Form 8879-TE		IRS E-file Signat for a Tax E	ture Authorization xempt Entity		OMB No. 1545-0047
	For calendar yea		, 2024, and ending	, 20	2024
Department of the Treasury Internal Revenue Service			S. Keep for your records. 79TE for the latest information.		2024
	MELLAM I	FOR MELLAM FAMILY		EIN or SSN	
FOUNDA	TION			13-689	4208
Name and title of officer or pe	rson subject to t				
		EXECUTIVE DIRE	CTOR		
		Return Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and ce ount on that line	ents. For all other forms, enter who e for the return being filed with thi	d enter the applicable amount, if any ble dollars only. If you check the box s form was blank, then leave line 1b he return, then enter -0- on the applic	on line 1a, 2a, 3a, 3, 2b, 3b, 4b, 5b, 6b	, 4a, 5a, 6a, 7a, 8a, 9a 5, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere [b Total revenue, if any (F	orm 990, Part VIII, column (A), line 12	2) 1 k	D
2a Form 990-EZ che	ck here [b Total revenue, if any (F	orm 990-EZ, line 9)	21	
3a Form 1120-POL	-		OL, line 22)	31	14,697.
4a Form 990-PF che			ent income (Form 990-PF, Part V, lin	ie 5) 4k	14,697.
5a Form 8868 check	-		8, line 3c)		
6a Form 990-T check	-		Part III, line 4)		
7a Form 4720 check	-		Part III, line 1)		
8a Form 5227 check	-		of tax year (Form 5227, Item D)		
9a Form 5330 check	r		art II, line 19))
10a Form 8038-CP ch Part II Declarat			ent requested (Form 8038-CP, Part fficer or Person Subject to	Tax)b
			entity or I am a person subject		to (namo
of entity)			, (EIN)		
payment of taxes to receiv personal identification nun PIN: check one box only	e confidential i nber (PIN) as m	nformation necessary to answer in y signature for the electronic return	thorize the financial institutions invol- nquiries and resolve issues related to rn and, if applicable, the consent to e	the payment. I have	ve selected a hdrawal.
X I authorize PW	C US TAX	K LLP		to enter my PIN	04208
		ERO firm name)		Enter five numbers, but do not enter all zeros
with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulat lisclosure cons person subject ndicated withir	ing charities as part of the IRS Fe ent screen. to tax with respect to the entity, I n this return that a copy of the retu	I have indicated within this return th d/State program, I also authorize the will enter my PIN as my signature or urn is being filed with a state agency(aforementioned El	RO to enter my PIN electronically filed
IRS Fed/State p	- L	ned by: Iter my PIN on the return's disclos	sure consent screen.		
Signature of officer or person subject		rcy Rogers		Date	5/7/2025
Part III Certifica	tion and At	thentication			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	252738252 Do not enter all ze		
			he 2024 electronically filed return inc Modernized e-File (MeF) Information t		
ERO's signature	1ps/L	Ain	Date	05/02/20)25
	Do No		Form - See Instructions IRS Unless Requested To I		
For Privacy Act and Pape	erwork Reduct	ion Act Notice, see instructions		F	orm 8879-TE (2024)
LHA 402521 12-26-24					

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.

OMB No. 1545-0047 2 Open to Public Inspection

	t of the Treasury venue Service			s.gov/Form990PF for instru				Open to Public Inspection
For calen	ıdar year 2024 (or tax year beginning			, and ending			
Name of	foundation						A Employer identification	number
UD :	LD MELL	AM FOR MELI	LAM FAI	MILY				
	NDATION						13-6894208	
		ox number if mail is not deli			Roon	n/suite	B Telephone number	1.0
		ROGERS, P.(650-366-64	
		ovince, country, and ZII TY, CA 94(C If exemption application is pe	nding, check here
G Check	all that apply:	Initial return	า	Initial return of a fo	ormer public charity	y	D 1. Foreign organizations	, check here
		Final return		Amended return			2 Fausian avaanizationa ma	ting the OEO/ test
		Address ch	5	Name change			2. Foreign organizations mee check here and attach cor	nputation
	type of organiz			empt private foundation			E If private foundation stat	
				Other taxable private foundation			under section 507(b)(1)	
		assets at end of year		ng method: X Cash	Accrual		F If the foundation is in a 6	
(110111 F \$	^p art II, col. (c), I 1			ther (specify) nn (d), must be on cash bas	is.)		under section 507(b)(1)	(B), check here
Part I	Analysis of R	evenue and Expenses		(a) Revenue and	(b) Net investm	nent	(c) Adjusted net	(d) Disbursements
	 (The total of among necessarily equal 	ounts in columns (b), (c), and al the amounts in column (a).	l (d) may not .)	expenses per books	income	nom	income	for charitable purposes (cash basis only)
1	Contributions,	gifts, grants, etc., recei	ved					
2		if the foundation is not required	to attach Sch. B					
3								
4		interest from securities		413,637.	413,6	537.		STATEMENT 1
	Net rental income			814,977.				
9 68	Net gain or (loss) Gross sales price	from sale of assets not on lin for all 3,690	672	014,977.				
Bevenue 7	assets on line 6a Capital gain net in	ncome (from Part IV, line 2)	,072.		814,9	977.		
å å		capital gain			011/5		N/A	
9		cations						
10a	Gross sales less r and allowances	returne						
		ds sold						
c	Gross profit or	(loss)						
11				1 000 614				
12		es 1 through 11		1,228,614.	1,228,6		0.	191 005
13		officers, directors, trustees,		171,205.		0.	0.	171,205.
		e salaries and wages						
	Accounting fee	es SI	MT 2	5,250.	2,6	525.	0.	2,625.
dx c	Other professio	onal fees S I		154,271.	154,2		0.	0.
9 17								
18 <mark>ati</mark>	Taxes	SI	MT 4	26,989.	13,9	941.	0.	13,048.
Administrative Expenses 0 12 2 1 15 3 4 16 2 17 9 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1		nd depletion						
20								
		nces, and meetings						
22 23 25 26 25	Other expenses	ublications s S 7	י א יד ה	5,805.	/	456.	0.	5,349.
		د جر g and administrative	J	5,005.		± J U •	0.	5,5420
	-	- -		363,520.	171,2	293.	0.	192,227.
ටී ₂₅	-			562,500.	/			562,500.
		s and disbursements.						
	Add lines 24 ar			926,020.	171,2	293.	0.	754,727.
27	Subtract line 2	6 from line 12:						
		e over expenses and disburs		302,594.	1 0	101		
		t income (if negative, ente			1,057,3	521.		
	1	ncome (if negative, enter -		423501 12.06.24			0.	Form 990-PF (2024)

LHA For Paperwork Reduction Act Notice, see instructions.

501 12-06-24 1

Form 98 (2024)

Form 990-PF (2024) FOUNDATION 13-6894208					
_	art		Beginning of year	End of	
_	art	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	385,452.	668,634.	668,634.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ÿ		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	12,960,448.		13,612,451.
	C	Investments - corporate bonds STMT 7	3,249,768.	3,071,127.	3,071,127.
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		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)	16,595,668.	17,352,212.	17,352,212.
		Accounts payable and accrued expenses			
		Grants payable			
ŝ	19	Deferred revenue			
Liabilitie	20	Loans from officers, directors, trustees, and other disqualified persons			
iabi	21	Mortgages and other notes payable			
-	22	Other liabilities (describe)			
			<u>^</u>	_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
anc	24	Net assets without donor restrictions			
Balá	25	Net assets with donor restrictions			
or Fund Balances		Foundations that do not follow FASB ASC 958, check here			
Fur		and complete lines 26 through 30.	10 505 600	10 250 010	
	26	Capital stock, trust principal, or current funds	16,595,668.	17,352,212.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
let	29	Total net assets or fund balances	16,595,668.	17,352,212.	
2		T	16 505 660	17 252 212	
_	30	Total liabilities and net assets/fund balances	16,595,668.	17,352,212.	
Ρ	art	III Analysis of Changes in Net Assets or Fund Ba	lances		

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	16,595,668.
2	Enter amount from Part I, line 27a	2	302,594.
3	Other increases not included in line 2 (itemize) CHANGE IN UNREALIZED APPRECIATION	3	453,950.
4	Add lines 1, 2, and 3	4	17,352,212.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	17,352,212.
			Form 990-PF (2024)

Form **990-PF** (2024)

UD LD MELLAM FOR ME	LLAM FAMILY			
Form 990-PF (2024) FOUNDATION			13-689	4208 Page 3
Part IV Capital Gains and Losses for Tax on Ir	nvestment Income			
 (a) List and describe the kind(s) of property sold (for exa 2-story brick warehouse; or common stock, 200 sh 		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a LONG TERM SALES			01/01/23	12/31/24
b SHORT TERM SALES			01/01/24	12/31/24
c TOTAL GAIN DISTRIBUTIONS			01/01/24	12/31/24
d TOTAL CAPITAL GAIN FROM PARTNE	RSHIPS		01/01/23	12/31/24
e TOTAL CAPITAL GAIN FROM PARTNE	RSHIPS		01/01/24	12/31/24
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss ((e) plus (f) minus	
a 2,619,722.	1,887,46	4.		731,527.
b 1,070,950.	1,030,52			43,031.
C				604.
d				17,954.
e				21,861.
Complete only for assets showing gain in column (h) and owned by	the foundation on 12/31/69.		(I) Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	CC	bl. (k), but not less that Losses (from col. (n -0-) or h))
a				731,527.
b				43,031.
C				604.
d				17,954.
e				21,861.
2 Capital gain net income or (net capital loss)	er in Part I, line 7 0- in Part I, line 7	2		814,977.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) a If gain, also enter in Part I, line 8, column (c). See instructions. If (los Part I, line 8		}		65,496.
Part V Excise Tax Based on Investment Incon	ne (Section 4940(a), 49	940(b), or 4948	- see instructio	
1a Exempt operating foundations described in section 4940(d)(2), che	eck here 📃 and enter "N	I/A" on line 1.		
	ttach copy of letter if necessary	- see instructions)	1	14,697.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. E	xempt foreign organizations, ent	er		
4% (0.04) of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and tax	able foundations only; others, en	ter -0-)	. 2	0.
3 Add lines 1 and 2			. 3	14,697.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and tax	xable foundations only; others, e	nter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If z	ero or less, enter -O-			14,697.
6 Credits/Payments:				
a 2024 estimated tax payments and 2023 overpayment credited to 2	024 6a	10,478		
b Exempt foreign organizations - tax withheld at source	6b		<u>).</u>	
c Tax paid with application for extension of time to file (Form 8868).).	
d Backup withholding erroneously withheld	6d	().	
				10,478.
8 Enter any penalty for underpayment of estimated tax. Check here	X if Form 2220 is attached			135.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amo				4,354.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, ente				
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax		Refunde	ed 11	

Form **990-PF** (2024)

orm	n 990-PF (20		<u>}4208</u>		Page 4
Pa	rt VI-A	Statements Regarding Activities			
1a	During the t	ax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any politica	I campaign?	. 1a		X
b	Did it spend	I more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answe	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed	by the foundation in connection with the activities.			
C	Did the four	ndation file Form 1120-POL for this year?	1c		X
		nount (if any) of tax on political expenditures (section 4955) imposed during the year:			
		foundation. \$ 0. (2) On foundation managers. \$ 0.			
е	.,	imbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.	\$O.			
2	•	ndation engaged in any activities that have not previously been reported to the IRS?	2		X
		ich a detailed description of the activities.			
3	-	ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
Ū		ther similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a		ndation have unrelated business gross income of \$1,000 or more during the year?			X
		it filed a tax return on Form 990-T for this year? N/A			<u> </u>
		liquidation, termination, dissolution, or substantial contraction during the year?			x
U		ich the statement required by General Instruction T.			
6		Jirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
U		ige in the governing instrument, or			
		egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	-		6	x	
7	Did the four	e governing instrument? ndation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	. 0	X	<u> </u>
'				- 23	
8.	Enter the et	ates to which the foundation reports or with which it is registered. See instructions.			
Ua	CA,NY		-		
ь		er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
U		e as required by General Instruction G? If "No," attach explanation	8b	x	
٥		lation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
3		r the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		x
10		sons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			X
11		during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	4.		x
10		(b)(13)? If "Yes," attach schedule. See instructions	. 11		
12			10		x
40		ch statement. See instructions	. 12	v	
13	Mahaita ad	ndation comply with the public inspection requirements for its annual returns and exemption application?	[]3	л	
		are in care of MR. TRACY ROGERS, EXEC DIR Telephone no. (650	366-	611	0
14			94061		
15				-00	<u></u>
15		I7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		r / ⁊	
		e amount of tax-exempt interest received or accrued during the year 15	N	I/A Yes	No
16		during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank,		165	<u> </u>
		or other financial account in a foreign country?	. 16	L	X
		ructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign cou	ntry			(000)
			Form 99	0-66	(2024)

Form 990-PF (2024) FOUNDATION	13-6894208		Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Requi	ired		_
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?			X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		Х	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?			X
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)			X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	s		
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not			
before the first day of the tax year beginning in 2024?			X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operatin defined in section 4942(j)(3) or 4942(j)(5)):	ng foundation		
a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2024?	2a		x
If "Yes," list the years			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relation of the section 4942(a)) (2) (relation of the section 4942(a)) (2) (relation of the section of the section 4942(a)) (2) (relation 4942(a)	ting to incorrect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer	-		
statement - see instructions.)			
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_		
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualif	fied persons after		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 45	943(c)(7)) to dispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use			
Schedule C, to determine if the foundation had excess business holdings in 2024.)			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its cha			
had not been removed from jeopardy before the first day of the tax year beginning in 2024?			X
	Form 99)-PF	(2024)

Form **990-PF** (2024)

Form 990-PF (2024) FOUNDATION	13-6894	208	F	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (cont	tinued)			
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 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained				
expenditure responsibility for the grant?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal 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 shelter transaction?		7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
excess parachute payment(s) during the year?		8		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

List all onlicers, directors, trustees, and foundation managers and their compensation.						
(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		
		1 = 1 = 0 = =				
SEE STATEMENT 8		171,205.	0.	0.		

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	-			
	-			
	-			
	-			
Total number of other employees paid over \$50,000				0

Form **990-PF** (2024)

UD LD MELLAM FOR MELLAM FAMILY Form 990-PF (2024) FOUNDATION Part VII Information About Officers, Directors, Trustees, Foundat	13-689 ion Managers, Highly	4208 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ROGERS INVESTMENT ADVISORS LLC - 2975 BOWERS		
AVE STE 107, SANTA CLARA, CA 95051	INVESTMENT ADVISORY	114,701.
	_	
	_	
	_	
Total number of others receiving over \$50,000 for preferences equiped	1	0
Total number of others receiving over \$50,000 for professional services		0
	ical information such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
$\frac{1}{1 \text{ N/A}}$		
1		
2		
L		
3		
4		
Part VIII-B Summary of Program-Related Investments	· · · · ·	
Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		-
Total. Add lines 1 through 3		0.
	F	orm 990-PF (2024)

UD	LD	MELLAM	FOR	MELLAM	FAMILY
FOUNDATION					

Form 990-PF (2024)

13-6894208 Page 8

Art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations	s, see instructions.)
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
Average monthly fair market value of securities	1a	16,760,571.
	1b	565,287.
Fair market value of all other assets (see instructions)	1c	
Total (add lines 1a, b, and c)	1d	17,325,858.
Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
Acquisition indebtedness applicable to line 1 assets	2	0.
Subtract line 2 from line 1d	3	17,325,858.
	4	259,888.
Net value of noncharitable-use assets. Subtract line 4 from line 3	5	17,065,970.
Minimum investment return. Enter 5% (0.05) of line 5	6	853,299.
	and certair	1
	1	853,299.
Tax on investment income for 2024 from Part V, line 5		
		14 607
Add lines 2a and 2b		14,697.
		838,602.
		0.
Add lines 3 and 4		838,602.
		<u> </u>
	1	030,002.
art XI Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
Encourse and the time of the star head from Dark Landware (d). Line 00	1 1 1	754,727.
Expenses, contributions, gifts, etc total from Part I, column (d), line 26	Ia	
	1b	754,727.
Program-related investments - total from Part VIII-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		0.
Program-related investments - total from Part VIII-B	1b	0.
Program-related investments - total from Part VIII-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the:	1b	0.
Program-related investments - total from Part VIII-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the:	1b 2	754,727.
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities Average of monthly cash balances Fair market value of all other assets (see instructions) Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) Net value of noncharitable activities. Enter 1.5% (0.015) of line 3 Minimum investment return. Enter 5% (0.05) of line 5 art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here max on investment return from Part IX, line 6 Tax on investment income for 2024 from Part V, line 5 1ncome tax for 2024. (This does not include the tax from Part V.) Add lines 2 and 2b Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 Average monthly tair market value of securities 1 Average of monthly cash balances 1 Eair market value of all other assets (see instructions) 1 Total (add lines 1a, b, and c) 1 Reduction claimed for blockage or other factors reported on lines 1a and 1 1c (attach detailed explanation) 1 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 Net value of onnocharitable - use assets. Subtract line 4 from line 3 5 Minimum investment return. Enter 5% (0.05) of line 5 6 art X Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certair foreign organizations, check here 1 Income tax for 2024 (This does not include the tax from Part V.) 2 1 Add lines 2 and 2b 2 2 Distributable amount before adjustments. Subtract line 2 cfrom line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5

Form **990-PF** (2024)

Form 990-PF (2024)

UD LD MELLAM FOR MELLAM FAMILY FOUNDATION

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X,	Corpus		2023	2024
line 7				838,602.
2 Undistributed income, if any, as of the end of 2024:				000,0021
a Enter amount for 2023 only			626,846.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2024 from				
Part XI, line 4: \$ 754,727.				
a Applied to 2023, but not more than line 2a			626,846.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			107 001
d Applied to 2024 distributable amount	0.			127,881.
e Remaining amount distributed out of corpus	U.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2023. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2025				710,721.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2019				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2020 b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				
423581 12-06-24				Form 990-PF (2024)

9

423581 12-06-24

Form **990-PF** (2024)

Form 990-PF (2024) FOUNDATION	13-6894208 Page 10
Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A	
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or	or 4942(j)(5)
2 a Enter the lesser of the adjusted net Tax year Prior 3 years	
income from Part I or the minimum (a) 2024 (b) 2023 (c) 2022 (d) 20	021 (e) Total
investment return from Part IX for	
each year listed	
b 85% (0.85) of line 2a	
c Qualifying distributions from Part XI,	
line 4, for each year listed	
d Amounts included in line 2c not	
used directly for active conduct of exempt activities	
e Qualifying distributions made directly	
for active conduct of exempt activities.	
Subtract line 2d from line 2c	
(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 IX, line 6, for each year listed	
c "Support" alternative test - enter:	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	
(3) Largest amount of support from	
an exempt organization	
(4) Gross investment income	
Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 at any time during the year-see instructions.)	u or more in assets

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

10

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

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

c Any submission deadlines:

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

UD LD MELLAN	I FOR	MELLAM	FAMILY
--------------	-------	--------	--------

FOUNDATION

Form 990-PF (2024) Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During th	If reginight is an individual			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		roopone		
EE STATEMENT	SEC 501(C)(3)	PC	GRANTS ARE PAID TO TAX	
010 LINCOLN MALL #300	EXEMPT ORGS		EXEMPT ORGANIZATIONS	
INCOLN, NE 68508			FOR MEDICAL AND	
,			SCIENTIFIC RESEARCH, EDUCATION, THE ENVI	562,50
Total	I			562,50
b Approved for future payment				
NONE				
Total				m 990-PF (20

Form 990-PF (2024) FOUNDATION

Part XV-A Analysis of Income-Producing Activities

	Unrelated	business income	Exclud	ed by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1.4	44.0 60.0	
4 Dividends and interest from securities			14	413,637.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
			18	814,977.	
than inventory			1 10	014,977.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,228,614.	0.
13 Total. Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations.)					· · ·
Part XV-B Relationship of Activities to	a tha Aaaam	plichmont of Ex	omnt I	Durpaga	
			empri	Fulposes	
Line No. Explain below how each activity for which inco			contribut	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing fund	s for such purposes).			
423621 12-06-24					Form 990-PF (2024)

07430507 149481 0000072338.N001

12 2024.03040 UD LD MELLAM FOR MELLAM F 00000721

op no medical ron medical rantes	UD	LD	MELLAM	FOR	MELLAM	FAMILY
----------------------------------	----	----	--------	-----	--------	--------

(other than section 501(c)(3) organizations or in section 527, relating to political organizations? I tail I a Transfers from the reporting foundation to a noncharitable exempt organization of: I tail I (1) Cash Itail I (2) Other assets Itail I b Other transactions: Itail I (1) Cash Itail I (2) Other assets from a noncharitable exempt organization Itail I (2) Purchases of assets to a noncharitable exempt organization Itail I (2) Purchases of assets from a noncharitable exempt organization Itail I (3) Rental of facilities, equipment, or other assets Itail I (4) Reimbursement arrangements Itail I (5) Loans or loan guarantees Itail I (6) Performance of services or membership or fundration received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Itail I (1) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and stwing arrangement, show in column (d) the value of the goods, other assets, or services received. (1) Line no. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and stwing arrangement, show in column (d) the value of the goods, other asset	n 990-PF (2		ATION			13-6894208	<u>3 Pi</u>	age 1
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)) organizations of in section 527, relating to political organizations? If all 11 If ranking is from the reporting oundation to a noncharitable exempt organization of: If all 11 (2) Other assets: If all 12 (3) Rental of facilities, equipment, nor other assets. If all 12 (4) Rental or facilities, equipment, nor other assets. If all 12 (3) Rental or facilities, equipment, nor other assets. If all 12 (4) Reinburgements If all 12 (5) Loans or lean guarantees If all 12 (6) Pertormance of services or membership or fundrasing solicitations If all 12 (6) Atoms or lean out assets, or paid englopees If all 12 (1) Loans or lean out assets, or paid englopees If all 12 (1) Atoms of the apove is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greenview. If all 12 (2) Are not indirectly affiliated with, or related to, one or more tax-exempt organization described If the ansections 501(c)(3) or in action 527? If the ansection 501(c)(13) or in action 527? (4) Neme of organization (b) Type of organization (c) Description of relationship (1) Theory mentilises o	art XVI			and Transactions a	nd Relationships Wit	h Noncharitable		
a Transfer from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (3) Rental of facilities, quipment, or other assets (4) Rental variable exempt organization (5) Loans or lang guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or sorvices received. (6) Annount involved (6) Annount involved (6) Name of noncharitable exempt organization (7) Sales of assets (7) Sales of assets (7) Sales of assets (7) Sales of assets (7) Sales (7)	Did the or			ving with any other organization	on described in section 501(c)		Yes	No
(1) Cash is (1) (2) Other assets is (1) (2) Other assets is is (1) (3) Sates of assets from a noncharitable exempt organization ib(1) (2) Purchases of assets from a noncharitable exempt organization ib(1) (3) Rental of facilities, equipment, or other assets ib(2) (4) Reinbursement arrangements ib(3) (5) Loans or to any of the above stars, or services grade employees ib(3) (6) Performance of services or membership or fundraising solicitations ib(3) (5) Loans or to any of the above stars, or services received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. ib(3) (b) Amount involved (c) Name of noncharitable exempt organization (d) Owwarption of transfer, transactions, and attemp arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Owwarption of transfer, transactions, and attemp arrangement, show in column (d) the value of the goods, other assets, organization (d) Owwarption of transfer, transactions, and attemp arrangement, show in column (d) the value of the goods, other assets, organization (e) Name of noncharitable exempt organization (f) Owwarption of transfer, transactions, and attemp arrangement, show in column (d) the transet, show in column (d) the v			, , , ,	• •				
(2) Other assets 14(2) (3) Sales of assets to a noncharitable everypt organization 16(1) (2) Purchases of assets to manoncharitable everypt organization 16(2) (3) Rental of facilities, equipment, or other assets 15(3) (4) Reinbursement arrangements 15(4) (5) Loans or loan guarantees 15(4) (6) Performance of services or membership or fundraising solicitations 15(6) (5) Loans or loan guarantees 15(6) (6) Performance of services or membership or fundraising solicitations 15(6) (6) Performance of services or membership or fundraising solicitations 15(6) (6) Performance of services or membership or fundraising solicitations 15(6) (1) He asset or any of the above 'ses', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. 16(1) Live eve (6) Name of noncharitable exempt organization (d) Description of transfers, transactions, and thermarket value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. 16(1) Live eve (6) Name of noncharitable exempt organization (d) Description of transfers, transactions, and thermarket value in any transactions, and thermarket value in any transaction in section 52(7) (other than section 50(1)(3)) or in section 527?	Transfers	s from the reporting found	ation to a noncharitable exempt o	organization of:				
b Other transactions: (1) Seles of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of failities, equipment, or other assets (4) (4) Reinthursement arrangements (5) Loans or loan guarantees (6) Loans or loan guarantees (7) Seles of assets from a noncharitable exempt organization (6) Purchase of assets from a noncharitable exempt organization (7) Seles of assets from a noncharitable exempt organization (7) Seles of assets from a noncharitable exempt organization (8) Reinthursement arrangements (9) Loans or loan guarantees (9) Amount Involved (9) Name of noncharitable exempt organization (9) Should above, store, store, store, store, store, store, store, store, and store assets, or services given by the reporting foundation, if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (9) Amount Involved (9) Name of noncharitable exempt organization (9) Sweetpleton of transfers, transactions, and whering arrangement, show in column (9) the value of the goods, other assets, or services received (9) Amount Involved (9) Name of noncharitable exempt organization (9) Sweetpleton of transfers, transactions, and whering arrangement, show in column (9) Chever than sections 501(c)(3) or in section 52?? (1) Yes (1) Name of noncharitable exempt organization (9) Type of organization (9) Description of relationship N/A (1) Name of organization (9) Type of organization (9) Description of relationship N/A (1) Name of organization (9) Type							1	X
(1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Performance of services or membership or fundraising solicitations 1b(4) (6) Performance of services or membership or fundraising solicitations 1b(6) (6) Performance of services or membership or fundraising solicitations 1b(6) (a) Rental of the above is "%s," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services reactived. 1b(1) (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwaring arrangement, show in column (b) the optimization (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwaring arrangement, show in column (c) the value of the goods, other assets, or services reactived. User mediation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3) or in section 527? yes b) I "Yes, "complete the following schedula. (e) Name of organization (b) Type of organization (c) Description of relationship N/A In active dorige accompanying schedulas and alutements, and to the ball of my knowledge	(2) Other	er assets				1a(2)	X
(2) Purchases of assets from a noncharitable exempt organization 112(2) (3) Rental of facilities, equipment, or other assets 115(3) (4) Reimbursement arrangements 115(3) (5) Leans or lean guarantees 115(3) (6) Performance of services or membership or fundraising solicitations 115(3) (5) Leans or lean guarantees 115(3) (6) Performance of services or combership or fundraising solicitations 115(3) (6) Performance of services round the above is "Ves," complete the following schedule. Colurn (b) should aways show the fair market value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfere, transactions, and sharing arrangement, show in colurn (d) the value of the goods, other assets, or services received. Live new (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfere, transactions, and sharing arrangement, show in colurn (d) the value of the goods, other assets, or services received. Live new (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfere, transactions, and sharing arrangement, show in colurn (d) the value of the goods, other assets, or services received. Live new (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationstip						1		
(3) Retrail of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guaranties 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) (7) Are the services of membership or fundraising solicitations 1b(6) (8) Ferformance of services reviews or membership or fundraising solicitations 1b(6) (9) Are used of the goods, other assets, or paid employees 1c (1) If the answer to any of the above is Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services reviewed. (1) Armount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwing arrangement, show in column (d) the value of the goods, other assets, or services reviewd. (1) Armount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwing arrangement, show in column (d) the value of the goods, other assets, or services received. (1) Involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwing arrangement, show in column (d) the value of the policy or gond action the section 501(c)(3) or in section 527? yes (1) Mark of organization (b) Type of organization (c) Description of relationship (a) Name of organiza	(1) Sales	s of assets to a noncharita	ble exempt organization			1b(1)	X
(3) Rental of facilities, equipment, or other assets 1b(3) (4) Reinhursement arrangements 1b(4) (5) Loars or loan guarantees 1b(5) (6) Performance of services or membership or fundralsing solicitations 1b(6) (7) Reinhursement arrangements 1b(6) (8) Loars or loan guarantees 1b(6) (9) Performance of services rowers membership or fundralsing solicitations 1b(6) (1) If the answer to any of the above is Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwing amangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and alwing amangement, and the right and the goods, and the right and the right and the right and the goods, and the right and the ri	(2) Purc	chases of assets from a no	ncharitable exempt organization		********	1b(2)	X
(4) Reinbursement arrangements 10(d) (5) Leass or loan guarantees 10(d) (6) Performance of services or membership or fundraising solicitations 10 5 Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than tar market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Like ma (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Like ma (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Like ma (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Like ma (b) Amount involved (c) Name of noncharitable exempt organization (e) Description of relationship I is set foundation directly or indirectly affiliated with, or related to, one or m	(3) Rent	tal of facilities, equipment,	or other assets			1b(3)	X
(5) Leans or loan guarantees 11(5) (6) Performance of services or membership or fundraising solicitations 11(6) 3 Of the answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. 11(1) Column (d) the value of the goods, other assets, or services received. (d) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and abwring arrangement, show in column (d) the value of the goods, other assets, or services received. Little no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and abwring arrangement, show in column (d) the value of the goods, other assets, or services received. Little no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and abwring arrangement, show in account of the sources, transactions, and abwring arrangement, show in account of the sources, transactions of transfers, transactions, and abwring arrangement, show in account of the sources, transactions of transfers, transactions, and abwring arrangement, and the fair market value of the goods, other assets, transactions, and abwring arrangement, and the fair market value of the goods, other assets, transactions, and abwring arrangement, show in account of the sources, transactions, and the fair market value of the goods, other assets, transactions, and abwring arrangement, show in account of the sources, transactions, and the fair market value of transfers, transactions, and the fair marke	(4) Reim	nbursement arrangements				1b(4)	X
(6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the assets or any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. Itere me (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of vameters, transactiones, and alwaring arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of vameters, transactiones, and alwaring arrangement, show in column (d) the value of the goods, other assets, or services received. (e) Amount involved (c) Name of noncharitable exempt organization (d) Description of vameters, transactiones, and alwaring arrangement, show in column (d) the value of the goods, other assets, or paid (e) Description of vameters, transactiones, and alwaring arrangement, show in column (d) the value of the goods, other assets, or paid (e) Description of vameters, transactiones, and alwaring arrangement, show in column (d) the value of in section 501(c)(3) or in section 527? (f) Type of organization (e) Description of relationship N/A (f) Type of organization (f) Type of organization (f) Description of relationship N/A (g) Name of organization (h) Type of organization (c) Description of relationship N/A (f) Type of organization (f) Type of organization (f) Type of organization (g) Description of relationship N/A (g) Name of organization (g) Name of organization (g) Name of organization (g) Type of organization (g) Description of relationship N/A (g) Type of organization (g) Type of organization (g) Type of organization (g) Description of relationship (g) Type of organization	(5) Loan	ns or loan guarantees				1b(5)	Z
	(6) Perfo	ormance of services or me	mbership or fundraising solicitat	tions		1b(6)	2
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Uhe no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactione, and sharing arrangement, show in column (d) the value of the goods, other assets, and sharing arrangement, show in column (d) the value of the goods, other asset of the value of the goods. The asset of the relationship is the value of the goods. The asset of the value of the goods. The value of the value of the goods. The value of the value of the goods. The value of the goods. The value of the goods. The value of the value of the goods. The value of the value. a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3) or in section 527? Image: Value of the test of the value of the value of the sect of the value of the sect of the value	Sharing c	of facilities, equipment, ma	ailing lists, other assets, or paid e	employees		10		2
	or service	es given by the reporting f	oundation. If the foundation rece	ived less than fair market valu			sets,	
in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief. It is traje, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR Title	Line no.	(b) Amount involved	(c) Name of noncharital	ble exempt organization	(d) Description of transfer	s, transactions, and sharing a	rrangeme	nts
in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief. It is traje, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenares has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenares has any knowledge. EXECUTIVE DIRECTOR Title								-
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenares has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenare has any knowledge. EXECUTIVE DIRECTOR Title								_
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenare has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prenares has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which premare has any knowledge. EXECUTIVE DIRECTOR Title								
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which premare has any knowledge. EXECUTIVE DIRECTOR Title								-
in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief. It is traje, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR Title			+					
in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR Title							_	
in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and slatements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which premare has any knowledge. EXECUTIVE DIRECTOR Title	-+-							
N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief. It is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which premares has any knowledge. EXECUTIVE DIRECTOR Title	in section	n 501(c) (other than sectio	on 501(c)(3)) or in section 527?			Ye	s X	N
Bign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It is the correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepares has any knowledge. May the IRS discut return with the pressure has any knowledge. Image: Signature of officer or trustee Signature of officer or trustee Date Title			ganization	(b) Type of organization	(c) Descr	iption of relationship		
Bign and belief. it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the preparer (other than taxpayer) is based on all information of which granater bas any knowledge. May the HS discussion of the true with the based on all information of which granater ba		N/A			<u> </u>			
Sign and belief. it is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which meanage bas any knowledge. May the HS discussion of preparer (other than taxpayer) is based on all information of which meanage bas any knowledge. Image: Signature of officer or trustee Signature of officer or trustee Date								
Sign Signature of officer or trustee Date Director Title							discuse	thic
	ere	my	1.	15/7/25	DIRECTOR	shown below	the prepar w? See in	er
	Joig					if PTIN		
self-employed				TAN				
Paid TIMOTHY D KAISER DOS/07/2025 P0123474	aid	א ת עוייסאדיי	ATSER	DA LA			4742	
reparer Firm's name PWC US TAX LLP				T V Martin				
Jse Only			OD TAX TIL		FIFTUS	SIN 92-040030		
Firm's address 301 GRANT ST, STE 4500	a only			4500				
						112 255		
PITTSBURGH, PA 15219-6400 Phone no. 412-355-600 Form 990-P		I FIT	TOBURGH, FA 13.	213-0400	I Phone			

423622 12-06-24

07430507 149481 0000072338.N001

13 2024.03040 UD LD MELLAM FOR MELLAM F 00000721

FORM 990-PF

OMB No. 1545-0123

2024

Department of the Treasury
Internet December Ormitee

Form **2220**

Attach to the corporation's tax return. FOR Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 13-6894208

Name UD LD MELLAM FOR MELLAM FAMILY FOUNDATION

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	14,697.
 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 			
c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. does not owe the penalty	The corporation	3	14,697.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: or the tax year was for less than 12 months, skip this line and enter the amount from line 3 or	If the tax is zero	4	9,770.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required enter the amount from line 3			9,770.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are c even if it does not owe a penalty. See instructions.		e Form 2220	

7 The corporation is using the annualized income installment method.

8 X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year \dots	9	05/15/24	06/15/24	09/15/24	12/15/24
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	2,443.	4,906.	3,674.	3,674.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	10,478.			
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		8,035.	3,129.	
13	Add lines 11 and 12	13		8,035.	3,129.	
14	Add amounts on lines 16 and 17 of the preceding column	14				545.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	10,478.	8,035.	3,129.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			545.	3,674.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	8,035.			
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owe	1.	
-						

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

LHA 412801 01-09-25

FORM 990-PF

UD LD MELLAM FOR MELLAM FAMILY FOUNDATION

Form 2220 (2024)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)	
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
21	Number of days on line 20 after 4/15/2024 and before 7/1/2024	21					
22	Underpayment on line 17 x Number of days on line 21 x 8% (0.08) 366	22	\$	\$	\$	 \$	
23	Number of days on line 20 after 6/30/2024 and before 10/1/2024	23					
24	Underpayment on line 17 x Number of days on line 23 x 8% (0.08) 366	24	\$	\$	\$	 \$	
25	Number of days on line 20 after 9/30/2024 and before 1/1/2025	25					
26	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 366	26		\$	\$	 \$	
27	Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE		DRKSHEET		
	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$	 \$	
29	Number of days on line 20 after 3/31/2025 and before 7/1/2025	29 30	¢	\$	\$	 \$	
	Underpayment on line 17 x Number of days on line 29 x *%	31	φ	<u>φ</u>	ψ	φ	
	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
	365 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33		- T			
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2025 and before 3/16/2026	35					
86	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns			e 34; or the comparable		\$	135.

information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2024)

412802 01-09-25

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

FOUNDATION	M FOR MELLAM			13-6894	208
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
)5/15/24	2,443.	- <u>0</u> - 2,443.			
)5/15/24	-6,000.	-3,557.			
)5/15/24	-4,478.	-8,035.			
06/15/24	4,906.	-3,129.			
9/15/24	3,674.	545.	91	.000218579	1
2/15/24	3,674.	4,219.	16	.000218579	1
2/31/24	0.	4,219.	135	.000191781	10

* Date of estimated tax payment, withholding credit date or installment due date.

412511 04-01-24

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES SI	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	S	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS AND INTEREST	413,637.		0.	413,637.	413,637.	0.
TO PART I, LINE 4 =	413,637.		0.	413,637.	413,637.	0.
FORM 990-PF		ACCOUNTI	NG I	FEES	SI	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PRICEWATERHOUSECOOPE	RS LLP	5,250.		2,625.	0.	2,625.
TO FORM 990-PF, PG 1	, LN 16B	5,250.		2,625.	0.	2,625.
FORM 990-PF	OTI	HER PROFES	SIO	NAL FEES	SI	FATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ROGERS INVESTMENT ADVISORS, LL CHARLES SCHWAB POWERSHARES DB COMMO INDEX	 DITY	114,701. 35,634. 3,936.		114,701. 35,634. 3,936.	0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1		154,271.		154,271.	0.	

UD LD MELLAM FOR MELLAM FAMILY FOUNDATIO

13-6894208

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FDN SHARE OF ED PAYROLL,					
ETC.	13,048.	0.	0.	13,048.	
FOREIGN TAXES ON DIVIDENDS	13,941.	13,941.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	26,989.	13,941.	0.	13,048.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A)	(B)	(C)	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES	
MISC. EXPENSES	4,499.		0.	4,499.	
STATE FILING FEES	850.		0.	850.	
ADR FEES	456.		0.	0.	
TO FORM 990-PF, PG 1, LN 23	5,805.	456.	0.	5,349.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
STOCK		13,612,451.	13,612,451.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	13,612,451.	13,612,451.
FORM 990-PF	CORPORATE BONDS		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BONDS		3,071,127.	3,071,127.
TOTAL TO FORM 990-PF, PART	TT LINE 10C	3,071,127.	3,071,127.

UD LD MELLAM FOR MELLAM FAMILY FOUNDATIO

FORM 990-PF	RM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 8		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
TRACY M ROGERS P.O. BOX 610091 REDWOOD CITY, CA	94061	EXECUTIVE DIRE 40.00	CTOR 171,205.	0.	0.		
MARILYN D ROGERS P.O. BOX 610091 REDWOOD CITY, CA	94061	TRUSTEE/PRESID 1.00	ENT 0.	0.	0.		
HOLLY M ROGERS P.O. BOX 610091 REDWOOD CITY, CA	94061	TRUSTEE 1.00	0.	0.	0.		
CLAY M ROGERS P.O. BOX 610091 REDWOOD CITY, CA	94061	TRUSTEE 1.00	0.	0.	0.		
TIMOTHY A ROGERS P.O. BOX 610091 REDWOOD CITY, CA	94061	TRUSTEE 1.00	0.	0.	0.		
TOTALS INCLUDED (ON 990-PF, PAGE 6,	PART VII	171,205.	0.	0.		

- =

=

2024 Mellam Family Foundation Grants

Рауее	Amount
Alzheimers Association	20,000
MJ Fox Foundation	20,000
Stanford Physics	20,000
Stanford Brain Lab	10,000
American Heart Association	20,000
Nat'l Breast Cancer Coalition	20,000
Glaucoma Research Foundation	25,000
Roundabout Theatre	10,000
10,000 Degrees	10,000
AP Gold Foundation	20,000
Dartmouth Medical School	10,000
Dartmouth	20,000
Ignited	10,000
Science Friday	10,000
Manhattan Theatre Club	10,000
Bowdoin College	14,000
Green Guerillas	10,000
Sylvia Center	5,000
Bowdoin College	1,000
Table for Two	7,500
Union of Concerned Scientists	10,000
Univeristy of Nebraska Fdn	25,000
League to Save Lake Tahoe	5,000
Columbia Land Conservancy	15,000
The Nature Conservancy	15,000
Save the Bay	5,000
Truckee Donner Land Trust	10,000
Surfrider Foundation	20,000
Sempervirens	10,000
BayKeeper	15,000
Peninsula Open Space Trust	15,000
Roundup River Ranch	10,000
Ronald McDonald House	10,000
Adler Aphasia	10,000
Make A Wish	15,000
First Descents	10,000
Painted Turtle	10,000
Challenged Athletes Fdn	10,000
BORP Adaptive Sports and Recreation	10,000
Second Harvest Food Bank	5,000
Food Bank for New York City	6,500
Chances for Children	10,000

Hawaii Community Foundation	5,000
Billion Oyster Project	10,000
Massachusettes General Hospital	2,500
Chronicle Season of Sharing Fund	4,000
Polaris Project	2,000
Skype a Scientist	1,000
Golden State Youth Orchestra	1,000
HOPE Collaborative	5,000
ALS Network	1,500
The Scripps Research Institute	1,500
Malama Maui Nui	2,500
Pa'ia Youth Council, Inc	2,500

562,500

www.oag.ca.gov/charities		ubmit this report annually no later than four months a n's accounting period may result in the loss of tax ex of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS exter	emption and the Revenue & Ta	he assessment of a axation Code section			
UD LD MELLAM FOR FOUNDATION Name of Organization		M FAMILY	Am	aange of address nended report ganization requests e	mail notifications		
C/O TRACY ROGERS Address (Number and Street) REDWOOD CITY, CA City or Town, State, and ZIP Code	, P.O. 9406:	1-0091	Corporat	tion or Organization N			
650-366-6419 Telephone Number	E-mail Addres	©MELLAM.ORG	Federal E	Employer ID No. 13	-6894208		
ANNUAL RE	GISTRATIC	ON RENEWAL FEE SCHEDULE (11 Canada Make Check Payable to Departm		-	07, and 310)		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,00		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	Fee \$100 \$200	Total Revenue Between \$20,000,	001 and \$100 million 0,001 and \$500 million) million		_
PART B - STATEMENTS REGA Note: All questions must be a	RDING OR	614 Noncash Contributions \$ 754,727 GANIZATION DURING THE PERIOD O f you answer "yes" to any of the quest ils for each "yes" response. Please re	OF THIS RE	EPORT	a separate page	Yes	No
and any officer, director or any financial interest?	trustee there	any contracts, loans, leases or other fi oof, either directly or with an entity in wi	hich any su	uch officer, director or SEE S	rtrustee had FATEMENT 1	X	
2. During this reporting period or funds?	l, was there	any theft, embezzlement, diversion or r	nisuse of th	ne organization's chai	ritable property		x
3. During this reporting period	l, were any c	organization funds used to pay any pen	alty, fine or	r judgment?			x
4. During this reporting period commercial coventurer use		ervices of a commercial fundraiser, fun	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period	l, did the org	anization receive any governmental fur	nding?				x
6. During this reporting period	l, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization conc	luct a vehicl	e donation program?					x
		endent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance w	ith		x
generally accepted account							x
9. At the end of this reporting		the organization hold restricted net ass					
9. At the end of this reporting I declare under penalty of perj	ury that I ha	the organization hold restricted net ass we examined this report, including ad I complete, and I am authorized to si	companyi			wledg	

CA RRF-1

STATEMENT 1

INVESTMENT ADVISORY SERVICES ARE PROVIDED BY ROGERS INVESTMENT ADVISORS, LLC. TIM ROGERS IS THE PRESIDENT OF ROGERS INVESTMENT ADVISORS AND SERVES AS A TRUSTEE FOR THE MELLAM FOUNDATION. A complete copy of U.S. Return of Private Foundation (Form 990-PF) was attached to this return

CHAR500 Online For new annual filings, and amendments	Annu	al Filing for Cha New York State Office of Charities Bureau - F 28 Libert New York, <u>charities</u>	of the Attorney General Registration Section y Street NY 10005		Open to Public Inspection
Filing Type: • New Fil	ing O Am	endment	Filing Year: 2024	4	-
General Information					
Current Organization Name	: UD LD & LL M	ELLAM FOR FAMILY FND	Updated Nam	e:	N/A
NY Registration Number:	04-16-39		Registration C		EPTL
Organization Type:	Trust		EIN:		136894208
Current Fiscal Year End:	12/31		Updated Fisca	l Year End:	<u>N/A</u>
Organization Email:	TRACY@N	IELLAM.ORG	Organization's	Phone:	6503666419
Tax Exempt Status:	t Status:501(c)(3) Website:			WWW.MELLAM.ORG	
Organization Address Mailing Address C/O TRACY ROGER BOX 610091 Redwood City CA 94061 United States		Principal A XXX XXX XXX Redwood Cirty C 94061 United States		NA	NY State Address
Primary Contact InformationFirst Name:TracyPhone:6503666419	on		gers cy@mellam.org	Title:	Executive Director
Organization Type Type of IRS document filed Third Party Preparer	with ites		anization Type: <u>P</u>	rivate	
First Name: N/A		Last Name: N/A		Title:	N/A
Firm Name: N/A		Phone: N/A		Email:	N/A
Third Party Address Street: <u>N/A</u>					

State: N/A

Country: N/A

City:	Ν/Α
Zip:	N/A

Registration Category

- Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program.
 O Yes O No
- Does the organization have assets in New York State?
 O Yes O No
- Is the organization incorporated or formed in New York State?
 Yes O No
- 4. Has the organization received more than \$25,000 in total contributions from New York State residents,

foundations, corporations or government agencies or other entities in the period covered by this filing? O Yes O No

5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents,

EPTL

foundations, corporations, government agencies or other entities?

OYes

No

6. Does the organization use a professional fundraiser or fundraising counsel?

O Yes ● No

Based on your responses to the above questions, this organization's registration category has been updated to The updated registration category will go into effect when your filing has been Completed.

Exemption Qualifications

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature? $O_{NO} N/A$ OYes 2. Was the organization formed for religious purposes? O Yes ONO N/A 3. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State **Education Department?** ONO N/A OYes 4. Is the organization a library that files annual financial reports with the New York State Department of Education? O Yes O No N/A 5. Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports? O Yes ONo N/A 6. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that? ∩ Yes ONo N/A 7. Does the organization receive funding from a federated fund, United Way, or incorporated community appeal? ∩ Yes ONO N/A 8. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that? OYes O^{NO} N/A 9. Does the organization use or plan to use a professional fundraiser? **O**Yes ONO N/A 10. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state? **O** Yes ONo N/A

11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families? OYes O No N/A				
12. Is the organization incorporated/chartered under the New York State Education Law?				
OYes ONo N/A 13. Is the organization a law enforcement support organization that only solicit contributions from its members?				
OYes ONo N/A 14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?				
OYes ONo N/A 15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?				
OYes ONo N/A 16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such				
organization whose fundraising is performed only by its members without direct or indirect compensation? OYes ONO N/A				
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York				
thatsolicits contributions only from its memberships? OYes ONo N/A				
 18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York? OYes ONo N/A 				
19. Is the organization a membership organization? OYes ONo N/A				
20. Is the organization a membership organization that solicits contributions only from its members? OYes ONO N/A				
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law? OYes O No N/A				
22. Is the organization incorporated under Article 43 of the New York State Insurance Law? OYes ONo N/A				
23. Is the organization a police department, sheriff's department or other government law enforcement agency?				
${ m OYes}$ ${ m ONo}$ N/A Based on your responses to the exemption questions, this organization's registration category has been updated to				
EPTL The updated registration category will go into effect when your filing has been processed.				
Contribution Information				
1. Did the organization solicit or receive contributions during the fiscal year in New York State?				
O Yes \odot No 2. Choose the total contributions in New York State this fiscal year: N/A				
Annual Exemptions				
1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under				
\$25,000 during the fiscal year? OYes ONo N/A 2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? OYes OIo N/A				
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the				
fiscal year? O Yes No				
Based on your responses to annual exemption questions, this organization is required to file <u>EPTL</u> during this under fiscal year.				

1

Financial Information								
Type of IRS document filed with	IRS _	IRS990PF	Organization	s total revenue:	1,228,614			
Organization's total contributio	ns: <u>0</u>			s total assets:	17,352,212			
Organization's net assets:	N/A		-	's total revenue	N/A			
Organization's total liabilities:	0	0		and contributions: Organization's total assets/				
Organization's total income:	N/A		worth:	5 10181 8556157	<u>N/A</u>			
For this filing year, does your o	rganization pla	n to complete any	y of the followi	ng with the Nev	v York State Charities Bureau?			
Closing Withdrawir	ng 🗆 Disso	olving 🗵 No	ne					
Is this your final filing with Nev	VYork State?	OYes ON	lo N∕A					
Documents								
Attached organizations require	d documents:							
Attached organizations require	a documents.							
IRS document								
 Complete Certificate of Amendment or other document amending the name 								
 Other documents 								
Signatures								
I certify under penalties of perjury that I have reviewed this report, including all attachments, and to the best of my								
knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.								
Role Firs	t Name	Last Na	ame		Email			
Other Tracy		Rogers		tracy@mella	m.org			

Signature of Other	Signed by: Tracy Rogers GEB1EC179A474B9	Date:	5/7/2025

A complete copy of U.S. Return of Private Foundation (Form 990-PF) was attached to this return