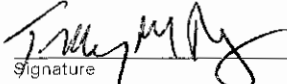


**1. General Information**

|                                                                                                                                                                                                                                                                                                     |                                                                                                                           |  |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|
| a For the fiscal year beginning (mm/dd/yyyy) _____ / <b>2 0 0 8</b> and ending (mm/dd/yyyy) _____                                                                                                                                                                                                   |                                                                                                                           |  |                                                                |
| b Check if applicable for NYS<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial filing<br><input type="checkbox"/> Final filing<br><input type="checkbox"/> Amended filing<br><input type="checkbox"/> NY registration pending | c Name of organization<br><b>UD LD MELLAM FOR MELLAM FAMILY FOUNDATION</b><br><b>C/O MR. TRACY ROGERS, EXEC. DIRECTOR</b> |  | d Fed employer ID no (EIN) (##-####-####)<br><b>13-6894208</b> |
|                                                                                                                                                                                                                                                                                                     | Number and street (or P O box if mail not delivered to street address) Room/suite<br><b>P.O. BOX 610091</b>               |  | e NY State registration no (##-##-##)<br>f Telephone number    |
|                                                                                                                                                                                                                                                                                                     | City or town, state or country and zip + 4<br><b>REDWOOD CITY, CA, 94061-0091</b>                                         |  | g Email<br><b>INFO@MELLAM.ORG</b>                              |

**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

|                                         |                                                                                                |                                        |                                    |                  |
|-----------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|------------------|
| a. President or Authorized Officer      | <br>Signature | <b>TRACY M. ROGERS</b><br>Printed Name | <b>EXECUTIVE DIRECTOR</b><br>Title | 11/15/08<br>Date |
| b. Chief Financial Officer or Treasurer | <b>TRUST - ONLY ONE SIGNATURE REQUIRED</b><br>Signature Printed Name Title Date                |                                        |                                    |                  |

**3. Annual Report Exemption Information**

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)  
 Check  if total contributions from NY State (including residents, foundations, corporations, government agencies, etc ) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year

**NOTE:** An organization may also check the box to claim this exemption if no PFR or FRC was used and either 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. EPTL annual report exemption (EPTL registrants and dual registrants)  
 Check  if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above  
*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted:** See last page for summary of fee requirements.

|                                                                     |                |                                                                                                   |
|---------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| Indicate the filing fee(s) you are submitting along with this form: |                | <b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b> |
| a Article 7-A filing fee . . . . .                                  | \$ _____       |                                                                                                   |
| b EPTL filing fee . . . . .                                         | \$ <u>750.</u> |                                                                                                   |
| c. Total fee . . . . .                                              | \$ <u>750.</u> |                                                                                                   |

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

### Organization's Registration Type      Fee Instructions

- Article 7-A      Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
- EPTL      Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
- Dual      Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit single check or money order for the total fee.

#### a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|-------------------------|-----------------|
| more than \$250,000     | \$25            |
| up to \$250,000 *       | \$10            |

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

#### b) EPTL filing fee

| Net Worth at End of Year                         | EPTL Fee |
|--------------------------------------------------|----------|
| Less than \$50,000                               | \$25     |
| \$50,000 or more, but less than \$250,000        | \$50     |
| \$250,000 or more, but less than \$1,000,000     | \$100    |
| \$1,000,000 or more, but less than \$10,000,000  | \$250    |
| \$10,000,000 or more, but less than \$50,000,000 | \$750    |
| \$50,000,000 or more                             | \$1500   |

## 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

### For All Filers

#### Filing Fee

Single check or money order payable to "NYS Department of Law"

#### Copies of Internal Revenue Service Forms

IRS Form 990  
 Schedule A to IRS Form 990  
 Schedule B to IRS Form 990  
 IRS Form 990-T

IRS Form 990-EZ  
 Schedule A to IRS Form 990-EZ  
 Schedule B to IRS Form 990-EZ  
 IRS Form 990-T

IRS Form 990-PF  
 Schedule B to IRS Form 990-PF  
 IRS Form 990-T

### Additional Article 7-A Document Attachment Requirement

#### Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)  
 Review Report (total support & revenue \$100,001 to \$250,000)  
 No Accountant's Report Required (total support & revenue not more than \$100,000)



**A Complete Copy of  
U.S. Return of Private  
Foundation Return  
(Form 990-PF)  
Was Attached to  
This Return**

**A Complete Copy of  
U.S. Exempt Organization  
Business Return  
(Form 990-T)  
Was Attached to  
This Return**