Form 990-PF

Return of Private Foundation

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

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

1912

2019

For calendar year 2019 or tax year beginning and ending Name of foundation A Employer identification number 22-2777140 THE MELVILLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address Room/suite B Telephone number 11556 TURTLE BEACH ROAD 561-627-8048 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NORTH PALM BEACH, FL G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Cash 1 Fair market value of all assets at end of year | J | Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d), must be on cash basis.) ▶\$ 38,055,412. Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (a) Revenue and (c) Adjusted net expenses per books income income THE PROPERTY OF THE PROPERTY O 3,856,195. Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 665,788 665,788. STATEMENT 1 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <541,067.> 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a SHAPARAM TARRES 661,467. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances တ b Less Cost of goods sold 2 c Gross profit or (loss) APR 11 Other income Total Add lines 1 through 11 3,980,916. 665,788. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 142,509 142,509 Ō STMT 2 23 Other expenses 24 Total operating and administrative 142,509. 142,509 expenses. Add lines 13 through 23 776,400. 776,400. 25 Contributions, gifts, grants paid Total expenses and disbursements. 142,509. 776,400 918,909 Add lines 24 and 25 27 Subtract line 26 from line 12: 3,062,007. 2 Excess of revenue over expenses and disbursements 523,279. b Net investment income (if negative, enter -0-) N/Ā C Adjusted net income (if negative, enter -0-)

501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2019)

| | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | End of year_ | | | |
|---------------|------------|--|--|-------------------------------|--|--|--|--|
| | | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | | |
| | 1 | Cash - non-interest-bearing | | | | | | |
| | 2 | Savings and temporary cash investments | 3,395,300. | 778,487. | 778,487. | | | |
| | 3 | Accounts receivable | 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4 7 7 7 10 10 5 7 | 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | |
| | | Less: allowance for doubtful accounts | | <u> </u> | | | | |
| | 4 | Pledges receivable > | 137 W. T. T. W. A. | 利用概念型"克·威克"。(1) | Sugar A Stanford | | | |
| | ļ . | Less: allowance for doubtful accounts | 2400 WATTERST C | (87 ()))) (4 () () () () | 149 1999 1 | | | |
| | 5 | Grants receivable | | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | | |
| | ľ | disqualified persons | | | | | | |
| | 7 | Other notes and loans receivable | 1 Pro Bridge Sales and Sales and Sales and | 20% 高階 441 東京大学 127 14 1 | 1855 · 海山东江 · 1886 · 1 | | | |
| | , ' | Less: allowance for doubtful accounts | a ability than still the time is to | that the second that the | Man 22 A A A A S S A A A A A A A A A A A A | | | |
| | | | | | | | | |
| Assets | 8 | Inventories for sale or use | | | | | | |
| SS | 9 | Prepaid expenses and deferred charges | | | | | | |
| • | ,,,, | Investments - U.S. and state government obligations | 22 040 010 | 0F 17F F7F | 24 600 705 | | | |
| | | Investments - corporate stock STMT 3 | 22,040,919. | 25,175,575. | 34,608,705. | | | |
| | C | Investments - corporate bonds | 2 1 12 thr 2 to 1 to 25 | 4 | ا تر جر مواد الاستان ا | | | |
| | 11 | Investments - land, buildings, and equipment basis | 1. 人名西班牙克尔 新山西北 | A Bucklet M. A Bear W. T. 16. | | | | |
| | ŀ | Less accumulated depreciation | | | | | | |
| | 12 | Investments - mortgage loans | | | | | | |
| | 13 | Investments - other STMT 4 | 0. | 2,544,164. | 2,668,220. | | | |
| | 14 | Land, buildings, and equipment; basis | the way of the state of | 一次後 いるのかん | Comment of the state of the sta | | | |
| | | Less accumulated depreciation | | | | | | |
| | 15 | Other assets (describe | | | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | | | |
| | | instructions. Also, see page 1, item I) | 25,436,219. | 28,498,226. | | | | |
| | 17 | Accounts payable and accrued expenses | | | ではなる。ないできる | | | |
| | 18 | Grants payable | | <u></u> | a ser a ready the | | | |
| Ś | 19 | Deferred revenue | | | Ct. Charles | | | |
| ij | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | 公司,被提出任任 | | | |
| Liabilities | 21 | Mortgages and other notes payable | | | 19 100000000000000000000000000000000000 | | | |
| 3 | 22 | Other liabilities (describe) | | | **、"说,让谁先二二岁 | | | |
| | | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | | |
| | | Foundations that follow FASB ASC 958, check here | | | The state of the s | | | |
| (n | | and complete lines 24, 25, 29, and 30. | | | | | | |
| ဗ | 24 | Net assets without donor restrictions | | | " | | | |
| <u>a</u> | 25 | Net assets with donor restrictions | | | 地。但先後第二時代時 | | | |
| 8 | | Foundations that do not follow FASB ASC 958, check here | | | Marian Carl Maria | | | |
| Ě | | and complete lines 26 through 30. | | | | | | |
| or Fund Baían | 26 | Capital stock, trust principal, or current funds | 6,247,175. | 6,247,175. | San | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | 九五、八十五、四九、五 | | | |
| Assets | 28 | Retained earnings, accumulated income, endowment, or other funds | 19,189,044. | 22,251,051. | (A) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| Ą | 29 | Total net assets or fund balances | 25,436,219. | 28,498,226. | · 人工 · · · · · · · · · · · · · · · · · · | | | |
| Net | | | | | M. State of the st | | | |
| | 30 | Total liabilities and net assets/fund balances | 25,436,219. | 28,498,226. | A LANGE TO THE PARTY OF THE PAR | | | |
| | | | | | | | | |
| [I] | art: | III] Analysis of Orlanges III Net Assets of Fulld Bo | aidi ICC3 | | | | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | | | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 1 | 25,436,219. | | | |
| 2 | • | amount from Part I, line 27a | | 2 | 3,062,007. | | | |
| | | r increases not included in line 2 (itemize) | | 3 | 0. | | | |
| | | ines 1, 2, and 3 | | 4 | 28,498,226. | | | |
| | | eases not included in line 2 (itemize) | | 5 | 0. | | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 29 | 6 | 28,498,226. | | | |
| | | | | | Form 990-PF (2019) | | | |

| | MELVILLE FOUNI | | | | | | 2-277 | | Page 3 |
|---|---|---|---------------------------------------|--|------------------------------------|---------------|-------------------------------|-------------------------------|---------------|
| Part IV Capital Gains a | and Losses for Tax on | Investment | Income | | ATTACH | ED S | TATEM | ENT | |
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | w acquired Purchase Donation | | acquired day, yr.) | (d) Da (mo., d | |
| <u>1a</u> | | | | | | | | | |
| b | | | | | | | | | |
| <u>c</u> | | | | | | | <u> </u> | | |
| _d | | | | ļ | | | | | |
| e | | , | | Ļ | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | (e) plu | Gain or (loss s (f) minus |) (g)) | |
| _a | | | | | | | | | |
| <u>b</u> | | | | | | | | | |
| _c | | | | | | | | | |
| d 661 467 | | | 1 202 52 | <u>. </u> | | | * | -E A 1 | 067 - |
| e 661,467. Complete only for assets showin | a asin in column (b) and owned | | 1,202,53 | 4. | | C==== // | | <u><541,</u> | 067.> |
| Complete only for assets showin | | | | | (I) col- | (k), but | Col. (h) gaın not less tha | minus n -0-) or | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | ccess of col. (1) col. (j), if any | \perp | | | (from col. (| | |
| _a | | | | \dashv | | | | | |
| <u>b</u> | | | | | | | | | |
| _ <u>C</u> | | | | | | | | | |
| _d | | | | | | | | <541, | 067 > |
| <u>e</u> | | | | $\overline{}$ | - | | | <u> </u> | 007.2 |
| 2 Capital gain net income or (net ca | | enter in Part I, line er -0- in Part I, line | | } | 2 | - | | <541, | 067.> |
| 3 Net short-term capital gain or (los | | i) and (6): | | | - 1 | | | | |
| If gain, also enter in Part I, line 8, | column (c). | | | }] | | | 37/3 | | |
| If (loss), enter -0- in Part I, line 8 Part V ₃ Qualification U | nder Section 4940(e) | or Reduced | Tax on Net I | nves | ment Inco | me | N/A | | |
| | | | | | | | | | - |
| (For optional use by domestic private | roundations subject to the secti | on 4940(a) tax on | net investment inc | come.) | | | | | |
| if section 4940(d)(2) applies, leave th | ns part blank. | | | | | | | | |
| Was the foundation liable for the sect If "Yes," the foundation doesn't qualify | | | • | od? | | | | Yes | X No |
| 1 Enter the appropriate amount in a | | | | itries. | | _ | | | |
| (a) Base period years | (b) | | | (c) | | T- | | (d) oution ratio | |
| Base periód years Calendar year (or tax year beginnir | | distributions | Net value of no | | ble-use assets | | Distrit (col. (b) div | oution ratio vided by col. | (c)) |
| 2018 | | 762,139. | | 32, | 438,312 | . | 1:1-/ | | 54323 |
| 2017 | | 917,500. | | | 522,052 | | | • 0 | 30060 |
| 2016 | | 839,000. | | | 882,675 | | | .0 | 31210 |
| 2015 | | 793,100. | | | 328,738 | | | .0 | 32599 |
| 2014 | | 884,080. | | 24, | 803,925 | • | | .0 | 35643 |
| | | <u>_</u> | | | | [| | | 00005 |
| 2 Total of line 1, column (d) | _ | | | _ | | 2 | | • 1 | <u>83835</u> |
| 3 Average distribution ratio for the state foundation has been in exister | | otal on line 2 by 5.0 |), or by the numbe | er of yea | ırs | 3 | | .0 | <u>36767</u> |
| 4 Enter the net value of noncharitab | le-use assets for 2019 from Part | t X, line 5 | | | | 4 | 3 | 1,819 | ,449. |
| 5 Multiply line 4 by line 3 | | • | | | | 5 | | 1,169 | |
| | | | | | | | | | |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | 6 | | | <u>, 233.</u> |
| 7 Add lines 5 and 6 | | | | | | 7_ | | 1,175 | <u>,139.</u> |
| 8 Enter qualifying distributions from If line 8 is equal to or greater than | | line 1b, and comp | lete that part using | g a 1% 1 | tax rate. | 8 | <u> </u> | 776 | ,400. |
| See the Part VI instructions. | | | | | | _ | | 000 | <u> </u> |
| 000504 10 17 10 | | | | | | | | -orm 990- | PF (2019) |

| Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) 1s Exempt operating locations diseased and section 490(d)(c), check here and enter VM* or her 1. Daks of ruling or determination letter: (attack copy of letter if necessary-see instructions) 1 0.466 1 0.4 | | | 2-2777140 Page 4 |
|---|-----|---|--|
| Date of urlung or determination letter: Catach copy of fatter if necessary-see instructions | | | 3 - see instructions) |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, chock here □ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, circle 4% of Part I, line 12, cot. (b) 2 Tox under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based on subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based on subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based on subtract line 4 from line 3.1 trace or less, enter -0- 5 Tax based and purposes. Add as source 6 Tax pad with appointance for exhibitions on the first on less, enter -0- 6 Tax based with appointance for exhibitions on the first on less, enter -0- 7 Total credits and payments. Add lines 5 at the 10st of lines 5 and 8 is miner than line 7, enter amount over a line of 10 trace of | 1a | | |
| of Part I, Ine 27b of II other domactic foundations enter 2% of Ine 27b. Exempt foreign organizations, criter 4% of Part I, line 12, col. (b) 2 Tax under section 51 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-) 3 10, 466 . 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 5 Tax discussed on granizations - tax withheld at source 8 6 Beauty withholding remeabuly for underpayment of estimated tax. Post of the 10 from 2220 is affached 9 7 Total credits and payments. Add line 58 through 6d 8 Enter any penalty for underpayment of estimated tax. Chick here □ If Form 2220 is affached 9 7 Tax discussed and payments. Add line 58 through 6d 8 Enter the visit of the 10 from 53 and 68 series the line 7, line for manual over 40 9 Tax discussed and payments. Add line 58 through 6d 9 Tax discussed on the total of lines 53 and 68 series the amount overpaid 10 overpayment. If line 7 is more than the total or lines 52 and 68, enter the amount overpaid 11 form 2220 is affached 90 and 11 form 2220 is | | | |
| e All other domestic foundations enter 2% of the 27h. Exempt foreign or againstations, circl 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtlite A (inccme) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on ineventient income. Subtract line 4 from line 3.1 fzer or less, enter -0-) 5 Tax based on ineventient income. Subtract line 4 from line 3.1 fzer or less, enter -0-) 5 Tax based on ineventient income. Subtract line 4 from line 3.1 fzer or less, enter -0-) 6 Cerdist/Payments: 8 2019 estimated tax payments and 10 soverpayment credited to 2019 6 Exempt foreign organizations - tax withheld at Source 6 Double 1 from 220 is attached 7 Total credits and payments. Add line Sea through 6d 8 Exits any penalty for underpayment of estimated tax. Check here I from 220 is attached 9 Tox dee. If the total of lines 5 and 8 is more than line 7, enter amount ower 10 Tox dee. If the total of lines 5 and 8, enter the amount ower 10 Tox dee. If the total of lines 5 and 8, enter the amount ower 11 Enter the amount of line 10 to be Credited to 2020 estimated 12x ▶ 12 Fear VIII-A? I Statements Regarding Activities 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any opticidal campsing? 5 Dot it spend more thins 5100 during the year (either directly) for political purposes? See the instructions for the definition If the airwiser six "exit or 1 is or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation on connection with the activities. 10 Or the foundation 16x Form 1120-POL for this year? 11 Enter the amount of law of law on political purposes of any materials published or distributed by the foundation man and year the activities. 11 Part VIII-A? I provide the statement required | b | · · · · · · · · · · · · · · · · · · · | 1 10,466. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subthite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. it zero or less, enter -0- 6 Terdein/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign cognizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8888) b Exempt foreign cognizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8888) b Exempt foreign cognizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8888) b Exit to tax and payments. Add lines 8a through 8d To Total credits and payments. Add lines 8a through 8d Total credits and payments. Add lines 8a through 8d Total credits and payments. Hilling 7 is more than the total of lines 5 and 8 is more than line 7, enter amount owed To overpayment. If line 7 is more than the total of lines 5 and 8 is enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8 is enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun | | of Part I, line 27b | 37 - 1111 |
| 3 dod lines 1 and 2 4 Subtrible A (income) tax (idomestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Grodds-Payments: 2 2019 settimed tax payments and 2018 overpayment credited to 2019 5 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8888) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 6 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 7 Total credits and payments. Add lines 6 at through 6d 6 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 7 Total credits and payments. Add lines 5 at through 6d 6 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over 10 Overpayment, If line 7's more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 14, 475 - Retended ▶ 1 1 Duming the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 1 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 campagnia. 1 During the tax year, did the foundation attempt or influence any national, state, or local legislation or did it participate or intervene in any political campagnia. 2 During the fax year, did the foundation attempt or influence any national, state, or local legislation or did it participate or intervene in any political expenditures (section 4955) imposed during the year? 5 During the fax and payment of the payment of the section 4955 imposed during the year? 1 The foundation have urrelated business gross in | C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) | and the constraint of the const |
| 4 Subtile A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-\ 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-\ 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-\ 5 Todds-Payments: a 2019 schimated tax payments and 2016 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) b Exempt foreign organizations - tax withheld at source c Tax paid with application of the stream to the form 8668 of the form 8668 of the fole of the stream of the stre | 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | <u>- 1</u> |
| Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0-6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source 1 Eax paid with application for extension of time to life (Form 8888) 6 Baskup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 8 Citier any penalty for underpayment of estimated tax. Check here in if Form 2220 is attached 9 Tax dae. If the total of lines 5 and 6 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter the amount overpaid 11 Citier the amount of line 10 to be; Credited to 2020 estimated tax. Part amount overpaid 11 Citier the amount of line 10 to be; Credited to 2020 estimated tax. Part 11 in 11 | 3 | Add lines 1 and 2 | |
| 6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) d | 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax. Check here I form 2220 is attached 9 Tax due. If the total films 5 and 6 is more than line 7, enter amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 7 is more than the total of lines 5 and 8, netter the amount ower and 1 films 8 is an advantage of the films 8 is a films 8 | 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | <u>5</u> 10,466. |
| b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Sackiup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here of the form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be; Ciredited to 2202 estimated tax. Yes any political campaign? 12 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? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the ensience in the activities. 16 Did the foundation in Fermal 1120-POL for this year? 27 d Enter the amount (of any) of tax on political expenditures (section 4955) imposed during the year: 28 Tax the foundation in Fermal 1120-POL for this year? 39 C Enter the remainurement (if any) of tax on political expenditures (section 4955) imposed during the year: 30 C Enter the remainurement (if any) of tax on political expenditures (section 4955) imposed during the year: 31 Tives; attach a destaled description of the activities. 32 Tives; attach a destaled description of the activities. 33 Tives; attach a destaled description of the activities. 44 Did the foundation made any changes, not previously reported to the IRS? 45 Was there a liquidation, termination, dissolution, or substanted contraction during the year? 46 Are the requirements of section 506(e) (relating to sections 494 through 4945) satisfied either: 49 by language in the governing instrument, or 40 by astale globation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 50 | 6 | | |
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| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 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 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," ettach a schedule listing their names and eddresses 10 X | 3 | | |
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| of each state as required by General Instruction G? If "No," attach explanation 1 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | | | |
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| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | ^ | | |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | ย | | |
| 10 Did dill porocino decenti della contributoro dell'il in ico di antico dell'il in ico di antico dell'il in ico | 40 | | |
| | 10 | DID ANY DESCRIPTION DECORNIE SUBSTAINTIAL CONTRIBUTIONS QUILING THE TAX YEAR IT "YES," ATTACH A SCHEDULE HISTING THEIR NAMES AND ADDRESSES | |

Page 5

| Г | irt VII-A Statements Regarding Activities (continued) | | _ | |
|----|---|-------------|-----------------|------------------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► HARRY BURN III Telephone no. ► 561-62 | 7-8 | 048 | |
| | Located at ► 11556 TURTLE BEACH ROAD, NORTH PALM BEACH, FL ZIP+4 ►33 | 408 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | > | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | -, | | , , |
| | foreign country |) | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | , , | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | 3 4 | , - | **1 |
| | (1) Engago in the cale or exchange, or leasing of property with a disqualified person? | Sec. 70. 14 | कड़े हाक स्था | a maij |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1.0 | - | t · |
| | a disqualified person? | 14 ., | , 3, | ٠. |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1 | ' • • ' | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | ; | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 3. | | , , |
| | for the benefit or use of a disqualified person)? | , | | J. |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | gui à Te | yene Mane | 34. 8 |
| | if the foundation agreed to make a grant to or to employ the official for a period after | • | . • | K., |
| | termination of government service, if terminating within 90 days.) | ٠. | 0 | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 34 | | , |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | -*; . | r7s |
| 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 | - Napress | - £ . | 1,1 |
| | before the first day of the tax year beginning in 2019? | 1c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | , , | 34 | ٠,٠ |
| _ | defined in section 4942(j)(3) or 4942(j)(5)): | ' ' | ", , , . | |
| n | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | 14, 7, - | 2 =1 | ž . |
| • | 6d and 6e) for tax year(s) beginning before 2019? | ' | | *** |
| | If "Yes," list the years \[\begin{array}{cccccccccccccccccccccccccccccccccccc | | 14.4 | |
| h | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | 😘 | |
| Ī | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | ma ty | · | 10 |
| | statement - see instructions.) N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | 4. | |
| · | > | 1 | , 44 | |
| 32 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | ۾ مامي | 1.5. | 100 |
| Ja | during the year? | ' ' | , . | \$ ⁵ |
| | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after | 3 | | 200 |
| Ø | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | - | * |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | 13.7 | | |
| | 37 / 3 | 3b | | 77 |
| 4. | , | 4a | | X |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a giver year (but after December 21, 1050) that could jeopardize its charitable purpose that | 44 | t ³¹ | n;(_f |
| 0 | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 1b | | X |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | ַ עוי | | 7.7 |

1b X Form **990-PF** (2019)

| orm 990-PF (2019) THE MELVILLE FOUNDATION | | | 22-27771 | 40 | Page 6 |
|---|---|---------------------------------------|--|--------------------|-----------------|
| Part VII-Bi Statements Regarding Activities for Which F | orm 4720 May Be R | equired _{(contin} | ued) | | |
| 5a During the year, did the foundation pay or incur any amount to: | | _ | [| Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | · · · · · · · · · · · · · · · · · · · | es X No 🗼 | - 12h 12 / 1 | 1 i |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | | | , | 1 2 2 |
| any voter registration drive? | | | es 🗶 No 📗 | . ` _ | 1.3 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Y(| es LX No | $ \cdot $, | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | , ` } |
| 4945(d)(4)(A)? See instructions | | Y | es X No | | 1 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | 1. 1 |
| the prevention of cruelty to children or animals? | | Y | es X No | ٠, ا، | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described i | n Regulations | | n ' | ~() 3 |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | uctions | | N/A | 5b | Ь., |
| Organizations relying on a current notice regarding disaster assistance, check l | here | | ▶∟」 | | ` <i>,</i> |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | | ٠ ٠ | |
| expenditure responsibility for the grant? | N | Γ/A □ Υ | es No | | 1 |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | ' | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | _ | ١ , |], ' ' .] |
| a personal benefit contract? | | Yo | es 🗶 No 📙 | - tu | , |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | 1 — | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | i j | ĘĖ, |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Yo | es 🗶 No 📋 | 4.7 | £, ¢ |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | itable to the transaction? | | N/A | 7b | <u> </u> |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 61,000,000 in remuneration or | | | 1 2 |] , } |
| excess parachute payment(s) during the year? | | | s X No ' | <u> </u> | 1.5 |
| Part VIII Information About Officers, Directors, Truste | ees, Foundation Mar | nagers, Highly | | | |
| Paid Employees, and Contractors | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | | 1 | [(d) a | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Exp account | ense . other |
| · · | to position | <u>enter -0-)</u> | compensation | allowa | inces |
| HARRY BURN III C/O THE MELVILLE FDN. | TRUSTEE | | | | |
| 11556 TURTLE BEACH ROAD | | | _ | | _ |
| NORTH PALM BEACH, FL 33408 | 1.00 | 0. | 0. | | 0. |
| JEAN BURN C/O THE MELVILLE FDN. | TRUSTEE | | | | |
| 11556 TURTLE BEACH ROAD | | _ | | | |
| NORTH PALM BEACH, FL 33408 | 1.00 | 0. | 0. | | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| | Lordent and Control | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contabutions to | (a) Evr | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp | , other |
| | devoted to position | | compensation | allowa | inces |
| NONE NONE | 1 | | | | |
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| Total number of other employees paid over \$50,000 | · | | | 000 == | 0 |
| | | | Form | 990-PF | (2019) |

923551 12-17-19

Form **990-PF** (2019)

Total. Add lines 1 through 3

| įΡ | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | idations, | see instructions.) |
|----|---|--------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | - |
| a | Average monthly fair market value of securities | 1a | 28,171,327. |
| b | Average of monthly cash balances | 1b | 2,798,572. |
| C | Fair market value of all other assets | 1c | 1,334,110. |
| d | Total (add lines 1a, b, and c) | 1d | 32,304,009. |
| 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 | 32,304,009. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 484,560. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 31,819,449. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,590,972. |
| P | art;XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations an | id certain | |
| | foreign organizations, check here 🕨 🔃 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,590,972. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | C. | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) | 3/2 | |
| C | Add lines 2a and 2b | 2c | 10,466. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,580,506. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,580,506. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,580,506. |
| įŖ | art·XII] Qualifying Distributions (see instructions) | | |
| = | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 2 | <u></u> |
| • | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 776,400. |
| ь | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 776,400. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| - | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 776,400. |
| - | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies fo | r the section |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

| (a) Corpus Years prior to 2018 | | | | | |
|---|--|-------------|---------------------|-------------|---------------------------|
| 1. 1. 1. 1. 1. 1. 1. 1. | | | | | |
| Inter 7 2 Unatable price amount for 2018 only 5 Total for price years: 3 Excess derivatives or any over; if any, to 2019; 8 From 2014 9 From 2014 9 From 2016 9 From 2016 9 From 2016 9 From 2017 9 From 2017 9 From 2017 9 From 2017 9 From 2018 9 From 2018 9 From 2019 9 | 1 Distributable amount for 2010 from Part VI | Corpus | 10013 pilot to 2010 | 2010 | 2013 |
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| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | | | |
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| may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | | | |
| 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | ا . ا | | | |
| not applied on line 5 or line 7 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | | | |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | 0.1 | | | |
| Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | | | |
| 10 Analysis of line 9: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | - | n | | ĺ | |
| a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | | | |
| b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 | · · · · · · · · · · · · · · · · · · · | | | | |
| c Excess from 2017 d Excess from 2018 e Excess from 2019 | | | ĺ | 1 | ļ |
| d Excess from 2018 e Excess from 2019 | | ľ | | | |
| e Excess from 2019 | | | | J | |
| F QQQ-DF (0010) | | | | | |
| | | | | | Form QQN-DF (2010) |

| Form 990-PF (2019) THE MEL | VILLE FOUND | ATION | | 22 <u>-2'</u> | 777140 Page 10 |
|---|----------------------------|--|--|--|--|
| Part XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective to | • | | > | <u> </u> | |
| b Check box to indicate whether the found | $\overline{}$ | ng foundation described i | | 4942(j)(3) or 4 | 942(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4, for each year listed | ļ | | | | |
| d Amounts included in line 2c not | | | | | 1 |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | 1 | | | |
| 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 | 1 | | | | 1 |
| ` , | | | | | |
| (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 |
| (1) Total support other than gross investment income (interest, | | | | t I | |
| dividends, rents, payments on | | | | | |
| securities loans (section | | | Ì | } | |
| 512(a)(5)), or royalties) | <u> </u> | | | | |
| (2) Support from general public and 5 or more exempt | | | | | |
| organizations as provided in | | | | | 1 |
| section 4942(j)(3)(B)(iii) | | | 7. | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | ļ |
| (4) Gross investment income | rmantian (Canada | An Abin mark and it | Sala Saundalian | had 65 000 as ma | ro in coocto |
| Rart:XV Supplementary Info | | | the foundation | nad \$5,000 or mo | re in assets |
| | | uctions.) | | | |
| 1 Information Regarding Foundatio | • | | | | |
| a List any managers of the foundation wh | | | ibutions received by the | foundation before the clo | se of any tax |
| year (but only if they have contributed n | hore than \$5,000). (See S | section 507(u)(2).) | | | |
| SEE STATEMENT 5 | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large porti | on of the ownership of a p | artnership or |
| • • | s a 10% of greater interes | 5 1. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here ► X if the foundation of | only makes contributions | to preselected charitable | organizations and does i | not accept unsolicited requ | iests for funds. If |
| the foundation makes gifts, grants, etc., | to individuals or organiza | ations under other conditi | ons, complete items 2a, | D, C, and d. | _ |
| a The name, address, and telephone numl | ber or email address of th | ne person to whom applic | ations should be addres | sed: | |
| | | | | | |
| | · | | | | |
| b The form in which applications should be | e submitted and informa | tion and materials they sh | nould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields, | kinds of institutions, or | other factors: | |
| | | | | | |
| 923601 12-17-19 | | | | | Form 990-PF (2019) |

| 3 Grants and Contributions Paid During the Ye | | Payment | | | |
|---|--|---------------------|----------------------------------|---------------|-------------------------|
| Recipient | If recipient is an individual, | Foundation | Durnoss of grant | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | | Amount |
| a Paid dunng the year | | | | | |
| | | | | | |
| | | | | | |
| ALBERMARLE COUNTY POLICE FOUNDATION | UNRESTRICTED | DUDI TO CUARITY | CHARITABLE GRANT | 1 | |
| | DARESTRICTED | FOBLIC CHARITI | CHARTIABLE GRANT | | 5,000. |
| | | | | | |
| | | | | 1 | |
| | | | | | |
| AMERICAN CIVIL WAY MUSEUM | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | | 1,000. |
| | | | | | |
| | | | | | |
| | | ļ | : | | |
| BREAST CANCER ALLIANCE | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | | 1 000 |
| | | | | | 1,000. |
| | | | | | |
| | | | | | |
| CENTRAL PARK CONSERVANCY | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | | |
| | | <u> </u> | | | 10,000. |
| | | | | | |
| | | | | | |
| CHICAGO COMMONS (BETH JOOSTEN) | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | | |
| Total SEE CON | TINUATION SHEE | m/ C \ | | ► 3a | 1,500. 776,400. |
| Total SEE CON b Approved for future payment | TIMONITON SHEE | 1 (8) | | <u>3a</u> | 770,400. |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ŀ | |
| NONE | | | | | |
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| | | | | | |
| Total | | <u> </u> | | ▶ 3b | 0. |
| 10101 | | | | Fo | rm 990-PF (2019) |

| art∤XVI-A₁ Analysis of Income-Produ | cing Activitie | s | | | |
|---|---|------------------------|------------------------------------|-------------------------------|---------------------------------------|
| nter gross amounts unless otherwise indicated. | Unrelated t | ousiness income | | d by section 512, 513, or 514 | (e) |
| | (a) Business | (b) | (C) Exclu- sion | (d) | Related or exemp |
| Program service revenue: | code | Amount | code | Amount | function income |
| a | | | $\downarrow \downarrow \downarrow$ | | |
| b | _ | | ↓ | | |
| · | | | + | | |
| i | - | | ↓ | | <u> </u> |
| e | | | ++ | | |
| | - | | + | | |
| Fees and contracts from government agencies | | | +-+ | | |
| Membership dues and assessments | | | +-+ | | |
| nterest on savings and temporary cash | | | | | |
| nvestments Dividends and interest from securities | | · - | 14 | 665,788. | ·· |
| Net rental income or (loss) from real estate: | | | | 003,700. | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | · · | + + | | ** |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | | | | - |
| Gain or (loss) from sales of assets other | | | | | <u> </u> |
| than inventory | | | 18 | <541,067.> | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | \perp | | |
| Other revenue: | | | | | |
| <u> </u> | - | | | | |
| <u> </u> | 1 I | | + | | - |
| · | | | ++- | | |
| d | | | + | | |
| Subtated Add ashimon (b) (d) and (s) | - _ _ _ _ _ _ _ | 0. | + | 124,721. | |
| Subtotal. Add columns (b), (d), and (e) | | | | | 124,7 |
| Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) | | | | 13 | 124,1 |
| art:XVIEB Relationship of Activities | to the Accom | plishment of Ex | empt P | urposes | · · · · · · · · · · · · · · · · · · · |
| ie No. Explain below how each activity for which inc | come is reported in c | olumn (e) of Part XVI- | A contribut | ed importantly to the accomp | lishment of |
| ▼ the foundation's exempt purposes (other than | n by providing funds | for such purposes). | | | |
| | | | | | |
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Form **990-PF** (2019)

923621 12-17-19

Yes No

| 01111 000 11 (2010) | | • | D LOCKDUITO | ·V | | |
|---------------------|------------|-------------|------------------|------------------|-----------------|--------------------|
| Part XVIII | nformation | Regarding 1 | Fransfers to and | Transactions and | Relationships V | Vith Noncharitable |
| | | anizations | | | • | |

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

| (0 | other tha | n section 501(c)(3) organ | izations) or in section 5 | 527, relatin | g to political organizations? |) | | | |
|--------------|-------------------------|------------------------------|------------------------------|------------------|--|--|----------------------------------|---|--------------|
| a T | ransfers | from the reporting founda | ation to a noncharitable | exempt or | ganızatıon of: | | | | |
| (| 1) Cash | | | | | | | 1a(1) | X |
| (2 | Other | assets | | | | | | 1a(2) | X |
| b 0 | Other tran | sactions: | | | | | | | |
| (| 1) Sales | of assets to a noncharital | ble exempt organization | า | | | | 1b(1) | <u> </u> |
| (2 | 2) Purci | nases of assets from a noi | ncharitable exempt orga | anization | | | | 1b(2) | X |
| (; | Renta | al of facilities, equipment, | or other assets | | | | | 1b(3) | X |
| (4 | 4) Reim | bursement arrangements | | | | | | 1b(4) | X |
| (| 5) Loan: | s or loan guarantees | | | | | | 1b(5) | X |
| ((| 6) Perfo | rmance of services or me | mbership or fundraising | g solicitatio | ens | | | 1b(6) | X |
| c S | haring o | f facilities, equipment, ma | ılıng lısts, other assets, | or paid em | ployees | | | 1c | Х |
| | | | | - | edule. Column (b) should a | | | | |
| | | | | | ed less than fair market val | ue in <mark>an</mark> y transactio | n or sharing arrangement | , show in | |
| | |) the value of the goods, | | | | | | | |
| (a)Line | no on e | (b) Amount involved | (c) Name of no | | e exempt organization | (d) Description | on of transfers, transactions, a | nd sharing arrangem | ents |
| | | | | N/A | | | | | |
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| 2a 19 | s the four | ndation directly or indirect | tly affiliated with, or rela | ated to, one | or more tax-exempt organ | izations described | | | |
| ır | n section | 501(c) (other than section | n 501(c)(3)) or in section | on 527? | | | | Yes 🖸 | X No |
| <u>b</u> _lf | f "Yes," co | omplete the following sch | edule. | | ··· | <u>,</u> | | | |
| | | (a) Name of org | anization | | (b) Type of organization | | (c) Description of relation | onship | |
| | | N/A | | | | | | | |
| | | | | | <u> </u> | | | | |
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| | 1 | | | | accompanying schedules and s taxpayer) is based on all inform | | | May the IRS discuss | this . |
| Sigr | ווי | 47 | A Social attorn or propar | ca (outer trial) | 10/1 | The state of the s | 1_ | return with the prepa shown below? See i | arer nstr |
| Here | | Thry! | Lung | | 19/23/20 | - Mus | Tu | X Yes | No |
| | Sigr | nature of officer or trustee | | | Dáté / | Title | | | |
| | | Print/Type preparer's na | ıme P | reparer's s | ignature | Date | Check if PT | ıN | |
| D | | | | | | appe | self- employed | | _ |
| Paic | | JOHN MACEO | | | | INPO | | 00545632 | 2 |
| - | parer | Firm's name ► CBI | Z MHM, LLE | | | // | Firm's EIN ► 27- | 3605969 | |
| Use | Only | | | | | | | | |
| | | | | | ND DR., SUIT | E 400 | | | _ |
| <u>-</u> - | | CL | EARWATER, | FL 33 | 762-5539 | | Phone no. 727- | | |
| | | | | | | | | Form 990-PF | (2019) |
| | | | | | | | | | |

| Fa | Capital Gains and Lo | sses for Tax on Investment Income | | | | | |
|---------------|--|---|--|--|------------------------------|--|----------------------------------|
| | | d describe the kind(s) of property sol rick warehouse; or common stock, 20 | | | P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a . | 367 SHS - GAIA | INC | | | | VARIOUS | 10/03/19 |
| | 100,855 SHS - 2 | | | • | | | VARIOUS |
| | | TRUETT-HURST INC | CLASS A COM | ION | | 03/12/14 | |
| | | RUETT-HURST INC | | | | | 03/13/19 |
| e | 29,102 SHS - D | ESTINATION MATERI | NITY CORP | | | VARIOUS | 04/04/19 |
| | | E GROUP HOSPITAL | ITY INC | | | VARIOUS | VARIOUS |
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| <u>n</u> | | | | | | | |
| _0_ | | (6) Degrees they allowed | (a) Cost or other ha | | | Coup or (loss) | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bar plus expense of sal | | (n) (e) |) Gain or (loss) Ilus (f) minus (g) | |
| | 2,313. | (5. 2 | | 756. | (3) F | - (., | <443.> |
| <u>a</u> b | 341,409. | | 299, | | | | 42,268. |
| c | 109,930. | | 698, | | | <5 | 88,320.> |
| d | 115,346. | | 120, | | | | <5,646.> |
| e | 64,266. | | | 925. | | · · · · · · · · · · · · · · · · · · · | 3,341. |
| f | 28,203. | | | 470. | | | 7,733. |
| g | | | | | | | |
| h | | | | | | | |
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| m | | | <u> </u> | | | | |
| <u>n</u> | | | - | | | | |
| 0 | Complete only for assets showing | ng gain in column (h) and owned by | L the foundation on 12/31/69 | | (1) 1 00 | ses (from col. (h)) | |
| | To a a a a a a a a a a a a a a a a a a a | (i) Adjusted basis | (k) Excess of col. (| <u>, </u> | Gains (excess of | of col. (h) gain over | |
| | (i) F.M.V. as of 12/31/69 | as of 12/31/69 | over col. (j), if any | | but n | ot less than "-0-") | |
| a | | | | | | | <443.> |
| b | | | | | | | 42,268. |
| С | | | | | | <5 | 88,320.> |
| d | | | | | | | <5,646.> |
| <u>e</u> | | | | | | | 3,341. |
| <u>f</u> | | | | | | | 7,733. |
| 9 | | | <u> </u> | | | _ | |
| <u>h</u> | | | | | | | |
| 1 | · | | | | | | |
| <u> </u> | | | <u> </u> | + | | | |
| <u>K</u> | | | | + | | | |
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| m n | | | | | | | |
| 0 | | | | | | | |
| <u> </u> | | <u> </u> | I | $\neg \neg$ | | | |
| 2 Ca | apital gain net income or (net ca | apital loss) { If gain, also enter | r in Part I, line 7)-" in Part I, line 7 | L | 2 | <5 | 41,067.> |
| 3 Ne | et short-term canital dain or (lo | ss) as defined in sections 1222(5) an | | ا ر | | | |
| lf | gain, also enter in Part I, line 8, | column (c). | ·= */* |) | | _ | |
| lf | (loss), enter "-0-" in Part I, line | 8 | | <u> </u> | 3 | N/A | |

| Rart XV Supplementary Information | | | | |
|--|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | John Sanon | |
| | | | | |
| CITYSQUASH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 10,000 |
| | | - | | |
| COMMON GROUND | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | |
| | | | | 5,000 |
| | | | | |
| DENVER BOTANIC GARDENS | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,000 |
| | | | | |
| EAST HARLEM SCHOOL | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 10,000 |
| | | | - | |
| EPISCOPAL HIGH SCHOOL | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | <u> </u> |
| | | | | 5,000 |
| | | | | l |
| EQUAL JUSTICE INITIATIVE | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,500 |
| | | | | |
| FAMILY CENTERS, INC | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 22,000 |
| | | | | |
| FIRST TEE OF THE VIRGINIA BLUE RIDGE | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | |
| | | | | 10,000 |
| | | | | |
| FOCUSED ULTRASOUND FOUNDATION | UNRESTRICTED | FUBLIC CHARITY | CHARITABLE GRANT | 10,000 |
| | | | | |
| FOLDS OF HONOR FOUNDATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 10,000 |
| Total from continuation sheets | <u> </u> | | <u> </u> | 757,900 |

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient FREE UNION COUNTRY SCHOOL UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 6,000. PUBLIC CHARITY CHARITABLE GRANT FRIENDS OF GUNSTON HALL UNRESTRICTED 1,000. GLASS HOUSE VISITOR CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 1,000. HISTORICAL SOCIETY OF PALM BEACH UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 1,000. UNRESTRICTED PUBLIC CHARITY INSPIRICA, INC (F/K/A ST. LUKE'S LIFE CHARITABLE GRANT WORKS) 5,000. INSTITUTE FOR ETHNOMEDICINE BRAIN UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 10,000. PUBLIC CHARITY CHARITABLE GRANT **JDRF** UNRESTRICTED 1,000. JEFFERSON SCHOLARS FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 100,000. LEGAL AID JUSTICE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 5,000. PUBLIC CHARITY CHARITABLE GRANT LEWIS GINTER BOTANICAL GARDENS UNRESTRICTED 1,000. **Total from continuation sheets**

| PRESERVATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | Grants and Contributions Paid During the Year | | , | | |
|--|---|--|----------------|---------------------|--------|
| OF Substantial contributor recipient OF Substantial contributor PUBLIC CHARITY CHARITABLE GRANT CHARITABLE GRANT ONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT ONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT ONTPELIER FOR HISTORIC UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT ONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT ONTPELIER FOR HISTORIC UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | Recipient | show any relationship to | | Purpose of grant or | Amount |
| REMORIAL SLOAN - KETTERING CANCER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT MONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | Name and address (home or business) | any foundation manager or substantial contributor | | contribution | Amount |
| REMORIAL SLOAN - KETTERING CANCER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT MONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | OCT TIPE WALLES CHARLES | DIR DOMP I CAUD | | | |
| CENTER MONTPELIER FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT PATIONAL FISH AND WILDLIFE FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT PRESERVATION NORTH OF THE PROPERTY CHARITABLE GRANT NORTH OF THE PUBLIC CHARITY CHARITABLE GRANT NORTH OF THE PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT PUBLIC CHARITY CHARITABLE GRANT | | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 15,00 |
| NATIONAL FISH AND WILDLIFE FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT PRESERVATION NCHCF UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| NATIONAL TRUST FOR HISTORIC UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | ONTPELIER FOUNDATION U | NRESTRICTED . | PUBLIC CHARITY | CHARITABLE GRANT | 100,00 |
| NATIONAL TRUST FOR HISTORIC PRESERVATION NUMBER TRUCTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | | | | | , |
| PRESERVATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | ATIONAL FISH AND WILDLIFE FOUNDATION U | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| NEW CANAAN COMMUNITY FOUNDATION UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| NEW CANAAN NATURE CENTER UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | CHCF | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 10,00 |
| | EW CANAAN COMMUNITY FOUNDATION U | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,00 |
| NEW LIFE OF NEW YORK CITY UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | EW CANAAN NATURE CENTER U | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,50 |
| | EW LIFE OF NEW YORK CITY U | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,00 |
| NEW YORK BOTANICAL GARDENS UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT | ew York Botanical Gardens u | NRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 200,50 |

| Part XV Supplementary Information | VILLE FOUNDATIO | | 22-21 | //140 |
|--|--|---------------------|---------------------|---------|
| 3 Grants and Contributions Paid During the Y | | | | T |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| NICKLAUS CHILDREN'S HOSPITAL | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 15,000. |
| NORTON MUSEUM OF ART | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,000. |
| NSCDA-VA | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,000. |
| PARTNERSHIP FOR DRUG-FREE KIDS | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,000. |
| PATHWAYS, INC. | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,000. |
| PRESERVATION FOUNDATION OF PAL | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,000. |
| PRESERVATION FOUNDATION OF PALM BEACH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,000. |
| RAMSEY HOUSE GARDEN PROJECT | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,000. |
| READ WORKS | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,500. |
| ROBERT E. LEE MEMORIAL ASSOCIATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 7,000. |
| Total from continuation sheets | | | | |

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|---|---------------------|---------------------|-----------|
| . Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | A == == 4 |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| OOSEVELT HIGH SCHOOL CLASS OF '57 | UNRESTRICTED | DITELTO CUADITAV | CHARITABLE GRANT | |
| | UNRESTRICTED | POBLIC CHARITY | CHARITABLE GRANT | 50 |
| ENIOR CENTER | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| OUTHERN ENVIRONMENTAL LAW CENTER | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | |
| | SINDOTRICIDS | TOBBLE CIBINATION | | 5,00 |
| SQUASH HAVEN | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| T. ANNE'S EPISCOPAL CHURCH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 50 |
| T. CHRISTOPHER'S SCHOOL FOUNDATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,50 |
| T. CHRYSOSTOM'S CHURCH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,00 |
| T. MARK'S CHURCH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 20,00 |
| T. PAUL'S EPISCOPAL CHURCH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,00 |
| ALL TIMBERS | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 6,00 |

| 3 Grants and Contributions Paid During the Yo | ear (Continuation) | | | |
|---|---|---------------------|---------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | 1 |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount — |
| TEACH FOR AMERICA | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| THE EVERGLADES FOUNDATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 10,00 |
| THE JEFFERSON TRUST | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 20,00 |
| THE MUNICIPAL BAND OF CHARLOTTESVILLE | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 50 |
| THE VACLAV HAVEL LIBRARY FOUNDATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| THE VIRGINIA HOME | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,50 |
| THE WOMEN'S INITIATIVE | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 5,00 |
| CHOMAS JEFFERSON FOUNDATION | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 7,50 |
| UNIVERSITY OF CHICAGO CANCER RESEARCH | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 1,00 |
| JRBAN INITIATIVES | UNRESTRICTED | PUBLIC CHARITY | CHARITABLE GRANT | 2,50 |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC CHARITY US SKI AND SNOWBOARD FOUNDATION UNRESTRICTED CHARITABLE GRANT 25,000. US SQUASH UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 10,000. USSGA MEMORIAL FUND UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 500. PUBLIC CHARITY VILLAGE CHICAGO UNRESTRICTED CHARITABLE GRANT 1,500. PUBLIC CHARITY CHARITABLE GRANT VIRGINIA HISTORICAL SOCIETY UNRESTRICTED (BRADSHAW) 1,000. VSGA/FLEMING FUND UNRESTRICTED PUBLIC CHARITY CHARITABLE GRANT 1,400. Total from continuation sheets

| FORM 990-PF | DIVIDENDS | AND INTER | EST FRO | OM SECUR | ITIES S' | PATEMENT 1 |
|---|----------------------------|----------------------------------|----------------------|----------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | RI | (A) EVENUE R BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| BDT CAPITAL PARTNERS FUND 3 (TE), LP MERRILL LYNCH TWINLEAF | 57,748. 607,989. 51. | | 0. 0. 0. | 57,748. 607,989. 51. | 57,748. 607,989. 51. | |
| TO PART I, LINE 4 | 665,788. | | 0. | 665,788. | 665,788. | |
| | | | | | | |
| FORM 990-PF | \ | OTHER E | XPENSES | = S | S | PATEMENT 2 |
| FORM 990-PF DESCRIPTION | | OTHER E (A) EXPENSES PER BOOKS | (I NET II | S NVEST- INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| DESCRIPTION ADVISOR FEES INVESTMENT INTEREST | - EXPENSE | (A) EXPENSES | (I NET II MENT | 3) NVEST- | (C) ADJUSTED | (D) CHARITABLE |
| DESCRIPTION ADVISOR FEES | EXPENSE PARTNERS | (A) EXPENSES PER BOOKS | NET IN MENT | B) NVEST- INCOME | (C) ADJUSTED | (D) CHARITABLE PURPOSES |

STATEMENT 3

FORM 990-PF

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|-------------|----------------------|
| ALIBABA GROUP HOLDING | 1,252,062. | 1,336,230 |
| ANALOG DEVICES INC | 585,463. | 2,376,800 |
| ARCHROCK INC | 610,354. | 213,350 |
| BANK OF AMERICA CORP | 4,760,438. | 7,510,665 |
| CITIGROUP, INC | 202,449. | 61,356 |
| DELTA AIRLINES | 1,830,335. | 1,929,840 |
| EXTERRAN HOLDINGS INC. | 452,733. | 83,194 |
| GAIA INC | 2,296,762. | 2,370,377 |
| HALYARD HEALTH INC. | 42,192. | - |
| KANSAS CITY SOUTHERN INDUSTRIES | 177,180. | |
| KIMBERLY-CLARK COMPANY | 973,957. | |
| MERCK AND CO INC SHS | 1,947,987. | • |
| ONE GROUP HOSPITALITY INC | 3,061,485. | • |
| PFIZER INC | 1,719,341. | |
| SCHLUMBERGER LTD | 2,658,704. | |
| TECENT HOLDINGS LTD ADR | 765,900. | - |
| WILLIS TOWERS WATSON PLC | 1,838,233. | 1,905,708 |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 25,175,575. | 34,608,705 |

CORPORATE STOCK

| FORM 990-PF OTHER | R INVESTMENTS | | STATEMENT 4 |
|-------------------------------------|---------------------|------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| BDT CAPITAL | COST | 2,544,164. | 2,668,220. |
| TOTAL TO FORM 990-PF, PART II, LINE | 13 | 2,544,164. | 2,668,220. |

| FORM 990-PF | PART XV - LINE 1A | STATEMENT 5 |
|-------------|-----------------------------|-------------|
| | LIST OF FOUNDATION MANAGERS | |

NAME OF MANAGER

HARRY BURN III C/O THE MELVILLE FDN. JEAN BURN C/O THE MELVILLE FDN.

SCH B PG'3

STATEMENT 6

6,300 SHS ALIBABA GROUP HOLDINGS 9,437 WILLIS TOWERS WATSON

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.

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

OMB No 1545-0047

2019

Name of the organization

Employer identification number

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

| | THE MELVILLE FOUNDATION | 22-2777140 | | | | |
|--|--|---|--|--|--|--|
| Organization type (chec | k one). | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 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 General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec | cial Rule See instructions. | | | | |
| General nuie | | | | | | |
| - | tion filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions to any one contributor. Complete Parts I and II See instructions for determining a contributor. | - | | | | |
| Special Rules | | | | | | |
| sections 509(a)(any one contrib | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sur (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 outor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1. Complete Parts I and II | , 16a, or 16b, and that received from | | | | |
| year, total contr | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| year, contribution is checked, ente purpose. Don't | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becauble, etc., contributions totaling \$5,000 or more during the year | aled more than \$1,000. If this box eligious, chantable, etc., | | | | |
| but it must answer "No" | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

| THE | MELVILLE | FOUND. | ATION |
|-----|----------|--------|-------|
| | | | |

22-2777140

| 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 | HARRY BURN 11556 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408 | \$ <u>3,856,195</u> . | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |

Name of organization

Employer identification number

THE MELVILLE FOUNDATION

22-2777140

| | LVILLE FOUNDATION | | -2777140 |
|------------------------------|--|---|----------------------|
| art III | Noncash Property (see instructions). Use duplicate copies of P | 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 |
| | SEE STATEMENT 6 | | |
| | | | |
| | | \$ 3,856,195. | 12/09/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | <u> </u> |
| (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 |
| | | | |
| | | | |
| | <u></u> | | 90.EZ or 990.PE) (2 |

923454 11-06-19

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4