
	}			
		<del> </del>		
Total from continuation sheets		1		12.78

			- OICHILI		NVESTMENTS	STATEMENT	
SOURCE	(A) REVEI PER BO	NUE		(B) (C) INVESTMENT ADJUSTED INCOME NET INCOME			
US TRUST			4,095.		4,095.	4,095.	
TOTAL TO PART I, LINE 3	4,095. 4,		4,095.				
FORM 990-PF DIVI	DENDS A	AND INTERI	EST FRO	M SECUI	RITIES	STATEMENT	2
GRC SOURCE AMC	)SS )UNT	CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	NET INVES		TED
	486. 1,843.	486	6. 0.	0 9 <b>4</b> ,8 <b>4</b> 3		0.	
TO PART I, LINE 4 95	5,329.	486	6.	94,843	94,84	13.	
FORM 990-PF		LEGAL	FEES	_ <del></del>		STATEMENT	3
DESCRIPTION					(C) ADJUSTEI NET INCOM	CHARIT	ABLE
LEGAL FEES		4,336.		4,336.			0.
TO FM 990-PF, PG 1, LN 16	5A	4,336.		4,336.			0.
FORM 990-PF		ACCOUNTI	NG FEES	<del></del>		STATEMENT	4
DESCRIPTION		(A) KPENSES ER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTEL NET INCOM		ABLE
TAX PREPARATION	-	4,744.		4,744.			0.
TO FORM 990-PF, PG 1, LN	16B	4,744.		4,744.			0.

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
FOREIGN TAXES PAID TAX ON INVESTMENT INCOME	156. 5,582.		32.	0.		
TO FORM 990-PF, PG 1, LN 18	5,738.	5,73	38.	0.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTEI ME NET INCOM			
INVESTMENT FEES	6,291.	3,14	16.	3,145.		
TO FORM 990-PF, PG 1, LN 23	6,291.	3,14	16.	3,145.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7		
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE		
U.S. TRUST MARKETABLE SECURITIES			445,862.	447,611.		
TOTAL TO FORM 990-PF, PART I	<del>.</del>	445,862.	5,862. 447,611.			