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Return of Private Foundation

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

OMB No 1545-0052

Interr	al Rev	enue Service	N	ote. The fou	ındatıon may t			of this r	eturn to satı	sfy state repo	rtıng requ				
For	calen	dar year 2010,				27,	2010		, and e	nding	DEC	31, 20	10	-	
G	heck	all that apply:	X	Initial return			_	of a for s chang	mer public o e		Name cha	Final re	turn		
Nai	ne of	foundation									A Emplo	yer identifica	tion nu	mber	
												-			
		ALEX	MCMII	LAN F	AMILY	FOUN	DATIO	N		,	27	<u>-43603</u>	44		
Nur	nber a	nd street (or PO b				•				Room/suite		one number			
		<u> </u>	ELLSI	RING	GROUP,	108	<u>85 NE</u>	4TF	I ST.	320	42	<u>5-462-</u>	822	0	
City	or to	own, state, and a										otion application			
		BELLE			8004					·	D 1. For	eign organizat	ions, c	heck here	
H_(_	type of organiz			n 501(c)(3) ex						2. Fore	there and attac	s meetin	ng the 85% test, utation	
با		ction 4947(a)(1					able private		$\overline{}$					was terminate	:d
		rket value of all		end of year		-		Cash	L Acci	rual	1	section 507(b			
	rom ⊦ -\$	Part II, col. (c),) E00	(Part I, colu	ther (spec		cach h	acie I					month termina	ation
	art I			_	•							section 507(b)(T)(B)		
		(The total of amo	ounts in colu	mns (b), (c), ar	nd (d) may not	expe	Revenue an nses per bo	oks		ome		Adjusted net income		(0) Disburser for charitable pu (cash basis o	urposes
	1	Contributions,	gifts, gran	ts, etc., rece	ived	1,	<u>053,0</u>	<u>00.</u>				N/A			
	2	Interest on saving		n is not required t	to attach Sch B						<u> </u>		-		•
	3	cash investments	•												
•	4	Dividends and	interest fro	om securitie:	S	 -							-+		
		Gross rents													
:		Net rental income	• • -												
9	6a	Net gain or (loss) Gross sales price		assets not on	line 10										
Revenue	7	assets on line 6a Capital gain net in		Port IV June 2)						0.			-		
æ	8	Net short-term	•		,	 				<u> </u>			-		
	١	Income modifi		111									- -		-
	102	Gross sales less and allowances													
	Ι.	Less Cost of goo	rde eold								 				
	1	Gross profit or		L		<u> </u>							i		
	1	Other income	()												
	12	Total Add line	s 1 throug	ıh 11		1,	053,0	00.		0.					
	13	Compensation of	officers, dire	ectors, trustee	s, etc			0.		0.					0.
	14	Other employe	e salaries a	and wages											
	15	Pension plans,	employee	benefits							<u> </u>				
ses	16a	Legal fees													
Expens	b	Accounting fee								RECE	!VE)			
Ä	C	Other profession	onal fees												
Ę.	17	Interest							<u> </u>	Alic o	204	100			
it a	18	Taxes				-			I~	AUG 2	2 201			····	
Administrative	19	Depreciation a	nd depletio	on					 	0000	ļ	- 38 - 38			
Ę	20	Occupancy								OGDE	N. U	T	_		
Ą	21	Travel, confere	•	_		<u> </u>							+		
and	22	Printing and pi		i					·		 		+		
Operating	23	Other expense		sininaunatur					·				+		-
era	24	Total operation						0.		0.					Λ
Õ	25	expenses. Add		-				0.			+		+		0.
	25 26	Contributions, Total expense						<u> </u>			+		+		
	20	Add lines 24 a		uisements				0.		0.					0.
_	27			12.						<u> </u>	+		\dashv		
	1	Excess of revenu			reomon*s	1	053,0	00.			}				
	Ι.	Net investmen					555,0	~~-		0.	1				
	1	Adjusted net i										N/A			
023	01 7-10				ct Notice, see	the instri	uctions.							Form 990-P	F (2010)

For	m 99	0-PF(2010) ALEX MCMILLAN FAMILY FO	OUNDATION	27-	4360344 Page 2
D		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
P:	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
		Accounts receivable ►			
	_	Less; allowance for doubtful accounts ▶	1 1		
	4	Pledges receivable ▶		• •	
	•	Less; allowance for doubtful accounts	1		
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other		•	
	0				
	_	disqualified persons			
	7	Other notes and loans receivable	- 1		
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
\ss	l.	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations		4 050 000	4 050 500
		Investments - corporate stock STMT 1	0.	1,053,000.	1,059,500.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	_		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	0.	1,053,000.	1,059,500.
	17	Accounts payable and accrued expenses		_	
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable		· ·	
Ξ	22	Other liabilities (describe)			
			- '''		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ва	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
ō	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.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,053,000.	
ē	30	Total net assets or fund balances	0.	1,053,000.	
_					
	31	Total liabilities and net assets/fund balances	0.	1,053,000.	
	art	Analysis of Changes in Net Assets or Fund I	Balances		
_					,
		I net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		_
		st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	1,053,000.
		r increases not included in line 2 (itemize)	_ 	3	0.
		lines 1, 2, and 3		4	1,053,000.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	1,053,000.
					Form 990-PF (2010)

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	K MCMILLAN FAM. and Losses for Tax on					27-436	0344 Page 3
(a) List and descri	the the kind(s) of property sold rehouse; or common stock, 200	(e.g., real estate,		(b) F	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a							
b NOI	NE			<u> </u>			
<u>c</u>				 			
<u>d</u>	_ _			 			-
<u>e</u>	(O Degree allowed	(-) (-	-116 6	┸╌┰		(h) Com or (loo	->
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	
a							
<u>b</u>					· · · · · · · · · · · · · · · · · · ·		
<u>c</u>							
<u>d</u>					 		
Complete only for assets showin	a asin in column (b) and owned	by the foundation	n on 12/31/69			(I) Gains (Col. (h) gai	n minue
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (i)			ol. (k), but not less th Losses (from col.	an -0-) or
a			· · · · · · · · · · · · · · · · · · ·				
<u>a</u>							
C							 -
d							
e							
2 Capital gain net income or (net ca	pital loss) If gain, also e	enter in Part I, line er -0- in Part I, line	7	}	2		
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5		•	}			
If (loss), enter -0- in Part I, line 8		4 D	d Taylor Na		3		
	nder Section 4940(e)					icome	
For optional use by domestic private	foundations subject to the sect	ion 4940(a) tax o	n net investment i	ncom	e.)		N/A
If section 4940(d)(2) applies, leave th	nis part blank.						
Was the foundation liable for the sect		, ,	•	eriody			Yes No
f 'Yes,' the foundation does not qual Enter the appropriate amount in 6				ies			
(a)		nsi dellons belor	C making any cha				(d)
Base period years Calendar year (or tax year beginnii	(b) Adjusted qualifying	distributions	Net value of n	(c) oncha	ritable-use asse	ts (col (b) o	(d) ribution ratio livided by col. (c))
2009	ng iii)	,			·	(001. (0)	1111000 0 001. (0))
2008							
2007							-
2006							
2005							
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divide the t	otal on line 2 by 5	, or by the numbe	r of ye	ears		
the foundation has been in exister	nce if less than 5 years					3	
4 Enter the net value of noncharitati	ole-use assets for 2010 from Par	rt X, line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	
O Catan analikung distahuhuhur fi	n Dort VII. line A						
8 Enter qualifying distributions from	·	1 45			0/ 1	8	
If line 8 is equal to or greater than	i line 7, check the box in Part VI	, line 1b, and com	ipiete that part usi	ng a 1	% tax rate.		

	990-PF (2010) ALEX MCMILLAN FAMILY FOUNDATION TVI Excise Tax Based on Investment Income (Section 4940)				4360 · see ii			Page 4 1 S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	nter "N/A" on line 1.	ì					
	Date of ruling or determination letter: (attach copy of letter if nec		ons)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1				0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, co	I. (b). J		:			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)		2				0.
3	Add lines 1 and 2			3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6	Credits/Payments:							
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
þ	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
d	Backup withholding erroneously withheld	6d						
7	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched		8				
9	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				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		Refunded >	11				
Pa	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it partic	ipate or intervene	ın			Yes	
	any political campaign?					1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions	for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	f copies of any ma	tenals publishe	d or				
	distributed by the foundation in connection with the activities							
C	Did the foundation file Form 1120-POL for this year?					1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the							
	(1) On the foundation. > \$ (2) On foundation managers.		0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed on	foundation					
	managers. ► \$0 .							
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		<u> X</u>
	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 $\boldsymbol{\theta}$	nstrument, articles o	of incorporation, o	or				
	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 year	ιs			_	4a		X
	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		<u>X</u>
	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 er	ther:						•
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandator	y directions that cor	iflict with the stat	e law				
	remain in the governing instrument?					6	_ <u>X</u> _	
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 instructio	ns) 🟲						
	WA		4]
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	morney General (or	designate)			_	7,	1
_	of each state as required by General Instruction G? If "No," attach explanation	-1 404043403	10.40(.)(5).	•		8b_	X	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of se		1942(J)(5) for cal	endar		_		,,,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," c		_	1002	. ^	9	77	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ile listing their names ar	nd addresses	<u>rmt</u>	<u> 2</u>	10	X	L

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orm 990-PF (2010) ALEX MCMILLAN FAMILY FO			<u> 27-4360</u>	<u> 344</u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				İ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	₅ ?	Ye	es 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	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or t				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	· ·	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see insti	•		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				1	
expenditure responsibility for the grant?		I/A L Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.49	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on		 □		
a personal benefit contract?		Ye	es X No	,	47
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X_
If "Yes" to 6b, file Form 8870.	oboltor troppostic=0		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6		76	
b If 'Yes,' did the foundation receive any proceeds or have any net income attri		nagam Highli	N/A	7b	
Part VIII Paid Employees, and Contractors	itees, roundation wi	mayers, mgm	y		
List all officers, directors, trustees, foundation managers and thei	r compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	. (e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plan and deferred compensation	acci	ount, other lowances
ALEXANDRA MCMILLAN	TRUSTEE	Citter 0 /	Compensation	—	- Trainous
LO885 NE 4TH STREET, SUITE 320					
BELLEVUE, WA 98004	1.00	0.	0		0.
			_	1	
				1	
			l		
Compensation of five highest-paid employees (other than those in		enter "NONE."	1.7.6		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred compensation	s acc) Expense ount, other lowances
NONE	- Paris and Pari			1	
				<u> </u>	
				Ì	
		· ·			
Total number of other employees paid over \$50,000			•		0

Total, Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundations	s, 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	1,059,500.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,059,500.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,059,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,893.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,043,607.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	715.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found foreign organizations check here and do not complete this part.)	lations and certair	1
1	Minimum investment return from Part X, line 6	1	715.
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	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	715.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	715.
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	715.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<u>1a</u>	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for	indation qualifies	for the section

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4940(e) reduction of tax in those years.

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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,				
line 7				715 <u>.</u>
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 0.			_	
a Applied to 2009, 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 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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				715.
7 Amounts treated as distributions out of			İ	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005]	<u>.</u>		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006	1			
b Excess from 2007				
c Excess from 2008	1			
d Excess from 2009				
e Excess from 2010	I		<u> </u>	Form 000 DE (0010)

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		LY FOUNDATI			60344 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			▶ └	T	
b Check box to indicate whether the found		ng foundation described		」 4942(j)(3) or □ 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2000	Prior 3 years	(4) 2007	(a) Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	<u> </u>				
b 85% of line 2a					
 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)	ļ.				
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)	ľ				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed r	more than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large por	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	is a 10% or greater intere	est.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to ind	viduals or organizations	under other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	om applications should be	addressed:		
•					
b The form in which applications should	be submitted and informa	ation and materials they s	should include:		· · ·
c Any submission deadlines:					
This submission ucaumics.					
d Any restrictions or limitations on award	ls, such as by geographic	cal areas, charitable fields	, kınds of institutions, o	r other factors:	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
NONE				
b Approved for future payment	<u> </u>	<u> </u>	<u>▶</u> 3a	0.
• Approved for luture payment				
NONE				
				1
Total		<u> </u>	▶ 3b	0.
023611 12-07-10			FF	orm 990-PF (2010)

Form 990-PF (2010) ALEX MCMILLAN Part XVI-A Analysis of Income-Prod					1360344 Page 1
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b	_		 		
c	-				
d					
e	_				
g Fees and contracts from government agencies		<u></u>			·
g Fees and contracts from government agencies 2 Membership dues and assessments		•	 		
3 Interest on savings and temporary cash			+ +		
investments			1		
4 Dividends and interest from securities			 		
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					
9 Net income or (loss) from special events					- <u></u> -
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1 1		
a	_		+		
b	-				
<u> </u>					
d	-				
e		0	+ +	0.	0
13 Total. Add line 12, columns (b), (d), and (e)		<u>U</u>	•	13	0
(See worksheet in line 13 instructions to verify calculations.)	\			19	
Part XVI-B Relationship of Activities		plishment of E	xempt P	urposes	
Line No. Explain below how each activity for which in			A contributed	I importantly to the accom	plishment of
the foundation's exempt purposes (other the	an by providing funds	s for such purposes).			
		·			<u> </u>
					
					
			·		

023621 12-07-10

Part A	VAN	Exempt Organi		insters to a	ind Transactions a	and Relationsh	ips With Nonch	aritable		
1 Did	the oroar	` _		ny of the followin	g with any other organizati	on described in section	n 501(c) of	T	/es	No
	-				7, relating to political organ		00 1(0) 01		-	
	•	m the reporting founda							İ	
	Cash	and reperturing reasons			,			1a(1)		X
	Other as	sets			•	•		1a(2)		X
٠,	er transac							13327		
		assets to a noncharital	ble exempt organi	zation				1b(1)	1	X
٠,		es of assets from a nor						1b(2)		X
		f facilities, equipment, (1b(3)		X
٠,		rsement arrangements						1b(4)		X
. ,		r loan guarantees						1b(5)		X
		ance of services or me	mbership or fund:	raising solicitatio	ns			1b(6)		x
٠.		cilities, equipment, mai	•	-				1c		X
	-				dule. Column (b) should al	wavs show the fair m	arket value of the goods		ts.	
					ed less than fair market vali				•	
colu	ımn (d) tl	he value of the goods, (other assets, or se	ervices received.						
(a) Line no	(b)) Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	of transfers, transactions, an	d sharing алга	ngemer	nts
				N/A						
			ļ							
	-									
	+					li .				
	+									
	-		 					 		
	+									
_									•	
	+									
	+		-			-				
2a Is th	ne founda	ation directly or indirect	tly affiliated with, (or related to, one	or more tax-exempt organ	izations described	_			
		11(c) of the Code (other	•	•				Yes	X	No
b If "Y	es," com	plete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization	(c) Description of relation	iship		
		N/A								
						<u></u>				
										
						<u> </u>				
	Under n	enalties of nection 1 declars	e that I lave efamine	d this return, includ	I ing accompanying schedules ar	d statements, and to the	heet of my knowledge and l	halief it is toic		
Sign	and com				ased on all information of which			beller, it is une	z, CO1164	J.,
Here		\times 1 IVIC N	MYX C	~	18/15/		Trust_er_			
	Sı	gnature of officer or tru	ustee		Date		tle			
		rint/Type preparer's na		Preparer's s		· · · · · · · · · · · · · · · · · · ·	Check If PTIN	J		
		· 2) - ppr 10			. / / /	1 7 1	self- employed			
Paid		JUDY COURS	HON	THE SALE	t Mh	11/11/1				
Prepa		irm's name ► WEL		GROUP)P	S., CPAS	• • • • • • • • • • • • • • • • • • • •	Fırm's EIN ▶			
Use C										
	F	ırm's address ▶ 10	885 NE 4	TH ST.,	SUITE 320					
			LLEVUE,				Phone no. 425	-462-8	322	0

023622 04-26-11

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

2010

Employer identification number

ALEX MCMILLAN FAMILY FOUNDATION 27-4360344 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 X 501(c)(3) exempt private foundation Form 990-PF 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)

Employer identification number

ALEX MCMILLAN FAMILY FOUNDATION

27-4360344

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALEXANDRA MCMILLAN 10885 NE 4TH ST, SUITE 320 BELLEVUE, WA 98004	\$1,053,000.	Person Payroll Noncash X (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 of 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 of 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 of 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
023452 12-:	23-10	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part II

Name of organization

Employer identification number

ALEX MCMILLAN FAMILY FOUNDATION

27-4360344

Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) Date received		
1	25,000 SHARES OF NORDSTROM INC STOCK	-		
	•	\$ <u>1,053,000.</u>	12/28/10	
(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	
		- - - - - - - - - -		
(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	
		- - - - \$		
23453 12-2	3-10		90, 990-EZ, or 990-PF) (201	

	990, 990-EZ, or 990-PF) (2010)		Page of of			
e of organ	ization		Employer identification number			
EX MC	MILLAN FAMILY FOUNDAT	27-4360344				
rt III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and the ous, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of			
No. om art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ -						
		(e) Transfer of gift	t			
-	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			
No.	(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			
No.	(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			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I -	//		(.,,			
		1	1			

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	CORPORATE STOCK		STATEMENT	1	
DESCRIPTION		BOOK VALUE	FAIR MARKET	r	
NORDSTROM INC 25,000 SI	HS	1,053,000.	1,059,50	00.	
TOTAL TO FORM 990-PF, 1	PART II, LINE 10B	1,053,000.	1,059,500.		
FORM 990-PF	LIST OF SUBSTANTIAL CONTRI PART VII-A, LINE 10	BUTORS	STATEMENT	2	
NAME OF CONTRIBUTOR	ADDRESS				
ALEXANDRA MCMILLAN	10885 NE 4TH BELLEVUE, WA	4TH STREET, SUITE 320 WA 98004			

Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rev	venue Service	► File a sepa	rate appl	ication for each return.		<u></u>	
• If you	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		. •	X
-	-		-	omplete only Part II (on page 2 of this	form).		
	=			tic 3-month extension on a previously fil	-	m 8868.	
	•	· -		3-month automatic extension of time to			oration
	• • •	- · · · · · · · · · · · · · · · · · · ·		ion of time. You can electronically file Fe	•	•	
•	•	,		Form 8870, Information Return for Tran		•	
	-		•	(see instructions) For more details on the			
visit www	w.irs gov/efile and o	lick on e-file for Chanties & Nonprofits					
Part I	Automati	c 3-Month Extension of Time	Only su	bmit original (no copies needed)			
A corpoi	ration required to fil	e Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and com	plete	· - ·	
Part I on	nly			_		>	
	corporations (inclu come tax returns.	ding 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exemp	ot organization			Employer identification number		
print	ATEV MON	TITAN EAMTIV EOIND	т От		27 4260244		
File by the	Ni saska sa sakasa sak	ILLAN FAMILY FOUNDA				<u>7-4360344</u>	
due date for filing your		, and room or suite no. If a P.O. box, so JSPRING GROUP, 10885					
return See		ost office, state, and ZIP code. For a fo					
iii Sa dottori.	BELLEVUE		neigi i auu	ress, see instructions			
		1, WA 30004					
Enter the	e Return code for th	ne return that this application is for (file	a separa	te application for each return)			0 4
Applica	tion	·	Return	Application			Return
Is For			Code	Is For			Code
Form 99	90		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
		SHIRLEY MCCULLO	OCH -	C/O WELLSPRING GROU	P,	10885 NE 4	1TH
• The b	books are in the car	e of ST - BELLEVUE ,	WA 9	8004			
Telep	ohone No ► 425	5-462-8220		FAX No 🕨			
If the	organization does	not have an office or place of business	s in the Ur	arted States, check this box			· 🗀
				emption Number (GEN) If the			
box 🕨	If it is for pa	rt of the group, check this box 🕨	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for
1 Ir	•		•	to file Form 990-T) extension of time unt			
_	AUGUST 15		t organiza	tion return for the organization named a	bove	The extension	
is for the organization's return for:							
P	► calendar year or						
	tax year begi	nning <u>DEC 27, 2010</u>	, an	d ending DEC 31, 2010		_ ·	
2 If	the tay year entered	d in line 1 is for less than 12 months, c	hack roos	on. X Initial return Fina	al retur	n	
	Change in acco		HECK IEAS	on	ıı retui	· ·	
	Change in acci	ounting period					
3a If	this application is fo	or Form 990·BL, 990·PF, 990·T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.				3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits a		refundable credits and					
	• •	mated tax payments made. Include any prior year overpayment allowed as a credit			3b	\$	0.
_	alance due. Subtract line 3b from line 3a Include your payment with this form, if required,						
		tronic Federal Tax Payment System).	•	• • •	3с	\$	0.
-				orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions
LHA	For Paperwork Re	duction Act Notice, see Instructions	3.			Form 8868 (R	lev. 1-2011)