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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	calen	dar year 2009, or tax year beginning		, and ending		
G (Check	all that apply: Initial return	Initial return of a fo	rmer public charity	Final retur	n
		Amended return	Address chang	je 🗀	Name change	
Use	the !	RS Name of foundation			A Employer identification	n number
-	abel.					
Oti	erwi	se, MCMILLEN FAMILY FOUND	ATION		26-159344	9
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	r type ∙Spee	6-0470 DER COVE DRIVE			310-344-7	100
	ructio	one City or town, state, and ZIP code			C If exemption application is	
		RANCHO PALOS VERDES,	CA 90275		D 1. Foreign organization	
H_(_	type of organization: X Section 501(c)(3) ex			Foreign organizations mechack here and attach of the control	computation
			Other taxable private founda		E If private foundation st	
		rket value of all assets at end of year J Accounting	~	Accrual	under section 507(b)(I)(A), check here
	rom F -\$		her (specify) mn (d) must be on cash b	2000	F If the foundation is in a	
	art I				under section 507(b)((d) Disbursements
Г	31 L I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
_	T-	Contributions, gifts, grants, etc., received	1,019,219.	·	N/A	(cash basis only)
	2	Check fithe foundation is not required to attach Sch. B	1,019,219.		IV/A	
	3	Interest on savings and temporary cash investments	480.	480.		STATEMENT 1
	4	Dividends and interest from securities	43,216.	43,216.		STATEMENT 2
		Gross rents	10/2200	10,2201	.,	
	l -	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	1,758.	· · · · · · · · · · · · · · · · · · ·		
nue	b	Gross sales price for all assets on line 6a 153,012.		•		
Revenue	7	Capital gain net income (from Part IV, line 2)		1,758.		
Œ	8	Net short-term capital gain				
	9	Income modification ECFIVED				
	10a	Income modification ECEIVED Gross sales less return ECEIVED and allowantes		- -		
	b	Less Cost of goods sold				
	C	Gross profuzi (loss UG 0 9 2010 3				
	11	Other income?	572.	572.		STATEMENT 3
	12	Total. Add ines 1-through	1,065,245.	46,026.		
	13	Compensation of officers directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits Legal fees STMT 4	4,898.	0.		4,898.
		Accounting fees STMT 5	5,653.	0.		0.
ğ	I	Other professional fees	3,033.	<u>.</u>		•
ē	l	Interest				-
aţ	18	Taxes STMT 6	1,701.	1,691.		0.
istr	19	Depreciation and depletion			_	
Ē	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
P P	22	Printing and publications				
ğ	23	Other expenses STMT 7	231.	0.		94.
a£.	24	Total operating and administrative				
Operating and Administrative Expen		expenses. Add lines 13 through 23	12,483.	1,691.		4,992.
0		Contributions, gifts, grants paid	568,181.			568,181.
	26	Total expenses and disbursements				
		Add lines 24 and 25	580,664.	1,691.		573,173.
	27	Subtract line 26 from line 12:	404 505			
		Excess of revenue over expenses and disbursements	484,581.	44 225		
	3	Net investment income (if negative, enter -0-)		44,335.	37/3	
9235	C C	Adjusted net income (if negative, enter -0-)			N/A	5 000 BE (0000)

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
뜨	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,964.	1,318.	
	2	Savings and temporary cash investments	397,718.	14,588.	14,588.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
'n	8	Inventories for sale or use			
Assets	1 -	Prepaid expenses and deferred charges			
Ąŝ	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 9	1,998,947.	2,317,449	2,947,688.
			1,330,341.	2,311,443	2,341,000.
	1 *	Investments - corporate bonds			
	111	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
				0 000 055	0.060.504
_		Total assets (to be completed by all filers)	2,398,629.	2,333,355	2,963,594.
	17	Accounts payable and accrued expenses			_{
	18	Grants payable			_
es	19	Deferred revenue			4
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			_
	23	Total liabilities (add lines 17 through 22)	0.	0.	<u>. </u>
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ő	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
ā		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	_0 .	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	_ 0 .	
Asi	29	Retained earnings, accumulated income, endowment, or other funds	2,398,629.	2,333,355	
ē	30	Total net assets or fund balances	2,398,629.	2,333,355	
_] -
	31	Total liabilities and net assets/fund balances	2,398,629.	2,333,355	,
	art				
=					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	2,398,629.
2	Ente	amount from Part I, line 27a		2	484,581.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	2,883,210.
		eases not included in line 2 (itemize)		TEMENT 8 5	549,855.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,333,355.
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Part IV Capital Gains	and Los	ses for Tax on In	vestment	Income						,
		d(s) of property sold (e g common stock, 200 shs			(b) i				(d) Date sold (mo., day, yr.)	
1a BARCLAYS I SHA	RES -	1,790 SH						VARI	OUS	VARIOUS
b CAPITAL GAINS	DIVID	ENDS			<u> </u>					
<u>c</u>					ļ					
<u>d</u>		·			-	_				
<u>e</u>	(4) Do	preciation allowed	(a) Cos	t or other basis	'		<u>-</u>	(b) G	ain or (loss	.\
(e) Gross sales price		(or allowable)		xpense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				
a 149,821.				151,25	4.					-1,433.
b 3,191.								-		3,191.
С										
d										
_e			<u> </u>				_			
Complete only for assets showing			I			(I) Gains (Col. (h) gain minus				
(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		col. (k), but not less than -0-) or Losses (from col. (h))			(h))	
		15 01 12/3 1/09	Ovei	COI. ()), II ally						1 422
<u>a</u>										-1, <u>433</u> . 3,191.
<u>b</u>				<u> </u>						3,191.
- C	-							_		
e			<u> </u>				,			
		C If goin, also enter	un Part I luna		7					
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	- in Part I, line	, 7	 	2				1,758.
3 Net short-term capital gain or (los		•		•						· · ·
If gain, also enter in Part I, line 8,			iu (0).		7					
If (loss), enter -0- in Part I, line 8					ľ	3 N/A			<u> </u>	
Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tax on Net	: Inv	estm	nent Inc	ome		
(For optional use by domestic private	e foundation	is subject to the section 4	4940(a) tax on	net investment ir	ncome	e.)				
If section 4940(d)(2) applies, leave t	his nart hlar	, nk								
in section 4940(u)(2) applies, leave t	ilis part biai	IIV.								
Was the foundation liable for the sec				-	rıod?					Yes X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in	lify under se	ection 4940(e). Do not co	implete this pa	rt.	05					
	each colum		uctions before	making any entit				1		(d)
Base period years	20 12)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchai		use assets		Distri (col. (b.) di	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginni 2008	ily ili)		0,608.				0,313		(001. (0) 01	.251731
2007			0.				$\frac{0,313}{1,794}$.000000
2006								-		
2005	-									
2004		• • •								
2 Total of line 1, column (d)								2		.251731
3 Average distribution ratio for the	5-year base	period - divide the total of	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe	nce if less th	nan 5 years						3		.125865
4 Enter the net value of noncharitat	ole-use asse	ts for 2009 from Part X,	line 5					4		1,873,253.
										005 555
5 Multiply line 4 by line 3								5		235,777.
										4.42
6 Enter 1% of net investment incon	ne (1% of P	art I, line 27b)						- 6		443.
T. Add have Coul O								,		236,220.
7 Add lines 5 and 6								7		430,440.
Enter qualifying distributions from	n Dart VII 1	na 1						8		573,173.
8 Enter qualifying distributions from			1h and	late that ag-t us-	va a 14	0/. tau -	rata	_ 0	l	3,3,113.
If line 8 is equal to or greater than See the Part VI instructions.	i iine 7, che	ck me dox in Part VI, line	iu, and comp	ete mat part usir	ıyal`	/o ldX f	alt.			

	990-PF (2009) MCMILLEN FAMILY FOUNDATION rt VI Excise Tax Based on Investment Income (Section 494)	0(a)	4940(b	4940(e)			1593			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \to \to and en	- ` · · ·			0. 7				Cuoi	
	Date of ruling or determination letter:									
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here					1			4	43.
	of Part I, line 27b			· · ·	l	•				<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I. line 12	. col. (b)						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of			, 00 (0,		2				0.
	Add lines 1 and 2				1	3			4	43.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers e	enter -0-)			4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		,			5			4	43.
	Credits/Payments:									
	2009 estimated tax payments and 2008 overpayment credited to 2009	6a								
	Exempt foreign organizations - tax withheld at source	6b								
	Tax paid with application for extension of time to file (Form 8868)	6c		4	43.					
	Backup withholding erroneously withheld	6d								
7	Total credits and payments. Add lines 6a through 6d					7	Ì		4	43.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attain	ched				8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9				0.
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax			Refunde	d▶	11				
Par	rt VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation (or did it pa	rticipate or inte	ervene	ın			Yes	No
;	any political campaign?							1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (se	e instructi	ons for definiti	on)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copi	es of any	matenals pui	blishe	d or				
	distributed by the foundation in connection with the activities.									
C	Did the foundation file Form 1120-POL for this year?							1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:								
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers		;		0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi			on foundation]					
	managers. ▶ \$ 0.									
	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?						2		X
	If "Yes," attach a detailed description of the activities									
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i	nstrum	nent, article	es of incorpora	ition, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es						3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ιις						4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N	/ A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•						5		_X_
	If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther:								
	By language in the governing instrument, or									
	 By state legislation that effectively amends the governing instrument so that no mandatory 	y direc	tions that	conflict with th	e state	law				
	remain in the governing instrument?							6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?							7	X	
	If "Yes," complete Part II, col (c), and Part XV.									
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨								
	CA									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation							8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4	942(j)(3)	or 4942(j)(5) fo	or cale	ndar		:		
!	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c	omple	te Part X	IV				9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ile listing	their name	s and addresses				10_		<u>X</u>
							Forn	n 990	-PF(2009)

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Part VII-A Statements Regarding Activities (continued)		
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		١,,
August 17, 2008?	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>X</u>
Website address ► N/A	\ F \ 1 '	2022
14 The books are in care of ► BLOCK, PLANT, EISNER, FIORITO AND B Telephone no. ► (818)		4833
· · · · · · · · · · · · · · · · · · ·	<u>91367</u>	
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 Part VILB Statements Received and Activities for Which Form 4720 May Be Required	N/	<u> </u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V N-
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?	'	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
a disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	,	
(5) Transfer any income or assets to a disqualified person (or make any of either available		
for the benefit or use of a disqualified person)?	,	
(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.)	,	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	_ <u> 1b </u>	
Organizations relying on a current notice regarding disaster assistance check here]	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		
defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
before 2009? Yes X No	,	
If "Yes," list the years \blacktriangleright ,,,,,		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
statement - see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
▶ ,,,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
during the year?	,	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b	
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 charitable purpose that		
had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	Х
	Form 990-	

orm 990-PF (2009) MCMILLEN FAMILY FOUNDAT:	ION		<u> 26-15934</u>	49	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		! Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	·	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check			▶∟」		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?	ľ	1/A 	s L No		
If "Yes," attach the statement required by Regulations section 53 494	45-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y€	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		Ļ	6b	<u>X</u> _
If "Yes" to 6b, file Form 8870		 1			
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribu		-		7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	T .	(c) Compensation	(d) Contributions to	(0)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	acco	ount, other
	to position	enter -0-)	compensation	allo	owances
	_{	ļ		1	
	4				0
SEE STATEMENT 10		0.	0.	 	0.
	-				
				+	
	-				
	-				
	 		·	\vdash	
	=				
	4				
Compensation of five highest-paid employees (other than those in	cluded on line 1\ If none	enter "NONE "			
	(b) Title and average	Tenter Hone.	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acco	ount, other owances
NONE	devoted to position	 	compensation		JWances
NONE	-				
				 	
	-				
		 		+	
	4				
				 	
	\dashv				
				+	
	-				
				Щ	
otal number of other employees paid over \$50,000	-			900 F	PF (2009)
			Form	プラリード	T (2009)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		1
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u></u> _	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced N/A	nformation such as the I, etc.	Expenses
2		
3		
1		<u> </u>
*		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
2		
All other program soleted invigatments. See instructions		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	A STATE OF THE STA	1a	1,810,208.
ь	Average of monthly cash balances	1b	1,810,208. 91,572.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,901,780.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,901,780.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,527.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,873,253.
6	Minimum investment return Enter 5% of line 5	6	93,663.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certaii	n
L	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	93,663.
2a	Tax on investment income for 2009 from Part VI, line 5]	
b	Income tax for 2009. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	443.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	93,220.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	93,220.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	93,220.
P	art XII Qualifying Distributions (see instructions)	II	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		572 172
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	573,173.
b	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	20	
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b 4	573,173.
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	-	373,173.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	113
	income. Enter 1% of Part I, line 27b	5	<u>443.</u> 572,730.
6			
		чианнеѕ	וטו נווכ אבכנוטוו
6	Adjusted qualifying distributions Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	dualifies	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		<u> </u>		
line 7				93,220.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
, , ,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 353,750.				
f Total of lines 3a through e	353,750.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$573,173.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		-		93,220.
e Remaining amount distributed out of corpus	479,953.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	833,703.			
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		0.		
assessed		<u> </u>		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		_	·	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010	**			
Subtract lines 7 and 8 from line 6a	833,703.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 353,750.				
e Excess from 2009 479, 953.				
				Form 990-PF (2009)

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	N FAMILY FO				593449 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ ∟		
b Check box to indicate whether the found		ng foundation described			1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 years		(a) Tabal
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed			ļ		
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					ļ
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on		1			
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					<u> </u>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the founda	ation had \$5,000 or m	ore in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received	by the foundation before the cl	ose of any tax
year (but only if they have contributed n	iore man \$5,000) (See S	ection 507(u)(2).)			
KARL MCMILLEN JR	a ave 100/ as mass of th	a stock of a corporation	/or on oqually large	nartion of the ownership of a	northarchin or
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large	e portion of the ownership of a	partnership of
NONE	· ·				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. P.	rograms.		
Check here ► if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions t	to preselected charitable	organizations and	•	
a The name, address, and telephone num	·			0110, 00111p1010 101110 Ea, 5, 0, a.	
a the hame, address, and telephone hum	ber of the person to who	ii applications should be	addressed.		
SEE STATEMENT 11					
b The form in which applications should b	e submitted and informat	tion and materials they s	hould include		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	kinds of institution	ns, or other factors:	
,	, J 0 8	,			
					Enrm 990-PF (2000)

1003 SOUTH BEACON ST SAN PEDRO, CA 90731 CHARITY ONE OF THEIR RESIDENCE HOMES. FIRST STEP HOUSE OF ORANGE COUNTY 2015 CHARLES ST COSTA MESA, CA 92627 HOUSE OF HOPE 245 W 10TH ST SAN PEDRO, CA 90731 PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720 T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL - 3333 SKYPARK DRIVE TORRANCE,	
Name and address (home or business) a Paid during the year BEACON HOUSE 1003 SOUTH BEACON ST SAN PEDRO, CA 90731 FIRST STEP HOUSE OF ORANGE COUNTY 2015 CHARLES ST COSTA MESA, CA 92627 HOUSE OF HOPE 245 W 10TH ST SAN PEDRO, CA 90731 PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720 T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL - 3333 SKYPARK DRIVE TORRANCE, TORRANCE MEMORIAL N/A Show any relationship to foundation status of range in any foundation status of receipent status of public rund the Renovation of Status of Receipent Status of Revenue of Status of Renovation of Status of Receipent Status of Renovation of of Re	
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CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL - 3333 SKYPARK DRIVE TORRANCE, TORRANCE MEMORIAL HEALTHCARE FOUNDATION CHARITY EMPLOYMENT OF "INTAKE SPECIALI NOT-FOR-PRFUND THE PREMIUM OF K HOSPITAL MCMILLENS LIFE INS	,381.
HEALTHCARE FOUNDATION HOSPITAL MCMILLENS LIFE INS	,000.
TOWER, 4TH FLOOR	,000.
Total ▶ 3a 568,1	,181.
b Approved for future payment	
Total SEE STATEMENT 12 ▶ 3b 546,(,000.

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Part XVI-A Analysis of Income-Producing Activity	Part XVI-A
--	------------

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
a	-		_	-	
D			+ + -		
c	1 1		<u> </u>		
d	i 1				
e	·				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	480.	
4 Dividends and interest from securities			14	43,216.	
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			14	572.	
8 Gain or (loss) from sales of assets other than inventory			18	1,758.	
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	-			46 026	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.	46,026.	<u>0.</u> 46,026.
13 Total. Add line 12, columns (b), (d), and (e)				13	40,020.
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).		
-			
923621 02-02-10		Form 990-PF (2009	

(818) 501-2833 Form **990-PF** (2009)

EXTENSION ATTACKED

EIN ▶

Phone no.

PLANT, EISNER, FIORITO,

21300 VICTORY BLVD., SUITE 520

WOODLAND HILLS, CA 91367

signature

Firm's name (or yours

if self-employed). address, and ZIP code BLOCK,

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

MCMILLEN FAMILY FOUNDATION 26-1593449 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of or	ganization	Em	oloyer identification number
MCMIL	LEN FAMILY FOUNDATION		26-1593449
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KARL MCMILLEN JR 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	\$ 1,019,219	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
			Person

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Payroll Noncash

(Complete Part II if there is a noncash contribution)

Employer identification number

MCMILLEN FAMILY FOUNDATION

26-1593449

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SEE ATTACHED SCHEDULE		
_		\$ 1,019,219.	VARIOUS
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

WELLS FARGO-9769 TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEME SOURCE GROSS AMOUNT CAPITAL GAINS DIVIDENDS COLUMN AMOUNT WELLS FARGO-9769 46,407. 0. 4 TOTAL TO FM 990-PF, PART I, LN 4 46,407. 0. 4 FORM 990-PF OTHER INCOME STATEME DESCRIPTION REVENUE PER BOOKS MENT INCOME NET INVEST- ADJULED NET INVEST- ST2. ADJULED ST2. TOTAL TO FORM 990-PF, PART I, LINE 11 572. 572. 572. FORM 990-PF LEGAL FEES STATEMES CAN TEMPS DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME CHAR PER BOOKS MENT INCOME NET INCOME PUR BOOKS MENT INCOME NET INCOME LEGAL FEES 4,898. 0. O. O. O.	FORM 990-PF INTEREST ON SAV	INGS AND	TEMPORA	ARY CASH	INVESTMENTS	STATEMENT	1
### TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A FORM 990-PF	SOURCE					AMOUNT	
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMES SOURCE GROSS AMOUNT DIVIDENDS AMOUNT SOURCE GROSS AMOUNT DIVIDENDS AMOUNT TOTAL TO FM 990-PF, PART I, LN 4 46,407. 0. 4 FORM 990-PF OTHER INCOME STATEMES (A) (B) (C) REVENUE NET INVEST- ADJU- NON DIVIDEND DISTRIBUTION 572. 572. TOTAL TO FORM 990-PF, PART I, LINE 11 572. 572. FORM 990-PF LEGAL FEES STATEMES (A) (B) (C) REVENUE NET INVEST- ADJUSTED CHAR PER BOOKS NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME PUR DESCRIPTION PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 0. 0.	VELLS FARGO-9769					4	80.
SOURCE GROSS AMOUNT DIVIDENDS COLUMN AMOUNT DIVIDENDS AMOUNT DIVIDENDS AMOUNT AMOUNT CAPITAL GAINS COLUMN AMOUNT CAPITAL GAINS COLUMN AMOUNT CAPITAL GAINS COLUMN AMOUNT CAPITAL GAINS COLUMN CAPITAL GAINS COLUMN CAPITAL GAINS COLUMN CAPITAL GAINS CA	OTAL TO FORM 990-PF, PART I	, LINE 3,	COLUM	1 A		4	80.
SOURCE GROSS AMOUNT DIVIDENDS AMOUNT WELLS FARGO-9769 46,407. 0. 4 TOTAL TO FM 990-PF, PART I, LN 4 46,407. 0. 4 FORM 990-PF OTHER INCOME STATEMEN (A) REVENUE NET INVEST- ADJU. PER BOOKS MENT INCOME NET INCOME NET INVEST- NET INCOME NET INCOME NON DIVIDEND DISTRIBUTION 572. 572. 572. TOTAL TO FORM 990-PF, PART I, LINE 11 572. 572. 572. FORM 990-PF LEGAL FEES STATEMEN (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	FORM 990-PF DIVIDEN	DS AND IN	TEREST	FROM SE	CURITIES	STATEMENT	2
TOTAL TO FM 990-PF, PART I, LN 4 46,407. 0. 4 FORM 990-PF OTHER INCOME STATEMES (A) (B) (C) REVENUE NET INVEST- ADJU- PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	SOURCE	GR	OSS AMO			COLUMN (A	.)
TOTAL TO FORM 990-PF LEGAL FEES STATEME	VELLS FARGO-9769		46	407.	0.	46,4	07.
(A) (B) (C REVENUE NET INVEST- ADJU PER BOOKS MENT INCOME NET IN NON DIVIDEND DISTRIBUTION 572. 572. TOTAL TO FORM 990-PF, PART I, LINE 11 572. 572. FORM 990-PF LEGAL FEES STATEME (A) (B) (C) (C) EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	OTAL TO FM 990-PF, PART I,	LN 4	46	407.	0.	46,4	07.
DESCRIPTION REVENUE PER BOOKS MENT INVEST- ADJUGATED NON DIVIDEND DISTRIBUTION 572. TOTAL TO FORM 990-PF, PART I, LINE 11 FORM 990-PF LEGAL FEES (A) EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	FORM 990-PF	ОТНЕ	R INCO	ſE		STATEMENT	3
TOTAL TO FORM 990-PF, PART I, LINE 11 572. 572. FORM 990-PF LEGAL FEES STATEMED (A) (B) (C) (C) EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	DESCRIPTION		REV	/ENUE	NET INVEST-		
FORM 990-PF (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	ON DIVIDEND DISTRIBUTION			572	. 572		
(A) (B) (C) (EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURE LEGAL FEES 4,898. 0.	OTAL TO FORM 990-PF, PART I	, LINE 11		572	. 572	•	
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR LEGAL FEES 4,898. 0.	ORM 990-PF	LE	GAL FEI	ES		STATEMENT	4
	DESCRIPTION	EXPENSE		INVEST	ADJUSTED		
	JEGAL FEES	4,8	98.	, -	0.	4,8	98.
TO FM 990-PF, PG 1, LN 16A 4,898. 0.	O FM 990-PF, PG 1, LN 16A	4,8	98.	-	0.	4,8	98.

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB PURPOSE	
ACCOUNTING FEES	5,653.	0.			0.
TO FORM 990-PF, PG 1, LN 16B =	5,653.	0.			0.
FORM 990-PF	TAX	ES	S	TATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
FOREIGN TAXES STATE TAXES	1,691. 10.	1,691.			0.
TO FORM 990-PF, PG 1, LN 18 =	1,701.	1,691.			0.
FORM 990-PF	OTHER E	XPENSES	S	STATEMENT	7
DESCRIPTION	(A) EXPENSES	(B) NET INVEST-		(D) CHARITAB	
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSE	10
POSTAGE BANK FEES LICENSES	94. 62. 75.	0. 0. 0.	NET INCOME	PURPOSE 9	94. 0. 0.
POSTAGE BANK FEES LICENSES	94.	0.	NET INCOME	PURPOSE 9	04.
POSTAGE BANK FEES LICENSES TO FORM 990-PF, PG 1, LN 23	94. 62. 75. 231.	0.		PURPOSE 9	0.
POSTAGE BANK FEES LICENSES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREASE	94. 62. 75. 231.	0.		PURPOSE 9	0. 0. 0.
POSTAGE BANK FEES LICENSES TO FORM 990-PF, PG 1, LN 23	94. 62. 75. 231.	0.		PURPOSE 9 STATEMENT AMOUNT	04. 0. 0. 04.

FORM 990-PF	CORPORATE STOCK		STAT	EMENT !
DESCRIPTION		BOOK VALU		MARKET ALUE
INVESTMENTS		2,317,4	49. 2	,947,688
TOTAL TO FORM 990-PF, PART II, L	INE 10B	2,317,4	49. 2	,947,688
	ST OF OFFICERS, I		STAT	EMENT 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KARL MCMILLEN JR 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	DIRECTOR/PRES	IDENT 0.	0.	0
CAROL MCMILLEN 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	DIRECTOR/SECRI 0.00	ETARY/CFO 0.	0.	0
CHRIS MCMILLEN 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	DIRECTOR 0.00	0.	0.	0
GARY MICHEL 9401 WILSHIRE BLVD #900 BEVERLY HILLS, CA 90212	DIRECTOR 0.00	0.	0.	0
DANIEL FIORITO 16542 VENTURA BLVD #300 ENCINO, CA 91436	DIRECTOR 0.00	0.	0.	0
DAVID BISHOP 5267 WARNER AVE #184 HUNTINGTON BEACH, CA 92649	DIRECTOR 0.00	0.	0.	0
MERLE COUNTRYMAN 601 PASEO DE LA PLAZA TORRANCE, CA 90277	DIRECTOR 0.00	0.	0.	0
MOE GELBART 3333 SKYPARK DRIVE	DIRECTOR 0.00	0.	0.	0

TORRANCE, CA 90505

MCMILLEN FAMILY FOUNDATION		26-1	593449
SHANNON MCMILLEN DIRECTOR 801 E ORANGEWOOD BUILDING L #265 0.00 ANAHEIM, CA 92802	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MERLE COUNTRYMAN P.O. BOX 3260 PALOS VERDES, CA 90274

TELEPHONE NUMBER

310-344-7100

FORM AND CONTENT OF APPLICATIONS

A LETTER OF INTRODUCTION THAT INCLUDES A BRIEF DESCRIPTION OF YOUR PROGRAM AND THE GRANT AMOUNT REQUESTED. INCLUDE A COPY OF YOUR NON PROFIT STATUS -501 (C)(3). INCLUDE A COPY OF YOUR MOST RECENT ANNUAL REPORT.

ANY SUBMISSION DEADLINES

NOT AVAILABLE

RESTRICTIONS AND LIMITATIONS ON AWARDS

MCMILLEN FAMILY FOUNDATION WILL CONSIDER GRANTS TO ASSIST ORGANIZATIONS SERVING THOSE INDIVIDUALS IN RECOVREY FROM DRUGS AND ALCOHOL. THE FOUNDATION WILL ALSO CONSIDER ORGANIZATIONS WHICH PROVIDE THE OPPORTUNITY TO RECEIVE THE EDUCATION NEEDED BY THOSE AFFECTED BY ALCOHOL, DRUGS, AND OTHER UNFORTUNATE CIRCUMSTANCES TO BUILD SOUND FINANCIAL, SPIRITUAL, AND PHYSICALLY HEALTHY LIVES FOR THEMSELVES AND THEIR FAMILIES. ORGANIZATION MUST BE CERTIFIED UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION, AS DEFINED IN SECTION 509 (A) OF THAT CODE.

	AND CONTRIBUTIONS D FOR FUTURE PAYMENT	STAT	EMENT 12
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BEACON HOUSE 1003 SOUTH BEACON ST SAN PEDRO, CA 90731	N/A FUND THE RENOVATION OF ONE OF THEIR RESIDENCE HOMES.	PUBLIC CHARITY	75,000.
PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720	N/A FUND THE ADMITTANCE OF AN ADDITONAL FIFTEEN GIRLS INTO T	PUBLIC CHARITY	221,000.
T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505		PUBLIC CHARITY	50,000.
TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505	N/A FUND THE PREMIUM OF K MCMILLENS LIFE INS POLICY BEQUEATHED TO FOUNDATION	NOT-FOR-PR HOSPITAL	200,000.
TOTAL TO FORM 990-PF, PART XV, L:	INE 3B		546,000.

Form **8868** '

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
- 11	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
Do r	not complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ed Form 8868
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
А со	orporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
	t I only	`
	other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an le income tax retums	extension of time
note (not you i	ctronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file or insertion of the composite of the province of the provinc	cally if (1) you want the additional assolidated Form 990-T Instead,
Туре	e or Name of Exempt Organization	Employer identification number
print	MCMILLEN FAMILY FOUNDATION	26-1593449
File by due da filing y	Number, street, and room or suite no. If a P.O. box, see instructions	20 1373447
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANCHO PALOS VERDES, CA 90275	
 Che	eck type of return to be filed(file a separate application for each return)	
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27 69
T	BLOCK, PLANT, EISNER, FIORITO AND B The books are in the care of ▶ 21300 VICTORY BLVD STE 520 - WOODLAND H Telephone No ▶ (818)501-2833 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box	ILLS, CA 91367 ▶ □
• If	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box	- ·
• If		members the extension will cover
• If box	If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or	members the extension will cover
lf box	If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: ■ X calendar year 2009 or ■ tax year beginning , and ending If this tax year is for less than 12 months, check reason Initial return Final return	members the extension will cover I bove The extension Change in accounting period
• If box 1	If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 and to file the exempt organization return for the organization named a sign for the organization's return for the organization named and is for the organization's return for the organization named and is for the organization's return for the organization named and is for the organization's return for the organization named and is for the organization or the organization named and is for the	members the extension will cover I bove The extension Change in accounting period
• If box 1	If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 and the exempt organization return for the organization named a start of the organization's return for the organization named at start of the organization's return for the organization named at start of the organization's return for the organization named at start of the organization's return for the organization named at start of the organization na	members the extension will cover bove The extension Change in accounting period 3a \$ 443.
• If box 1 2 3a b	If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for: X calendar year 2009 or atax year beginning, and ending. If this tax year is for less than 12 months, check reason. Initial return. Final return. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	members the extension will cover bove The extension Change in accounting period 3a \$ 443.
• If box 1 2	If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or atax year beginning, and ending. If this tax year is for less than 12 months, check reason initial return. Final return if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a include your payment with this form, or, if required,	members the extension will cover bove The extension Change in accounting period 3a \$ 443.
• If box 1 2 3a b	If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for: X calendar year 2009 or atax year beginning, and ending. If this tax year is for less than 12 months, check reason. Initial return. Final return. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	members the extension will cover bove The extension Change in accounting period 3a \$ 443.

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.