

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

# **Return of Private Foundation**

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

55983\_

OMB No 1545-0052

			be able to use a copy of this	return to satisfy state repo	rung requirements.	
Ford	alen	dar year 2010, or tax year beginning		, and ending		
G C	heck	all that apply: Initial return		rmer public charity	Final retur	n
		Amended return	Address chang	ge <u> </u>	Name change	
Nan	ne of	foundation			A Employer identification	n number
					06 150044	_
		MCMILLEN FAMILY FOUND	<del></del>		26-159344	9
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		6490 SEA COVE DRIVE			310-344-7	
City	or to	own, state, and ZIP code	C) 00075		C if exemption application is	
<u></u>	h1:		CA 90275		D 1. Foreign organization	IS, Check here
H_C	_	type of organization: X Section 501(c)(3) ex			Foreign organizations in check here and attach of	computation
<u> </u>			Other taxable private founda		E If private foundation st	
		rket value of all assets at end of year J Accountil	her (specify)	Accrual	under section 507(b)(	
( <i>ii</i>		Part II, col. (c), line 16) 0t 0t 0t		nasıs )	F If the foundation is in a under section 507(b)(	
_	rt I					(d) Disbursements
[ [ 6		Analysis of Revenue and Expenses (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)
	1	Contributions, gifts, grants, etc., received	1,150,988.		N/A	(cash basis only)
	2	Check from I the foundation is not required to attach Sch. B	1,130,300.		H/A	
	3	Interest on savings and temporary cash investments	394.	394.		STATEMENT 1
	4	Dividends and interest from securities	42,550.	42,550.		STATEMENT 2
	5a	Gross rents				
		Net rental income or (loss)				
4	6a	Net gain or (loss) from sale of assets not on line 10	502,834.	<del>'</del>		
ğ	ь	Gross sales price for all assets on line 6a 2,064,894.				
Revenue	7	Capital gain net income (from Part IV, line 2)		502,834.		Ī
Œ	8	Net short-term capital gain				
	9	Income medifications IVED	_			
	10a	arta allewances		···		
	b	Less cost of goods sold				
	C	Gress proff of (loss) 6 2011				T.,,
	11	Other Income				
	12	Total Add lines through 11	1,696,766.	<u>545,778.</u>		<del> </del>
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages		·		<del> </del>
ģ		Pension plans, employee benefits	22 607			22 607
nses		Legal fees STMT 3	22,687.	<u> </u>		22,687.
x	D	Accounting fees STMT 4 Other professional fees	5,233.	U_•		0.
e Ü	17	Interest				<del>                                     </del>
ativ	18	Taxes STMT 5	359.	349.		0.
Ş.	19	Depreciation and depletion	337.		,	1
Ų. Niū	20	Occupancy		·····		<del></del>
T Operating and Administrative Expen	21	Travel, conferences, and meetings				
20	22	Printing and publications		· · · · · · · · · · · · · · · · · · ·		
<u>්</u> ව 1ස	23	Other expenses STMT 6	5,972.	0.		5,472.
ati,	24	Total operating and administrative		· · · · · · · · · · · · · · · · · · ·		
Ģ.		expenses. Add lines 13 through 23	34,251.	349.		28,159.
کر ج	25	Contributions, gifts, grants paid	1,448,897.			1,448,897.
Co	26	Total expenses and disbursements.				
		Add lines 24 and 25	1,483,148.	349.		1,477,056.
2011	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	213,618.			
	b	Net investment income (if negative, enter -0-)		545,429.		
0000		Adjusted net income (if negative, enter -0-)			N/A	<del></del>
0235 12-0	7-10	LHA For Paperwork Reduction Act Notice, see	the instructions.			Form <b>990-PF</b> (2010)

023511

2,239,570. Form **990-PF** (2010)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	and Losses for Tax on In	vestment	Income						
	ibe the kind(s) of property sold (e.g. rehouse; or common stock, 200 shs			( <b>b)</b> H	low ac - Purch - Dona	quired nase tion	c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)	
12 WELLS FARGO#16	71 - SHORT TERM	- SEE	ATTACHED	)					
b SCHEDULE	74 - 004			ļ					
c WELLS FARGO#16	71 - LONG TERM -	SEE A	TTACHED						
d SCHEDULE e CAPITAL GAINS I	OTVIDENDS								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (l (e) plus (f) mir		
a									
ь 265,332.			<u>193,82</u>	1.			<u> </u>	71,511.	
1 700 165			1 260 22				<del></del>	420 026	
d 1,798,165. e 1,397.			1,368,23	9.				429,926. 1,397.	
	g gain in column (h) and owned by t	L the foundation	on 12/31/69			//\	Gains (Col. (h) (		
	(j) Adjusted basis	ı	cess of col. (I)				k), but not less	than -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (ı), ıf any				Losses (from c	ol. (h))	
a					•				
b								71,511.	
C									
d								429,926.	
e							<u> </u>	1,397.	
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-	in Part I, line	7 7	}	2			502,834.	
, , ,			•	7				302,091	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		iu (b):		٦					
If (loss), enter -0- in Part I, line 8	• •			<b>]</b> [	3		N	/A	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	ome	•	
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation does not quality.	ois part blank. Ion 4942 tax on the distributable am	nount of any ye	ear in the base per		-,			Yes X No	
	each column for each year; see instri			es.					
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis	tributions	Net value of no	(c) onchar	ıtable-ı	use assets	Dı (col. (b	(d) stribution ratio ) divided by col. (c))	
2009		2,730.	•	1	,87	3,253	305741		
2008	44	0,608.		1	,75	0,313	,	.251731	
2007		0.				1,794		.000000	
2006									
2005									
								F F F 4 F A	
2 Total of line 1, column (d)							2	.557472	
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	of yea	ars			105004	
the foundation has been in exister	nce it less than 5 years						3	.185824	
4 Enter the net value of noncharitab	le-use assets for 2010 from Part X,	line 5					4	2,838,068.	
5 Multiply line 4 by line 3							5	527,381.	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6	5,454.	
7 Add lines 5 and 6							7	532,835.	
8 Enter qualifying distributions from		th and same	late that now use	va o 40	% tou -	ata	8	1,477,056.	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	iu, anu comp	nete mat part usin	ıya I7	/ο tax Γ	aıt.			

	990-PF (2010) MCMILLEN FAMILY FOUNDATION 26	<u>-159</u>	3449		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>} - see</u>	instru	ctior	<u>1S)</u>
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
(	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b I	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%	_	<u> </u>	5,4	<u>54.</u>
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			<u>0.</u>
_	Add lines 1 and 2	-		o,4	54.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5 <b>,4</b>	<u>54.</u>
	Credits/Payments:				
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c				
	Backup withholding erroneously withheld  6d  6d	.			^
	Total credits and payments. Add lines 6a through 6d				$\frac{0.}{11.}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			5,4	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9			J,4	05.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2011 estimated tax				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ► Refunded ► 1:  rt VII-A Statements Regarding Activities	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		,,,		<del></del>
	distributed by the foundation in connection with the activities.		İ		
	Did the foundation file Form 1120-POL for this year?		1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1.0		
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$				ĺ
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ►\$ 0.				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	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 either:		1		
	● By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1			
	remain in the governing instrument?		6	X	<b>├</b> ──
	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 instructions)		-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		·		
	of each state as required by General Instruction G? If "No," attach explanation		8ь	$\mathbf{x}_{-}$	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calenda	r			
•	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		F	orm <b>990</b>	-PF	(2010)

Form **990-PF** (2010)

orm 990-PF (2010) MCMILLEN FAMILY FOUNDATI			<u> 26-15934</u>	<u>.49</u>	Page <b>6</b>		
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	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	1 4945(e))?	Y6	es X No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?		Ye	es X No	į			
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	es X No				
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section						
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	ļ			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		ŀ			
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 unc	der the exceptions described i						
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	- /		<b>▶</b> ☐				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		ĺ			
expenditure responsibility for the grant?		ī/A □ Υϵ	es 🗀 No				
If "Yes," attach the statement required by Regulations section 53 4945				į			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	· •			1			
a personal benefit contract?	pay promising on		es X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	erconal henefit contract?		** LAL 140	6b	X		
If "Yes" to 6b, file Form 8870	ersonal benefit contract:		F	-	<del></del>		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b			
Information About Officers Directors Truck		nagers Highly		70			
Part VIII Paid Employees, and Contractors	ccs, i candation we	inagers, riiging	•				
1 List all officers, directors, trustees, foundation managers and their	compensation.						
	-	(c) Compensation	(d) Contributions to	(e)	Expense		
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other owances		
	to position	enter-o-j	Compensation	- 4110	74411003		
SEE STATEMENT 12	1	0.	0.		0.		
JEH DIRIEMBI 12		· · ·	0.	+			
				1			
				+			
				<del> </del>			
2 Compensation of five highest-paid employees (other than those inc	ludad on line 1) If name	enter INONE II		<u> </u>			
Compensation of tive highest-paid employees (other than those inc		enter NONE.	(d) Contributions to	(0)	Evnanca		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other		
MONTE	devoted to position		compensation	allo	owances		
NONE							
				<del> </del>			
				<del> </del>			
				<del>  </del>			
				<u> </u>			
Total number of other employees paid over \$50,000			<b>&gt;</b>		0		
•			Form	990-P	<b>PF</b> (2010)		

023551

Form **990-PF** (2010)

Total. Add lines 1 through 3

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,813,381
b	Average of monthly cash balances	1b	2,813,381. 67,906.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,881,287
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0 .
3	Subtract line 2 from line 1d	3	2,881,287
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	43,219
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,838,068
6	Minimum investment return. Enter 5% of line 5	6	141,903
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
_	Toreign organizations check here  and do not complete this part.)		<del></del>
1	Minimum investment return from Part X, line 6	1	141,903
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,454
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	136,449
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	136,449
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	136,449.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<del> </del>
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,477,056
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,477,056
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	5,454.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,454. 1,471,602.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	001700	Todio prior to 2000		2010
line 7				136,449.
2 Undistributed income, if any, as of the end of 2010	. =			130,443.
a Enter amount for 2009 only			0.	
b Total for prior years:		<u> </u>	0.	
S rotation prior yourse		0.		
3 Excess distributions carryover, if any, to 2010:			-	<del></del>
a From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008 353,750.				
e From 2009 479,953.				
f Total of lines 3a through e	833,703.			
4 Qualifying distributions for 2010 from	•			
Part XII, line 4: ► \$ 1,477,056.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</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 2010 distributable amount				136,449.
e Remaining amount distributed out of corpus	1,340,607.			•
5 Excess distributions carryover applied to 2010	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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,174,310.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				•
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				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 2005	•			
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2011.	0 174 040			
Subtract lines 7 and 8 from line 6a	2,174,310.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 353,750.				
d Excess from 2009 479,953. e Excess from 2010 1,340,607.				
e Excess from 2010   1,340,607.		<del></del>		Form <b>990-PF</b> (2010)

023581 12-07-10

Part XIV Private Operating Fo	oundations (see ins	structions and Part VII	A, question 9)	N/A _	93449 raye 10
1 a if the foundation has received a ruling or					
foundation, and the ruling is effective for			<b>•</b>		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	İ				
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	•				
used directly for active conduct of					
exempt activities  e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(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					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or me	ore in assets
at any time during t		instructions.)			
<ul> <li>Information Regarding Foundation</li> <li>List any managers of the foundation wh</li> </ul>	_	than 20/ of the total contr	ributions recoved by the	foundation before the ele-	no of any toy
year (but only if they have contributed n			indutions received by the	Touridation before the cio	SE OF ALLY LAX
KARL MCMILLEN JR	, , ,				
<b>b</b> List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation has				, ,	·
NONE					
2 Information Regarding Contributi		• • • • •	-		
Check here ► If the foundation o					
the foundation makes gifts, grants, etc.	<u> </u>	<del></del>	·	omplete items 2a, b, c, and	1 d.
a The name, address, and telephone num	per of the person to who	m applications should be	addressed:		
SEE STATEMENT 13					
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they sh	nould include:		
e Any submission deadlines:			<del> </del>		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	other factors:	
023801 12-07-10				<del></del>	Form <b>990-PF</b> (2010)

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	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution	7				
a Paid during the year	or substantial contributor	recipient						
SEE STATEMENT 14								
Total				1,448,897.				
b Approved for future payment  NONE								
	<u> </u>		<u> </u>					
Total		-	<u>▶ 3b</u>	0.				

#### Part XVI-A **Analysis of Income-Producing Activities**

Inter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
-	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	394. 42,550.	
4 Dividends and interest from securities			14	42,550.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	502,834.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					<u></u>
b					
C					
d	ļ		$\perp$		
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	545,778.	
13 Total. Add line 12, columns (b), (d), and (e)				13	545,778.
(See worksheet in line 13 instructions to verify calculations.)					

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

	the foundation's exempt purposes (other than by providing funds for such purposes).
+	
+-	
+	
╁	
$\dagger$	
Ť	
T	
_	
_	
_	
_	
$\perp$	
$\bot$	
+	
$\perp$	

023621 12-07-10

Form **990-PF** (2010)

	PF (2010) MCMIL	LEN FAMILY FO	DUNDATI	ON	_		26	<u>-159344</u>	9 P	age 13
Part X	VII Information Re Exempt Organ	egarding Transfers i izations	To and Tra	ansactions a	and F	Relationsh				
1 Did t	he organization directly or indi	rectly engage in any of the fol	llowing with any	y other organizati	on desc	cribed in sectio	n 501(c) of		Yes	No
the C	ode (other than section 501(c)	)(3) organizations) or in secti	on 527, relating	to political organ	nization	s?				
	sfers from the reporting founda							i		
(1)	Cash							1a(1		X
(2)	Other assets							1a(2	2)	X
<b>b</b> Other	transactions:							,		
(1)	Sales of assets to a noncharital	ble exempt organization						1b(·	յ	X
(2)	Purchases of assets from a no	ncharitable exempt organizati	ion					1b(2	2)	X
(3)	Rental of facilities, equipment,	or other assets						1b(3	)	Х
(4)	Reimbursement arrangements							1b(4	))	X
(5)	oans or loan guarantees							1b(	<u> </u>	X
(6)	Performance of services or me	mbership or fundraising solic	citations					1b(6	5)	X
	ing of facilities, equipment, ma							1c		X
	answer to any of the above is									
	rvices given by the reporting fo			an fair market vali	ue in an	y transaction c	r sharing arran	igement, show ir		
colur	nn (d) the value of the goods,									
a) Line no	(b) Amount involved	(c) Name of nonchar		organization		(d) Description o	f transfers, transa	ctions, and sharing	аттапдет	ents
		N/	/A		_ _					
						_				
					_ _	_				
	-									
					_					
	<u> </u>									
						<del></del>				
	e foundation directly or indirect			ax-exempt organ	ızatıons	described			_ =	No
	ction 501(c) of the Code (other		n section 5277					L Ye	S L∡5	□ NO
D II TE	es," complete the following sche (a) Name of org		(h) Tyne	e of organization	Ι	(c	) Description of	f relationshin		
	N/A	Janizadon	(6) (9)	or organization	-		) Description o	relationship		
	N/A				<del>                                     </del>	<del></del>				
				_	1					
	<del>.</del>							<u>,                                      </u>		
	Under penalties of perjury, I declare	e that I have examined this return,	including accomp	anying schedules an	d statem	nents, and to the l	est of my knowle	edge and belief, it is	true, corr	ect,
Sign	and complete degraration of prepa	rer (other than taxpayer or fiduciar	y) is based on all	information of which	preparer	has any knowled	ge			
Here	SANK.M	Muller L.		18/3/		▶ PRI	ESIDENT	ı		
	Signature of officer or tru	ustee		Date		Tit				
	Print/Type preparer's na		er's cignatur	~ //	Date		Check 1	f PTIN		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		$-I/I_M$	1/X	1	1     9	elf- employed			
Paid	DANIEL J.	FIORITO V	11	$\mathcal{A}$	No	2 11	, -			
Prepa			SNER	FIORITO,	Eu.	AL.	Firm's EIN	<u> </u>		
Use O		,,		,	-+					
		300 VICTORY E	BLVD.	#520						
		ODLAND HILLS,					Phone no.	818-501	-283	3
	· · · · · · · · · · · · · · · · · · ·			<del>- ·</del>						

023622 04-26-11

**EXTENSION ATTACHED** 

Form **990-PF** (2010)

#### 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.

OMB No 1545-0047

**2010** 

**Employer identification number** Name of the organization 26-1593449 MCMILLEN FAMILY FOUNDATION 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, \$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 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. **▶** \$

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

### MCMILLEN 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	\$1,150,988.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli 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
		   \$	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
		\$	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
		\$	Person Payroli 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
			Person 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)		<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SEE ATTACHED SCHEDULE		
		\$\\$\\$\\$.	12/31/10
(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. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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
3453 12-2		Schedula R (Form 9)	90, 990-EZ, or 990-PF) (

•	·		
me of org	rm 990, 990-EZ, or 990-PF) (2010) anization	<del></del>	Employer identification number
· CMILI Part III	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio	columns (a) through (e) and the follous, charitable, etc., contributions of	26-1593449 D1(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing
a) No.	\$1,000 or less for the year. (Enter this info (b) Purpose of gift	rmation once See instructions)	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, an	d 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, an	d 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, an	Q ZIF + 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				

McMillen Family Foundation Non Cash Donations to Foundation 2010

		Original	Dama da	Data of	Charles
Security	05.	Purchase	Donor's	Date of	FMV
Security	Qty	<u>Date</u>	<u>Cost</u>	<u>Donation</u> 12/21/10	<u>Value</u>
Amazon (AMZN)	126	06/08/09	10,565.26	12/2 1/ 10	115,468.75
	77 51	07/14/09 07/16/09	5,969 48 4,145 37		
	35	07/17/09	4, 143 37 2,823.63		
	208	07/17/09	24,275.60		
	60	08/30/10	7,460.99		
	68	09/07/10	8,659 12		
	00	09/07/10	0,033 12		
Am Express (AXP)	238	07/21/09	6,479.91	12/21/10	83,693.28
	699	07/22/09	19,416 25		
	566	07/29/09	16,655 23		
	242	07/30/09	7,133.29		
	191	10/19/10	7,498 22		
Apple (AAPL)	705	12/29/09	142,296.84	12/21/10	241,529.00
	30	02/04/10	5,834 40		
	5	08/30/10	1,195 19		
	5	09/23/10	1,403 85		
Cummins (CMI)	175	07/12/10	11,619.41	12/21/10	106,631 21
, ,	159	07/13/10	10,919 80		
	172	07/14/10	12,022 18		
	148	07/15/10	10,579 41		
	175	07/16/10	12,677 88		
	130	07/19/10	9,627 27		
F5 Network (FFIV)	59	06/23/10	4,341.86	12/21/10	67,500.16
	43	06/24/10	3,186 06		
	118	06/25/10	8,852.55		
	103	06/28/10	7,487.95		
	171	07/06/10	11,993.85		
Ford (F)	1,764	11/10/09	13,138.80	12/21/10	120,951.81
	1,656	11/12/09	12,469.51		
	911	11/13/09	7,334.73		
	664	06/08/10	7,999.87		
	1,508	07/07/10	15,818 92		
	50	09/23/10	628.00		
	566	11/08/10	8,331.46		
Priceline (PCLN)	45	11/04/09	7,114 23	12/21/10	85,877 00
	137	11/05/09	21,980.81		
	29	11/10/09	4,917.47		
San Diego 5% 5/1/26	100,000	10/30/10	108,086.92	12/31/10	94,882.00
Kern HSD 5% 8/1/25	80,000	10/29/10	86,610.67	12/31/10	77,420 00
Gilroy USD 5% 8/1/30	100,000	10/28/10	104,926.14	12/31/10	90,845.00
CA 5 125% 3/1/31	50,000	10/28/10	50,824 45	12/31/10	46,190 00
		-	825,302 83	-	1,130,988.21
		_		•	

McMillen Family Foundation					Т	
Gains/Loss Schedule	<del>  </del>		+			
	<del> </del>					
Wells Fargo #1671						
12/31/2010						
			1			
Short Term			-+			
	Qty	Cost		Date sold	Proceeds	Gain/Loss
Apple (AAPL)	163	23,041.68	D	9/1/2010	40.841.04	17,799.36
Accenture PLC Ireland	50	1,747.50	D	1/7/2010	2,111.94	364 44
Goldman Sachs (GS)	169	21,767.20	D	1/22/2010	26,181 77	4,414 57
JPMorgan Chase	431	13,274 80	D	1/22/2010	17,010 90	3,736.10
Vicrosoft	2184	47,196 24	D	1/22/2010	64,162.94	16,966 70
Oracle	439	5,373.36	D	1/7/2010	10,632 02	5,258.66
Pfizer	5650	81,303.50	D	1/7/2010	104,235 53	22,932 03
Philip Morris	3	117 15	D	3/24/2010	155.65	38 50
Total Short Term		193,821.43			265,331.79	71,510.36
	1					
	1		$\neg$			
Long Term						
<u></u>	Qty	Cost		Date sold	Proceeds	Gain/Loss
Apple (AAPL)	633	44,391 31	D	1/7/2010	132,720.94	88,329 63
Apple (AAPL)	325	25,837.04	Р	1/7/2010	68,142.67	42,305.63
Apple (AAPL)	60	11,073.02	Р	3/17/2010	13,545 76	2,472 74
Apple (AAPL)	140	19,790 40	D	3/17/2010	31,606.76	11,816 36
Apple (AAPL)	200	28,272.00	D	4/30/2010	52,519 31	24,247 31
Apple (AAPL)	437	61,774.32	D	9/1/2010	109,494 01	47,719 69
Banco Santander	1794	20,882 16	D	1/7/2010	30,564.84	9,682 68
Canon	1104	37,789 92	D	1/7/2010	46,556.56	8,766 64
Chevron	917	55,082 03	D	9/1/2010	69,896 90	14,814 87
ConocoPhillips	827	42,831.98	D	4/30/2010	48,588 86	5,756.88
ConocoPhillips	1500	77,688.00	D	9/1/2010	80,559.35	2,871 35
Goldman Sachs (GS)	433	55,770.40	D	1/22/2010	67,084.17	11,313 77
Ishares Barclays Short Treas BD FD	1000	110,525 00	Р	3/17/2010	110,045.60	(479.40)
Ishares Barclays ETF 1-3 Yr Treas BD FD	4010	340,930 20	Р	9/2/2010	337,079 55	(3,850 65)
Ishares Barclays ETF 1-3 Yr Treas BD FD	384	24,618.91	Р	9/2/2010	32,278 94	7,660 03
JPMorgan Chase	1973	60,768.40	D	1/22/2010	77,871 17	17,102 77
Oracle	2551	31,224.24	D	1/7/2010	61,781.89	30,557 65
Philip Morris	2567	100,241.35	D	3/24/2010	133,169 94	32,928.59
Sasol Ltd	521	12,477.95	D	1/7/2010	21,682 92	9,204 97
Telefonica S A	2444	64,121 00	D	4/30/2010	106,545.79	42,424 79
Telefonica S A	1142	56,241 31	Р	4/30/2010	58,988 10	2,746.79
Total S A Spons ADR	763	41,202 00	D	1/22/2010	46,377 40	5,175 40
Unilever	1971	44,705 58	D	1/22/2010	61,063 90	16,358 32
Total Long Term		1,368,238.52	]		1,798,165 33	429,926 81
Totals		1,562,059 95			2,063,497.12	501,437.17
		<del></del>				
D = Donated						
P = Purchased	1	-				

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
WELLS FARGO-9647 WELLS FARGO-9769							29. 65.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			3	94.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE		GROSS	TRUOMA		TAL GAINS	COLUMN (A	.)
WELLS FARGO-9769			43,947.	1,397.		42,550.	
TOTAL TO FM 990-PF, PART I,	LN 4		43,947.		1,397.	42,5	50.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) ENSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
LEGAL FEES	2	22,687.		0.		22,6	87.
TO FM 990-PF, PG 1, LN 16A	2	22,687.		0.		22,6	87.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-			
ACCOUNTING FEES		5,233.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	<u> </u>	5,233.		0.			0.

FORM 990-PF	TAX	ES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES STATE TAXES	349. 10.	349.			0.
TO FORM 990-PF, PG 1, LN 18	359.	349.			0.
FORM 990-PF	OTHER E	XPENSES	-	STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
POSTAGE PUBLICATION COSTS PRINTING MEMBERSHIPS	96. 5,224. 152. 500.	0. 0. 0.		5,22 15	
TO FORM 990-PF, PG 1, LN 23	5,972.	0.		5,47	2.
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT	7
DESCRIPTION				AMOUNT	
FEDERAL TAXES PAID NET ASSET VALUE ADJUSTMENT			•	44 306,96	
FEDERAL TAXES PAID	II, LINE 5				0.
FEDERAL TAXES PAID NET ASSET VALUE ADJUSTMENT	II, LINE 5 CORPORAT	E STOCK		306,96	0.
FEDERAL TAXES PAID NET ASSET VALUE ADJUSTMENT TOTAL TO FORM 990-PF, PART I			OK VALUE	306,96 307,40	3.
FEDERAL TAXES PAID NET ASSET VALUE ADJUSTMENT TOTAL TO FORM 990-PF, PART I		ВО	OK VALUE 2,119,665.	306,96 307,40 STATEMENT FAIR MARKET	8

FORM 990-PF

12

STATEMENT

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KARL MCMILLEN JR	DIRECTOR/PRESI			
6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	0.00	0.	0.	0.
CAROL MCMILLEN	DIRECTOR/SECRE	TARY/CFO		
6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	0.00	0.	0.	0.
CHRIS MCMILLEN	DIRECTOR			
6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	0.00	0.	0.	0.
GARY MICHEL	DIRECTOR			
9401 WILSHIRE BLVD #900 BEVERLY HILLS, CA 90212	0.00	0.	0.	0.
DANIEL FIORITO	DIRECTOR			
16542 VENTURA BLVD #300 ENCINO, CA 91436	0.00	0.	0.	0.
DAVID BISHOP	DIRECTOR			
5267 WARNER AVE #184 HUNTINGTON BEACH, CA 92649	0.00	0.	0.	0.
MERLE COUNTRYMAN	DIRECTOR			
601 PASEO DE LA PLAZA TORRANCE, CA 90277	0.00	0.	0.	0.
MOE GELBART	DIRECTOR			
3333 SKYPARK DRIVE TORRANCE, CA 90505	0.00	0.	0.	0.
SHANNON MCMILLEN	DIRECTOR			
801 E ORANGEWOOD BUILDING L #265 ANAHEIM, CA 92802	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

PART VIII - LIST OF OFFICERS, DIRECTORS

FORM 990-PF

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

STATEMENT

13

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 RECOVERY 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 DURING THE YEAR	STAT	EMENT 14
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		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.
FIRST STEP HOUSE OF ORANGE COUNTY 2015 CHARLES ST COSTA MESA, CA 92627	N/A FUND THE HOUSING OF MEN IN THEIR FIRST TEN DAYS OF RECOVERY & SOBER LIVING	PUBLIC CHARITY	743,100.
HOUSE OF HOPE 245 W 10TH ST SAN PEDRO, CA 90731	N/A FUND THE REMODEL OF THE MAIN HOUSE AND COTTAGES	PUBLIC CHARITY	100,000.
LYNN HOUSE 668 N. COAST HWY #1250 LAGUNA BEACH, CA 92651	N/A FUND WOMEN'S RECOVERY CENTER	PUBLIC CHARITY	25,000.
MARY & JOSEPH RETREAT CENTER 5300 CREST ROAD RANCHO PALOS VERDES, CA 90275	N/A FUND THE SOUND SYSTEM FOR THEIR FACILITIES	RELIGIOUS FOUNDATION	34,797.
PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720	N/A FUND THE ADMITTANCE OF ADDITIONAL GIRLS INTO THE PROGRAM	PUBLIC CHARITY	221,000.
T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505	N/A FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM	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 THE FOUNDATION	NOT-FOR-PR HOSPITAL	200,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	1	,448,897.

# Form **8868**

'(Rev. January 2011)

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

• If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		<b>•</b>	<u>x</u>	
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led For	m 8868		
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration	
required to	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	ktension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	nsfers A	Associated With Cei	rtaın	
Personal f	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this f	orm,	
visit www.	irs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).				
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	nplete			
Part I only					<b>&gt;</b>		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and ti	rusts must use Form 7004 to request ar	n exten	sion of time		
Type or print							
	MCMILLEN FAMILY FOUNDATION			2	6-1593449		
File by the due date for filing your	Number, street, and room or suite no. If a P.O box, s 6490 SEA COVE DRIVE	ee instruc	tions.				
return See instructions	City, town or post office, state, and ZIP code For a for	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application	00	Return	Application			Return	
Is For	011	Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A		-	08	
Form 990		03	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
	BLOCK, PLANT,	EISNE	R, FIORITO AND B				
• The bo	ooks are in the care of  21300 VICTORY	BLVD :	<u>STE 520 - WOODLAND H</u>	ILLL	S, CA 9136	57	
Teleph	none No. ► <u>(818)501-2833</u>		FAX No. 🕨		<u>.                                    </u>		
<ul><li>If the c</li></ul>	organization does not have an office or place of busines	s in the Ur	nited States, check this box		. ▶		
• If this	s for a Group Return, enter the organization's four digit	_	emption Number (GEN) If th	ns is fo	r the whole group, o	check this	
box ▶ L	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for	
1   I re	quest an automatic 3-month (6 months for a corporation						
		t organiza	tion return for the organization named a	above	The extension		
_	or the organization's return for:						
►L	X calendar year 2010 or						
►l	tax year beginning	, an	ad ending		<del></del> ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, o Change in accounting period	check reas	on: Initial return Fin	al retur	'n		
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			^	
	nrefundable credits. See instructions.		wat undaha and da and	3a	\$	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069, imated tax payments made. Include any prior year overj			3b	\$	0.	
	ance due. Subtract line 3b from line 3a Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	1 8879-	EO for payment ins	tructions	
LHA F	or Paperwork Reduction Act Notice, see Instructions	s.			Form <b>8868</b> (R	ev. 1·2011)	

023841 01-03-11