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Schedule B (Form 990, 990-EZ,

**Schedule of Contributors** 

OMB No. 1545-0047

or 990-PF)

► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

FdX.2404034130

Name of the organization Employer identification number

Miller Foundation			34 :1724739		
Organization type (check o	ine).	_			
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	(X) 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private found	ation			
	501(c)(3) taxable private foundation				
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule	and a s	Special Rule. See		
property) from any or	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ne contributor. Complete Parts I and II.	100 or m	iore (in money or		
Special Rules					
sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 33½ % support d 170(b)(1)(A)(vi), and received from any one contributor, during the ye % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	ar, a co	intribution of the greater		
the year, aggregate o	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, chars, or the prevention of cruelty to children or animals. Complete Parts I,	itable, se	cientific, literary, or		
the year, contribution aggregate to more the year for an exclusive!	7), (8), or (10) organization filling Form 990 or 990-EZ that received from 100 or 100 organization filling Form 990 or 990-EZ that received from 100 organization filling Form 990 or 990-EZ that received from 100 organization for use exclusively feligious, charitable, etc., purpose. Do not complete any of the partization because it received nonexclusively religious, charitable, etc., organization for the particular formula for the partization because it received nonexclusively religious, charitable, etc., organization for the particular formula for the particular for the particular formula for the particular for the particular for the particular for the particular formula for the particular for the par	e contrib at were s unless ontribution	outions did not received during the sthe General Rule		
Caution An organization the	et is not povered by the Conomic Dule and/or the Conomic				

aution. 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).

148.2404034130

Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page of of Part I
Name of organization			mployer identification number
	er Foundation		34 : 1724739
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Lloyd A. Miller		Person 🔀
•	P. O. Box 617	\$ 30,000	Payroll U Noncash U
	Lambertville, MI 48144	(Cash)	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
•		. <b>\$</b>	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- <b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>s</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate comributions	(d) Type of contribution
		s <b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)