

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2019**  
**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation NANCY ANN MELLEEN FOUNDATION		A Employer identification number 81-2469139	
Number and street (or P O box number if mail is not delivered to street address) 460 COE AVENUE		Room/suite	
		B Telephone number (see instructions) (203) 467-8600	
City or town, state or province, country, and ZIP or foreign postal code EAST HAVEN, CT 065123836			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,855,047</u>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	450,500			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	35,589	35,506		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-4,083			
	<b>b</b> Gross sales price for all assets on line 6a <u>1,697,392</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	482,006	35,506	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	4,380	4,380	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	746	268	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	412	0	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	5,538	4,648	0	0
	<b>25</b> Contributions, gifts, grants paid	300,000			300,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	305,538	4,648	0	300,000	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	176,468				
<b>b Net investment income</b> (if negative, enter -0-)		30,858			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	83,417	397,812	397,812
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	467,308	413,449	482,441
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	1,057,932	973,919	974,775
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	74	19	19	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,608,731	1,785,199	1,855,047	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	1,608,731	1,785,199	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	1,608,731	1,785,199		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	1,608,731	1,785,199		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	1,608,731
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	176,468
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,785,199
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	1,785,199

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	-4,083
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	311,900	1,691,292	0.184415
2017	278,832	1,429,005	0.195123
2016	361,424	303,015	1.192759
2015			
2014			

<b>2</b> Total of line 1, column (d)	2	1.572297
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.524099
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,562,249
<b>5</b> Multiply line 4 by line 3	5	818,773
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	309
<b>7</b> Add lines 5 and 6	7	819,082
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	300,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 337.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of NEIL MELLE... Telephone no (203) 467-8600

Located at 460 COE AVENUE EAST HAVEN CT ZIP+4 06512

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. 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,444,447
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	141,574
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	19
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,586,040
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,586,040
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	23,791
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,562,249
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	78,112

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	78,112
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	617
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	617
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	77,495
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	77,495
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	77,495

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	300,000
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	300,000
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	300,000

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				77,495
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .			355,530	
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .			227,613	
<b>f</b> Total of lines 3a through e. . . . .	583,143			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>300,000</u>				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				77,495
<b>e</b> Remaining amount distributed out of corpus	222,505			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	805,648			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	805,648			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .			355,530	
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .			227,613	
<b>e</b> Excess from 2019. . . . .			222,505	

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**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) )  
NEIL MELLEN

**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

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

Check here  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 See instructions

**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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			▶ <b>3a</b>	300,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			▶ <b>3b</b>	0





**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
MERRILL LYNCH #02436	P		
MERRILL LYNCH #02436	P		
MERRILL LYNCH #02532	P		
MERRILL LYNCH #02532	P		
MERRILL LYNCH #03050	P		
MERRILL LYNCH #03050	P		
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
736,000		736,000	0
734,000		734,000	0
59,436		61,949	-2,513
46,761		46,466	295
117,636		119,407	-1,771
3,543		3,653	-110
16			16

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			0
			0
			-2,513
			295
			-1,771
			-110
			16

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS PO BOX 25445 ALBUQUERQUE, NM 87125		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
ALBUQUERQUE PUBLIC SCHOOLS FOUNDATION PO BOX 25704 ALBUQUERQUE, NM 87125		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO 615 VIRGINIA ST SE ALBUQUERQUE, NM 87108		501(C)(3)	CHARITABLE CONTRIBUTION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD NE STE 630E ALBUQUERQUE, NM 87125		501(C)(3)	CHARITABLE CONTRIBUTION	5,000
ARTSMARTPO BOX 22363 SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594		501(C)(3)	CHARITABLE CONTRIBUTION	500
<b>Total . . . . .</b>				300,000

**▶ 3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF CENTER NM 2500 LOUISIANA BLVD NE ALBUQUERQUE, NM 87110		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
CANCER FOUNDATION FOR NEW MEXICO PO BOX 5038 SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
CASA FIRST 446 WEST SAN FRANCISCO STREET SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
<b>Total . . . . . ▶ 3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048		501(C)(3)	CHARITABLE CONTRIBUTION	200,000
CHILDREN'S CANCER FUND OF NM 112 14TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
COMMUNITIES IN SCHOOLS OF NEW MEXICO 300 CATRON STREET STE A SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COOKING WITH KIDSP PO BOX 6113 SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
DREAMTREE PROJECT 128 LA POSTA PO BOX 1677 TAOS, NM 87571		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
EL RANCHO DE LAS GOLONDRIAS 334 LOS PINOS RD SANTA FE, NM 87507		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b>				<b>300,000</b>

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ESPANOLA HUMANE 108 HAMM PARKWAY ESPANOLA, NM 87532		501(C)(3)	CHARITABLE CONTRIBUTION	500
ESPERANZA SHELTER FOR BATTERED FAMILIES 3130 RUFINA STREET SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
FIREFIGHTERS RANDOM ACTS 9504 IRON ROCK DRIVE NW ALBUQUERQUE, NM 87114		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF BANDELIER NATIONAL MONUMENT 15 ENTRANCE RD LOS ALAMOS, NM 87544		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
FRIENDS OF SF PUBLIC LIBRARY PO BOX 31332 SANTA FE, NM 87594		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
GIRL SCOUTS OF NEW MEXICO TRAILS 4000 JEFFERSON PLAZA NE ALBUQUERQUE, NM 87109		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIRLS INC OF SANTA FE 202 EAST MARCY STREET SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	5,000
GREATER ALBUQUERQUE HABITAT FOR HUMANITY 4900 MANUAL BLVD NE ALBUQUERQUE, NM 87110		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
HABITAT FOR HUMANITY OF TAOS PO BOX 1888 TAOS, NM 87571		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b>				<b>300,000</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEART OF TOAS 1353 PASEO DEL PUEBLO TAOS, NM 87571		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
HOPEWORKSPO BOX 27258 ALBUQUERQUE, NM 87125		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
INTERFAITH COMMUNITY SHELTER 2801 CERRILLOS ROAD SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . . ▶ 3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<i>a Paid during the year</i>				
KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
LA FAMILIA MEDICAL CENTER PO BOX 5395 SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	2,000
LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS PO BOX 997 BOULDER, CO 80306		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
<b>Total . . . . . ▶ 3a</b>				300,000



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LENSIC PERFORMING ARTS CENTER 211 WEST SAN FRANCISCO STREET SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
NATIONAL DANCE INSTITUTE OF NM 1140 ALSTO STREET SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
NEW MEXICO BIOPARK SOCIETY 903 10TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW MEXICO KIDS MATTER INC 2340 ALAMO AVE SE ALBUQUERQUE, NM 87106		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
NEW MEXICO MESA INC 2808 CENTRAL SE STE 122 ALBUQUERQUE, NM 87106		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
NEW MEXICO VETERANS INTEGRATION CTR 13032 CENTRAL AVE SE ALBUQUERQUE, NM 87123		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ONABENPO BOX 25477 PORTLAND, OR 97298				
PARTNERS IN EDUCATION FOUNDATION PO BOX 23374 SANTA FE, NM 87502				
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87571				
<b>Total . . . . .</b>	<b>▶ 3a</b>			300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANTA FE COMMUNITY FOUNDATION 501 HALONA STREET SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA STE A SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	5,000
SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA UNIT A SANTA FE, NM 87507		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLVD SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	2,000
SANTA FE WATERSHED ASSOCIATION 1413 ND ST 3 SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
SF YOUTH SYMPHONY ASSOCIATION 1000 CORDOVA PL 190 SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOLACE CRISIS TREAT 6601 VALENTINE WAY SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
ST ELIZABETH SHELTER CORPORATION 804 ALARIO STREET SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
TAOS CENTER FOR THE ARTS 133 PASEO DEL PUEBLO NORTE TAOS, NM 87571		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CENTER FOR CONTEMPORARY ARTS OF SF 1050 OLD PECOS TRAIL SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
THE COMING HOME CONNECTION 418 CERRILLOS RD STE 27 SANTA FE, NM 87501		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
THE FOOD DEPOT 1222 SILER ROAD SANTA FE, NM 87507		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SANTA FE OPERA 301 OPERA DRIVE SANTA FE, NM 87506		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
THE SKY CENTER PO BOX 6004 SANTA FE, NM 87502		501(C)(3)	CHARITABLE CONTRIBUTION	1,000
TOAS HEALTH SYSTEMS 1399 WEIMER RD 600 TAOS, NM 87571		501(C)(3)	CHARITABLE CONTRIBUTION	1,500
<b>Total . . . . . ▶ 3a</b>				300,000



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS ROAD SANTA FE, NM 87501				
WINGS OF AMERICA 901 WEST SAN MATEO STE M SANTA FE, NM 87505				
YOUTH DEVELOPMENT INC 6301 CENTRAL NW ALBUQUERQUE, NM 87105				
<b>Total . . . . .</b>	<b>▶ 3a</b>			300,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUTH SHELTERS AND FAMILY SERVICES PO BOX 28279 SANTA FE, NM 87592		501(C)(3)	CHARITABLE CONTRIBUTION	1,200
YOUTH WORKS1000 CORDOVA PL 415 SANTA FE, NM 87505		501(C)(3)	CHARITABLE CONTRIBUTION	1,800
<b>Total . . . . . ▶ 3a</b>				300,000

**TY 2019 Investments Corporate Stock Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
EQUITIES	413,449	482,441

**TY 2019 Investments - Other Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
CERTIFICATES OF DEPOSIT	FMV	941,000	941,214
MUTUAL FUNDS	FMV	32,919	33,561

**TY 2019 Other Assets Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM BROKER	74	19	19

**TY 2019 Other Expenses Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER	412	0	0	0

**TY 2019 Other Professional Fees Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CUSTODIAN FEES	300	300	0	0
ADVISORY FEES	4,080	4,080	0	0

**TY 2019 Taxes Schedule****Name:** NANCY ANN MELLEN FOUNDATION**EIN:** 81-2469139

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES WITHHELD	268	268	0	0
FEDERAL EXCISE TAX	478	0	0	0



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

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2019**

Name of the organization  
NANCY ANN MELLEEN FOUNDATION

**Employer identification number**  
81-2469139

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization  
 NANCY ANN MELLEEN FOUNDATION

Employer identification number  
 81-2469139

**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	NEIL MELLEEN 460 COE AVENUE EAST HAVEN, CT 06512	\$ 450,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )

Name of organization NANCY ANN MELLEN FOUNDATION	Employer identification number 81-2469139
---	--

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

Name of organization  
NANCY ANN MELLEN FOUNDATION

Employer identification number  
81-2469139

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

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

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

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

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