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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Depårtment of the Treasury Internal Revenue Service Treated as a Private Foundation

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

OMB No 1545-0052

2010

| For | calen | dar year 2010, or tax year beginning | | , and ending | | | | |
|--|---------|---|------------------------------|---------------------|--|--|--|--|
| G Check all that apply: Initial return | | | Initial return of a fo | rmer public charity | Final retu | irn | | |
| | | Amended return | Address chan | ge 🔲 | Name change | | | |
| Na | me of | foundation | | | A Employer identificati | on number | | |
| | | THE MACMILLAN FAMILY | FOUNDATION, | INC. | | | | |
| | | C/O GELLER FOS | | | 48-128640 | 5 | | |
| Nu | nber a | nd street (or P O box number if mail is not delivered to street | Room/suite | B Telephone number | | | | |
| | | 909 THIRD AVENUE, 16T | H FLOOR | | (212) 583 | -6001 | | |
| Cri | v or to | own, state, and ZIP code | | | C If exemption application is | s pending, check here | | |
| | • | NEW YORK, NY 10022 | | | D 1. Foreign organizatio | | | |
| н | Check | type of organization: X Section 501(c)(3) ex | empt private foundation | | Foreign organizations check here and attach | meeting the 85% test, | | |
| Ϊ | _ | | Other taxable private founda | ition | | | | |
| I F | | rket value of all assets at end of year J Accounting | | Accrual | E If private foundation s under section 507(b)(| | | |
| | | | her (specify) | | 1 ''' | a 60-month termination | | |
| | ▶\$ | 46,927,817. (Part I, colu | | basis) | under section 507(b) | | | |
| P | art I | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements | | |
| | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc., received | | | N/A | <u> </u> | | |
| | 2 | Check X If the foundation is not required to attach Sch B | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 40,046. | 40,046. | | STATEMENT 2 | | |
| | 4 | Dividends and interest from securities | 391,280. | 391,280. | | STATEMENT 3 | | |
| | 5.4 | Gross rents | | 332,200 | <u> </u> | | | |
| | - | Net rental income or (loss) | | | | | | |
| | 62 | Net gain or (loss) from sale of assets not on line 10 | 21,592. | | | STATEMENT 1 | | |
| 9 | °h | Gross sales price for all 2 070 110 | | | | | | |
| Revenue | 7 | assets on line 6a S, U/O, IIU. Capital gain net income (from Part IV, line 2) | | 189,203. | | | | |
| a. | Ŕ | Net short-term capital gain | | 103/203. | | | | |
| | ١ | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | | Less Cost of goods sold | | | " | | | |
| | | Gross profit or (1088) | 8 | | | | | |
| | 11 | Other income - NUV 1 (2011 | S()-5 | 157. | | STATEMENT 4 | | |
| | 12 | Total. Add lines 1 through 11 | 第 453,075. | 620,686. | | | | |
| _ | 13 | Compensation of officers, directors, trustees letc | 0. | 0. | | 0. | | |
| | 14 | Other employee salaries and wages | | | | | | |
| í | 15 | Pension plans, employee benefits | | | | | | |
| 4 6 | 160 | Legal fees STMT 5 | 248. | 124. | | 124. | | |
| 3 6 | | Accounting fees STMT 6 | 24,000. | 12,000. | | 12,000. | | |
| > E | c | Other professional fees STMT 7 | 48,050. | 23,846. | | 24,204. | | |
| 2 4 | | Interest | • | • | | | | |
| Administrative Exp | 18 | Taxes STMT 8 | 10,422. | 10,422. | | 0. | | |
| | 19 | Depreciation and depletion | • | • | | | | |
| | 20 | Occupancy | | | | · · · · · · | | |
| 5 8 | 21 | Travel, conferences, and meetings | | | | | | |
| るる | 22 | Printing and publications | | | | | | |
| ה ב | 23 | Other expenses STMT 9 | 73,620. | 73,595. | | 25. | | |
| Ë | 24 | Total operating and administrative | | | | | | |
| Onerating | - | expenses Add lines 13 through 23 | 156,340. | 119,987. | , | 36,353. | | |
| Č | 25 | Contributions, gifts, grants paid | 3,672,500. | | | 3,672,500. | | |
| | | Total expenses and disbursements. | | | | | | |
| | | Add lines 24 and 25 | 3,828,840. | 119,987. | , | 3,708,853. | | |
| _ | 27 | Subtract line 26 from line 12: | | | | | | |
| | | Excess of revenue over expenses and disbursements | <3,375,765. | > | | | | |
| | | Net investment income (if negative, enter -0-) | | 500,699. | | | | |
| _ | 1 | -Adjusted net income (if negative, enter -0-) — | | | N/A | - | | |
| 023 | | | | | | Form 000 DE (0040) | | |

| 48 | -1 | 28 | 64 | 05 |
|----|----|----|----|----|
|----|----|----|----|----|

| For | m 99 | 0-PF (2010) C/O GELLER FOS | | 48- | 1286405 Page 2 |
|-----------------------------|--------------|--|---------------------------------------|--------------------|--|
| Б | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End or | |
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | | | |
| | | Savings and temporary cash investments | 9,257,769. | 4,024,409. | 4,024,409. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | 1 | | |
| | _ | Less: allowance for doubtful accounts | | - | |
| Assets | _ | Inventories for sale or use | | | |
| Ass | | Prepaid expenses and deferred charges Investments - U.S. and state government obligations | | · · · · · · · · · | |
| - | ı | | 8,037,868. | 7,945,229. | 9 268 839 |
| | ı | | 10,233,913. | 8,581,297. | 9,268,839. 8,764,120. |
| | I - | | 10,233,913. | 0,301,231. | 0,704,120. |
| | ' ' | Investments - tand, buildings, and equipment basis | | | |
| | 40 | Less accumulated depreciation Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 12 | 20,577,202. | 24,180,533. | 24,864,489. |
| | | Land, buildings, and equipment; basis | 20/3///2020 | 22,200,300 | |
| | '' | Less accumulated depreciation | | | |
| | 15 | Other assets (describe ► STATEMENT 13) | 6,441. | 5,960. | 5,960. |
| | '` | | • | | <u> </u> |
| | 16 | Total assets (to be completed by all filers) | 48,113,193. | 44,737,428. | 46,927,817. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| jab | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | Tabel Habilistan (add long 17 through 22) | 0. | 0. | |
| _ | 23 | Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here | <u></u> | <u>0 •</u> | |
| | | and complete lines 24 through 26 and lines 30 and 31 | | | |
| es | 24 | Unrestricted | | | |
| aŭ | 25 | Temporarily restricted | | | |
| Bal | 26 | Permanently restricted | | | |
| 멑 | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | | and complete lines 27 through 31. | | | |
| S | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sse | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 59,840,907. | <u>59,840,907.</u> | |
| Net Assets or Fund Balances | 29 | Retained earnings, accumulated income, endowment, or other funds | | ><15,103,479. | > |
| Š | 30 | Total net assets or fund balances | 48,113,193. | 44,737,428. | |
| | | Total liabilities and not constallined belongs | 48,113,193. | 44,737,428. | |
| = | 31 | | | 44,737,420. | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | - | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 48,113,193. |
| | | r amount from Part I, line 27a | | 2 | <3,375,765.> |
| 3 | | r increases not included in line 2 (itemize) | · · · · · · · · · · · · · · · · · · · | 3 | 0. |
| 4 | | lines 1, 2, and 3 | | 4 | 44,737,428. |
| | | reases not included in line 2 (itemize) | aluma (h) tra- 00 | 5 | 0. |
| <u>6</u> | <u>I ota</u> | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | oluinn (b), line 30 | 6 | 44,737,428. Form 990-PF (2010) |
| | _ | | | | 101111 200 1 1 (2010) |

__ 023511 12-07-10

| Form 990-PF (2010) C/O G | ACMILLAN FAMIL ELLER FOS Losses for Tax on In | | | INC | • | 4 | <u>8-128</u> | 6405 | Page 3 |
|---|---|-------------------|--------------------------------------|------------------|---------------------------------------|--------------------------------|--------------------------------|--|--------------|
| (a) List and describe t | he kind(s) of property sold (e.g use; or common stock, 200 shs | ., real estate, | | P-F | w acquired Purchase Donation | | acquired ay, yr.) | (d) Date (mo., da | |
| 1a PUBLICLY TRADED | | | | , | P | | | | |
| b CAPITAL GAINS DI | | | - | | | | | | |
| C | | | | | | | | | |
| d | | <u>-</u> | | | | | | | |
| _e | | | | <u> </u> | | | | | |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale | | | | | | ain or (loss) s (f) minus (| | | |
| a 3,066,835. | | | 2,888,90 | 7. | · | · | | | 928. |
| b 11,275. | | | | | | | | <u> </u> | 275. |
| С | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| e | | <u> </u> | | | | | | | |
| Complete only for assets showing ga | | | | | | | Col. (h) gain not less thai | | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (1), if any | | CUL | | (from col. (| | |
| (1) 11 11 11 11 11 11 11 11 11 11 11 11 1 | as 01 12/3 1/09 | over | COI. (j), ir any | | | | ` ` | | 000 |
| <u>a</u> | ··· | | | - | <u> </u> | | | 1177 | 928. |
| <u>b</u> | | | | + | | | | 11, | <u> 275.</u> |
| C | | | | - | | | | | - |
| d e | | | | | | | | | |
| 2 Capital gain net income or (net capital 3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colu | s defined in sections 1222(5) ar | - ın Part I, lıne | 7 7 | } | 2 | | | 189, | 203. |
| If (loss), enter -0- in Part I, line 8 | | | | | 3 | | N/A | · | |
| | er Section 4940(e) for | | | | stment Inc | ome | | | |
| (For optional use by domestic private fou If section 4940(d)(2) applies, leave this p | - | 4940(а) tах оп | net investment ir | ncome.) | | | | | |
| Was the foundation liable for the section of "Yes," the foundation does not qualify u | | , , | • | riod? | | | | Yes | X No |
| 1 Enter the appropriate amount in each | | | | es. | · · · · · · · · · · · · · · · · · · · | | | | |
| (a) Base period years Calendar year (or tax year beginning in | (b) Adjusted qualifying dis | stributions | Net value of no | (c) oncharita | ble-use assets | | Distrib (col. (b) div | (d) oution ratio rided by col. (| (c)) |
| 2009 | · | 9,533. | | 43, | 879,773 | | · · · · | | 7219 |
| 2008 | | 1,198. | | | 204,152 | | | | 10780 |
| 2007 | | 5,236. | | | 926,484 | | | | 1787 |
| 2006 | 15 | 3,539. | | | 784,741 | | | | 26542 |
| 2005 | 11 | <u>.0,979.</u> | | 3, | <u>273,414</u> | • | | .03 | <u> 3903</u> |
| 2 Total of line 1, column (d) | | | | | | 2 | | .19 | 0231 |
| 3 Average distribution ratio for the 5-year the foundation has been in existence in | <u>-</u> | on line 2 by 5, | or by the number | of year: | S | 3_ | | .03 | 8046 |
| 4 Enter the net value of nonchar table-u | se assets for 2010 from Part X, | line 5 | | | | 4 | 4 | 5,346 | 206. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 1,725, | 242. |
| 6 Enter 1% of net investment income (1 | % of Part I, line 27b) | | | | | 6 | - | <u>5</u> , | 007. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 1,730 | 249. |

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3,708,853.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

THE MACMILLAN FAMILY FOUNDATION, INC.

| Form | 990-PF (2010) C/O GELLER FOS | | <u> 1286</u> | | | Page 4 |
|---------|--|----------|--------------|-------|----------|----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 | - see ir | ıstru | ctio | ns) |
| _ 1ą | 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 | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1% | 1 | | | 5,0 | 07. |
| | 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, col. (b). | | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | _0. |
| 3 | Add lines 1 and 2 | 3 | | | 5,0 | 07. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 5,0 | 07. |
| 6 | Credits/Payments: | | | | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 40,968 | • | | | | |
| | 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 | | | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | | 4 | 0,9 | 68. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | . 9 | | | - | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 3 | 5,9 | 61. |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax | . 11 | | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve | ne in | | | Yes | No |
| | any political campaign? | | | 1a | | X |
| b | 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 publis | hed 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 year: | | | | | |
| | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | <u>.</u> | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ▶ \$ 0 . | | | | | |
| 2 | 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 | | | | | |
| 3 | 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? | I. | I/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: | | } | | | |
| | ● 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 st | ate 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 instructions) | | | | | |
| | ŊJ | | | | | |
| b | 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 | | | 8b | 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 continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating status as a private operating status as a private operation of the continuous claiming status as a private operation of the conti | alendar | | | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | <u>X</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | <u>X</u> |
| | | | Forn | - 990 | -PF (| 2010) |

THE MACMILLAN FAMILY FOUNDATION, INC. Form 990-PF (2010) C/O GELLER FOS 48-1286405 Page 5 Part VII-A Statements Regarding Activities (continued) 11. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A Website address Telephone no. ▶212 583-6066 14 The books are in care of ▶ CHARLES POMO C/O GELLER FOS ZIP+4 **▶**10022 Located at ▶ 909 THIRD AVENUE, 16TH FL., NEW YORK, NY 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A ▶ 15 and enter the amount of tax-exempt interest received or accrued during the year Yes 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2010? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2010? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No

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X

3Ъ

4a

N/A

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

THE MACMILLAN FAMILY FOUNDATION, INC. C/O GELLER FOS Form 990-PF (2010) 48-1286405 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A 」Yes 「 expenditure responsibility for the grant? ___ No If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 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 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (c) Compensation hours per week devoted to position (If not paid, (a) Name and address enter -0-) DUNCAN MACMILLAN, C/O GELLER FOS DIRECTOR, PRESIDENT ATTN: C. POMO- 909 3RD AVE-16TH FL NEW YORK, NY 10022 2.00 0 0 0. & TREASURER NANCY MACMILLAN C/O GELLER FOS DIRECTOR, SEC. ATTN: C. POMO- 909 3RD AVE-16TH FL NEW YORK, NY 10022 0. 0.50 0 0 DIRECTOR KEVIN MACMILLAN, C/O GELLER FOS ATTN: C. POMO- 909 3RD AVE-16TH FL NEW YORK, NY 10022 0. 0.25 0 0 ALISSA MACMILLAN. C/O GELLER FOS DIRECTOR 909 3RD AVE-16TH FL ATTN: C. POMO-0. NEW YORK, NY 10022 0.25 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation

(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans account, othe allowances

(e) Expense account, othe allowances

Total number of other employees paid over \$50,000

THE MACMILLAN FAMILY FOUNDATION, INC. Form 990-PF (2010) C/O GELLER FOS 48-1286405 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount

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023561

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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| P | art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations | ndation | ns, see instructions) |
|----|--|-------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 18,196,874. |
| | Average of monthly cash balances | 1b | 7,171,990. |
| | Fair market value of all other assets | 1c | 20,667,893. |
| d | Total (add lines 1a, b, and c) | 1d | 46,036,757. |
| | 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 | 46,036,757. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 690,551. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 45,346,206. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,267,310. |
| Р | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | ıd certa | in |
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,267,310. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 2a 5,007. | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c_ | 5,007. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,262,303. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,262,303. |
| 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 | 2,262,303. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | | 1a | 3,708,853. |
| b | Program-related investments - total from Part IX-B | 1b | <u>0.</u> |
| 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: | | |
| | 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 | 3,708,853. |
| 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 | 5,007. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3,703,846. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies | for the section |

C/O GELLER FOS

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|--|------------------|----------------------------|-------------|---------------|
| Part XIII Undistributed Income (se | ee instructions) | | | |
| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| Distributable amount for 2010 from Part XI, line 7 | | | | 2,262,303. |
| 2 Undistributed income, if any, as of the end of 2010 | | | 4 060 050 | |
| a Enter amount for 2009 only | | | 1,060,970. | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2010: | | 0. | | <u> </u> |
| 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: ►\$ 3,708,853. | | | | |
| a Applied to 2009, but not more than line 2a | | | 1,060,970. | |
| 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 | 205 500 | | | 2,262,303. |
| e Remaining amount distributed out of corpus | 385,580. | | | |
| 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 | 385,580. | | | |
| 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 | | 0. | | |
| amount - see instructions e Undistributed income for 2009. Subtract line | | 0. | | |
| 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. | | | |
| 9 Excess distributions carryover to 2011. | 205 500 | | | |
| Subtract lines 7 and 8 from line 6a | 385,580. | + | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Expanse from 2000 | | | | |

e Excess from 2010

THE MACMILLAN FAMILY FOUNDATION, INC.

| Form 990-PF (2010) C/O GEL | | | | | 286405 Page |
|---|---------------------------|----------------------------|---------------------------|------------------------------------|---------------------|
| Part XIV Private Operating Fo | oundations (see ins | tructions and Part V | 'II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or | | | | | |
| foundation, and the ruling is effective for | 2010, enter the date of t | ne ruling | ▶ ∟_ | | |
| b Check box to indicate whether the found | | g foundation described | | 4942(j)(3) or4 | 942())(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 4) 0000 | Prior 3 years | (4) 0007 | (-) 7-4-1 |
| 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 | | | | | |
| 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 | i | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| sečtion 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | rmation (Cample | to this next only | if the foundation | n had \$5 000 ar m | oro in concto |
| Part XV Supplementary Info at any time during t | | | ir the foundation | on nau \$5,000 or m | ore in assets |
| 1 Information Regarding Foundation | | | | | |
| a List any managers of the foundation who | _ | than 2% of the total cou | ntributions received by | the foundation before the clo | ise of any tax |
| year (but only if they have contributed in | | | in locations received by | and realitudation bollet a tile at | oo or any tax |
| DUNCAN MACMILLAN, C/ | O GELLER FO | S | | | |
| b List any managers of the foundation who other entity) of which the foundation has | o own 10% or more of the | e stock of a corporation | ı (or an equally large po | rtion of the ownership of a p | partnership or |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift Loan | Scholarship, etc. I | Programs | | _ |
| Check here ► X if the foundation o | | • | _ | es not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | ber of the person to whon | n applications should b | e addressed: | | |
| | | | <u> </u> | | |
| b The form in which applications should b | e submitted and informat | ion and materials they | should include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | ıl areas, charıtable field | s, kınds of ınstıtutıons, | or other factors: | |
| | | | | | |
| | | | <u> </u> | - | - 000 DE |

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Part XV Supplementary Information (continued)

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| Tart Av Supplementary information | | | | |
|--|--|--------------------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | Year or Approved for Future | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
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| CDD CD3 MDVDVM 1.4 | | | | |
| SEE STATEMENT 14 Total | | <u> </u> | ▶ 3a | 3672500 |
| b Approved for future payment | | | Ja | 3072300 |
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| - Total SEE -STATEMENT 15 - | | <u> </u> | <u>▶</u> 3h | 8910000 |

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| iter gross amounts unless otherwise indicated. | Unrelated b | usiness income | | y section 512, 513, or 514 | (e) |
|--|------------------------|----------------|---------------|--|-------------------|
| , o o o o o o o o o o o o o o o o o o o | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| Program service revenue: | Rusiness | Amount | sion | Amount | function income |
| - | | | | | |
| | | | | | |
| · - · · · · · · · · · · · · · · · · · · | | | | | |
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| e | | | | | |
| | - - - | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | - | | - | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 40,046. | |
| Dividends and interest from securities | | | 14 | 391,280. | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | " | | | | . , |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | _ | 14 | 157. | - |
| Gain or (loss) from sales of assets other | | | | 137. | |
| , , | | | 18 | 21,592. | |
| than inventory | | | 10 | 21,392. | |
| Net income or (loss) from special events | | | | + | |
| Gross profit or (loss) from sales of inventory | | | | + | |
| Other revenue: | | | | | |
| a | _ | | | | _ |
| b | | | | | |
| C | _ | | | | |
| d | _ | | | | <u>. —</u> . |
| e | | | | | |
| Subtotal. Add columns (b), (d), and (e) | | (| 0. | 453,075. | |
| Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 453,07 |
| See worksheet in line 13 instructions to verify calculations.) |) | | | | |
| 2-4-20/1 D D 12 12 13 13 13 13 13 13 | to the Accom | plishment of | Exempt Pu | ırposes | |
| Part XVI-B Relationship of Activities | | | | importantly to the accomp | lishment of |
| · · · · · · · · · · · · · · · · · · · | | | | mportainty to the accomp | |
| ne No. Explain below how each activity for which in | | | | importantly to the associate | |
| ne No. Explain below how each activity for which in | | | | mportainly to the accomp | |
| ne No. Explain below how each activity for which in | | | | mportainty to the accomp | |
| ne No. Explain below how each activity for which in | | | | mportainty to the accomp | |
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| ne No. Explain below how each activity for which in | | | | | |
| ne No. Explain below how each activity for which in | | | | | |
| .ine No. Explain below how each activity for which in | | | | | |

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Form 990-PF (2010)

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| Part XVII | Information Regarding Tran Exempt Organizations | sfers To a | nd Transactions a | nd Relations | hips With Nonch | aritable | • | |
|--|--|--------------------|-----------------------------------|--------------------------------------|---------------------------------|-----------------|----------|-----------|
| 1 Did the or | rganization directly or indirectly engage in any | of the following | with any other organization | on described in sect | on 501(c) of | | Yes | No |
| | (other than section 501(c)(3) organizations) o | | | | ,,,, | | | |
| | from the reporting foundation to a noncharita | | | | | | | į |
| (1) Cash | · • | | | | | 1a(1) | | X |
| (2) Othe | r assets | | | | | 1a(2) | | X |
| b Other trai | | | | | | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | | | | | | X |
| (2) Purc | hases of assets from a noncharitable exempt o | organization | | | | 1b(2) | | X |
| (3) Rent | al of facilities, equipment, or other assets | | | | | 1b(3) | | X |
| • • | nbursement arrangements | | | | | 1b(4) | | X |
| | s or loan guarantees | | | | | 1b(5) | | <u> X</u> |
| • • | ormance of services or membership or fundrai | | | | | 1b(6) | | X |
| - | of facilities, equipment, mailing lists, other asse | | | | | <u> 1c</u> | | <u> </u> |
| | wer to any of the above is "Yes," complete the es given by the reporting foundation. If the fou | _ | • • | - | | | sets, | |
| | d) the value of the goods, other assets, or serv | | cu iess tiidii idii iiidiket vait | ie ili ally transaction | or sharing arrangement | ., SHOW III | | |
| (a) Line no | <u> </u> | | exempt organization | (d) Description | of transfers, transactions, ar | nd sharing ar | rangeme | nts |
| (| (0) | N/A | | (-, | | | | |
| | | | | | | | | |
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| ın sectioi | indation directly or indirectly affiliated with, or n 501(c) of the Code (other than section 501(c) complete the following schedule. | | | | | Yes | X | No |
| | (a) Name of organization | | (b) Type of organization | | (c) Description of relation | nship | | |
| | N/A | | | | | | | |
| | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Line | der penalties of perjury, I declare that I have examined t | his return include | ng accompanying schedules an | d statements, and to the | e hest of my knowledge and | helief it is to | ie corre | ct |
| | complete Declaration of preparer (other than taxpayer Worklub | | ased on all information of which | preparer has any knowl / // PI | edge RESIDENT | | | |
| | Signature of officer or trustee | 10 | Date ' | | Charle Total | | | |
| Paid | Print/Type preparer's name CHANCES COMO | Preparer's si | h Pro | Date /// /// | Check if PTII self- employed | V | | |
| Preparer Use Only | Firm's name ► GELLER & COM | IPANY L | LC | · / · / // | Firm's EIN | | | |
| 300 O.III | | VENIIE | 16TH FLOOR | | | | | |
| | 1 | VENOE, VY 1002 | | | Phone no. 212 | <u>-583-</u> | 600 | 1 |
| | | | I | | | Form 990 | | |

| FORM 990-PF | | GAIN | OR | (LOSS |) FROI | M SALE | OF | ASSETS | | STA | TEMENT | 1 |
|--|---|--|---------------|--------------------|------------|-----------------------|----------|--------------------------|------------|------|--|---|
| (<i>I</i> DESCRIPTION | • | Y | | | | | 1 | MANNER ACQUIRED | DA ACQU | TE | DATE S | OLD |
| PUBLICLY TRA | ADED SECURI | TIES | | | | | PU | JRCHASED | | | · - | |
| SAI | (B) GROSS LES PRICE | | | C) COR BASIS | | (D) KPENSE SALE | | (E) DEPRE | c. | GAIN | (F) I OR LOS | s |
| | 3,066,835. | | 3,0 | 56,51 | 8. | | 0 | • | 0. | | 10,3 | 17. |
| CAPITAL GAIN | NS DIVIDEND | S FRO | M F | ART I | v | | | | | | 11,2 | 75. |
| TOTAL TO FOR | RM 990-PF, | PART | I, | LINE | 6 A | | | | : | | 21,5 | 92. |
| | | ONT CA | 77T N | זכיכי או | | VQKG OC | CAS | TANJEST | MENTS | STA | TEMENT | 2 |
| FORM 990-PF SOURCE | INTEREST | ON SA | . A TIV | | D TEM | CORRI | | JII INVEST | | | AMOUNT | |
| | WAB-8815 ATE INVESTO HECKING ACC ASE BANK #8 ASE BANK #8 | RS LL T #25 | C | HGS AIN | U IEM | CHARI | <u> </u> | ii iivegi | | | AMOUNT 1,5 27,1 9,3 1,8 | 81. 31. 18. 83. |
| SOURCE CHARLES SCHW GRE II PRIVA JP MORGAN CHA JPMORGAN CHA JPMORGAN CHA | WAB-8815 ATE INVESTO HECKING ACC ASE BANK #8 ASE BANK #8 F TAX-EXEMP | ORS LL T #25 888 888 PT LP | C 47 | | | | | ii iivigi | | | 1,5 27,1 9,3 | 81. 31. 18. 83. 70. |
| SOURCE CHARLES SCHV GRE II PRIVA JP MORGAN CHA JPMORGAN CHA JPMORGAN CHA JPMORGAN III | WAB-8815 ATE INVESTO HECKING ACC ASE BANK #8 ASE BANK #8 F TAX-EXEMP | PRS LL T #25 888 88 PT LP | C 47 | LINE | 3, CO. | LUMIN A | | SECURITIE | | | 1,5 27,1 9,3 1,8 | 81. 31. 18. 83. 70. |
| SOURCE CHARLES SCHW GRE II PRIVA JP MORGAN CHA JPMORGAN CHA JPMORGAN CHA JPMORGAN III TOTAL TO FOR | WAB-8815 ATE INVESTO HECKING ACC ASE BANK #8 ASE BANK #8 F TAX-EXEMP | PRS LL T #25 888 88 PT LP | C 47 | LINE S AND | 3, CO | LUMIN A | OM 8 | | S | STA | 1,5 27,1 9,3 1,8 40,0 | 81. 31. 18. 83. 70. 63. |
| SOURCE CHARLES SCHV GRE II PRIVA JP MORGAN CHA JPMORGAN CHA JPMORGAN CHA JPMORGAN III TOTAL TO FOR | WAB-8815 ATE INVESTO HECKING ACC ASE BANK #8 ASE BANK #8 F TAX-EXEMP RM 990-PF, | ORS LL T #25 88 88 PT LP PART | C 47 I, | LINE S AND | 3, CO | LUMN A EST FR | OM : | SECURITIE CAPITAL DIVIDE | S | STA | 1,5 27,1 9,3 1,8 40,0 ATEMENT | 81. 31. 18. 83. 70. 63. 46. |

| FORM 990-PF | OTHER 1 | INCOME | | STATEMENT | 4 |
|--|------------------------------|-----------------------------------|-----------------------------------|------------------------------|-----|
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTEI NET INCON | |
| GRE II PRIVATE INVESTORS JPMORGAN IIF TAX-EXEMPT LP JPMORGAN CHASE BANK #888 | _ | 123. 72. <38.> | 123. 72. <38.; | | |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | 157. | 157. | | |
| FORM 990-PF | LEGAI | L FEES | | STATEMENT | 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | | |
| LEGAL FEES | 248 | . 124. | • | 12 | 24. |
| TO FM 990-PF, PG 1, LN 16A = | 248 | 124 | | 12 | 24. |
| FORM 990-PF | ACCOUNT | ING FEES | | STATEMENT | 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | | |
| GELLER FAMILY OFFICE SVCS | 24,000 | 12,000 | • | 12,00 | 00. |
| TO FORM 990-PF, PG 1, LN 16B | 24,000 | 12,000 | • | 12,00 | 00. |
| FORM 990-PF C | THER PROFES | SSIONAL FEES | | STATEMENT | 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | |
| | 45 600 | . 23,846 | | 23,84 | 46. |
| FIDUCIARY FEES TREASURER STATE OF NJ | 47,692 358 | | | | 58. |

| TAX | ES | STATEMENT | | |
|------------------------------|---|---|--|--|
| (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| 10,422. | 10,422. | | | 0. |
| 10,422. | 10,422. | | | 0. |
| OTHER E | XPENSES | | STATEMENT | 9 |
| (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| 41,136. | | | | 0. 0. 25. |
| 73,620. | 73,595. | | | 25. |
| CORPORAT | E STOCK | | STATEMENT | 10 |
| | во | OK VALUE | FAIR MARKE VALUE | Т |
| | : | 517,973. 518,698. 1,035,038. | 1,826,8 725,8 721,1 1,585,4 1,784,8 196,8 888,6 | 97. 54. 13. 67. 76. 0. 91. |
| | (A) EXPENSES PER BOOKS 10,422. 10,422. OTHER E (A) EXPENSES PER BOOKS 32,459. 41,136. 25. 73,620. | EXPENSES NET INVEST- MENT INCOME 10,422. 10,422. 10,422. 10,422. OTHER EXPENSES (A) (B) EXPENSES NET INVEST- MENT INCOME 32,459. 41,136. 41,136. 25. 0. 73,620. 73,595. CORPORATE STOCK BOOKS | (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 10,422. 10,422. OTHER EXPENSES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME 32,459. 32,459. 41,136. 41,136. 25. 0. 73,620. 73,595. CORPORATE STOCK BOOK VALUE 0. 248,521. 1,694,910. 517,973. 518,698. 1,035,038. 2,029,370. 0. SER FD A 185,000. 800,000. | (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS 10,422. 10,422. OTHER EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS 32,459. 32,459. 41,136. 41,136. 25. 0. 73,620. 73,595. CORPORATE STOCK STATEMENT BOOK VALUE VALUE 0. 248,521. 291,3 1,694,910. 1,826,8 517,973. 725,8 518,694.910. 1,826,8 517,973. 725,8 518,698. 721,1 1,035,038. 1,585,4 0CK 2,029,370. 1,784,8 0CK 2,029,370. 1,784,8 0SER FD A 185,000. 196,8 800,000. 888,6 |

| FORM 990-PF CORPO | RATE BONDS | | STATEMENT 1 | |
|--|-------------|--------------------------|------------------------|--|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE | |
| JP MORGAN SHORT DURATION BOND FUND BLACKROCK INTERMEDIATE BOND PORTFOLIC HSBC USA INC MTN SER SPX 0.00% 01/27/ | | 2,738,043. 4,633,254. | 2,780,180 4,708,641 | |
| LINKED TO THE S&P 500 IND | | 0. | C | |
| JPM 1 YEAR BREN LINKED TO GOLD PRICE | 03/25/2010 | 0. | C | |
| JPMORGAN REN LKD TO ASIA BASKET MAT: | 6/30/10 | 0. | C | |
| BARCLAYS BK PLC 11/19/10 | | 0. | C | |
| MERRILL LYNCH CO INC MTN BE 12/20/10 | _ | 0. 180,000. | 213,804 | |
| CS 18M ASIA BSKT MKT PLS NOTE 03/03/1 | | | | |
| BARCLAYS BANK PLC 05/06/11 | 0. | 0 | | |
| BARCLAYS BK PLC 08/03/11 | 320,000. | 334,880 | | |
| BARCLAYS BK PLC 08/19/11 | | 360,000. | 383,580 | |
| JPM 4YR CPI LINKED NOTE 04-17-14 | | 350,000. | 343,035 | |
| TOTAL TO FORM 990-PF, PART II, LINE 1 | .0C | 8,581,297. | 8,764,120 | |
| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT 1 | |
| | VALUATION | | FAIR MARKET | |
| DESCRIPTION | METHOD | BOOK VALUE | VALUE | |
| GRE II PRIVATE INVESTORS, LLC | COST | 2 172 004 | 1 401 063 | |
| (7/07 INV) | COCH | 2,173,004. | 1,481,863 | |
| CHILTON GLOBAL NATURAL RESOURCES PARTNERS | COST | 3,000,000. | 2,956,839 | |
| HIGHBRIDGE LP | COST | 5,000,000. | 5,597,299 | |
| RENAISSANCE PRIVATE INV OFFSHORE LP | COST | 0. | 0,001,200 | |
| TCW OPPORTUNISTIC RMBS LTD | COST | 1,000,000. | 1,113,317 | |
| WINTON FUTURES FUND LTD 2008 HF | COST | 3,000,000. | 3,558,106 | |
| YORK CREDIT OPPORTUNITIES UNIT TST | COST | 2,000,000. | 2,639,118 | |
| CCMP CAPITAL INVESTORS (CAYMAN) II, | COST | | . , | |
| LP | | 2,874,130. | 2,713,715 | |
| HIGHBRIDGE MEZZANINE PARTNERS LP | COST | 1,096,002. | 1,113,420 | |
| MIDOCEAN III PRIVATE INVESTORS | COST | | | |
| OFFCHORF ID | | 1,429,895. | 901,888 | |
| | | | | |
| RIVERSTONE GLOBAL ENERGRY & POWER | COST | | | |
| OFFSHORE LP RIVERSTONE GLOBAL ENERGRY & POWER OFFSHORE IV | | 1,140,306. | 1,289,634 | |
| RIVERSTONE GLOBAL ENERGRY & POWER OFFSHORE IV RIVERSTONE RENEWABLE & ALT ENERGY | COST | 1,140,306. | | |
| RIVERSTONE GLOBAL ENERGRY & POWER OFFSHORE IV RIVERSTONE RENEWABLE & ALT ENERGY OFFSHORE II | COST | | 1,289,634 511,847 | |
| RIVERSTONE GLOBAL ENERGRY & POWER OFFSHORE IV RIVERSTONE RENEWABLE & ALT ENERGY | | 1,140,306. | | |

| FORM 990-PF | OTHER ASSETS | | STATEMENT 13 |
|---|---|---------------------|----------------------|
| DESCRIPTION | BEGINNING OF END OF YEAR FOR BOOK VALUE | | FAIR MARKET VALUE |
| ACCRUED INTEREST AND DIVIDENDS | 6,441. | 5,960. | 5,960. |
| TO FORM 990-PF, PART II, LINE 15 | 6,441. | 5,960. | 5,960. |
| | AND CONTRIBUTION DURING THE YEAR | S | STATEMENT 14 |
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELA AND PURPOSE O | | PIENT ATUS AMOUNT |
| BROADWAY COMMUNITY INC. 601 WEST 114TH ST. NEW YORK, NY 10025 | NONE GENERAL PURPOSE | PUBLIC CHARIT | • |
| CANCER INSTITUTE OF NJ FOUNDATION 120 ALBANY ST, TOWER TWO, 5TH FL NEW BRUNSWICK, NJ 08901 | NONE GENERAL PURPOSE | PUBLIC CHARIT | · |
| CENTRAL PARK CONSERVANCY 14 E 60TH ST. 8TH FLOOR NEW YORK, NY 10022 | NONE GENERAL PURPOSE | PUBLIC CHARIT | • |
| CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06320 | NONE SCIENCE EDUCATI | PUBLIC ON CHARIT | |
| FOOD BANK FOR NYC 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006 | NONE GENERAL PURPOSE | PUBLIC CHARI | |
| FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017 | NONE GENERAL PURPOSE | PUBLIC CHARI | • |

| THE MACMILLAN FAMILY FOUNDATION | , INC. C/ | • | | 48-1286405 |
|---|-----------------|---------|-------------------|------------|
| HAZELDEN FOUNDATION PO BOX 11 CENTER CITY, MN 55012 | NONE GENERAL | | PUBLIC CHARITY | 10,000. |
| INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540 | | PURPOSE | PUBLIC CHARITY | 330,000. |
| ISLES INC 10 WOOD STREET TRENTON, NJ 08618 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 250,000. |
| | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 500,000. |
| LEARNING LEADERS 80 MAIDEN LANE, STE. 1100 NEW YORK, NY 10038 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 7,500. |
| MCCARTER THEATRE 91 UNVERSITY PLACE PRINCETON, NJ 08540 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 10,000. |
| MEMORIAL SLOAN KETTERING 1275 YORK AVENUE NEW YORK, NY 10065 | | PURPOSE | PUBLIC CHARITY | 10,000. |
| METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 15,000. |
| MICHAEL J. FOX FOUNDATION CHURCH STREET STATION PO BOX 780 NEW YORK, NY 10008 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 10,000. |
| NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF THE AMERICAS NEW YORK, NY 10011 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 10,000. |

| , . | | | |
|--|--|-------------------|------------|
| THE MACMILLAN FAMILY FOUNDATION | , INC. C/ | | 48-1286405 |
| NEW YORK PRESBYTERIAN HOSPITAL 525 E 68TH ST NEW YORK, NY 10021 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 5,000. |
| PEDDIE SCHOOL PO BOX A SOUTH MAIN STREET HIGHSTOWN, NJ 08520 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 65,000. |
| PRINCETON ANNUAL FUND PO BOX 5357 PRINCETON, NJ 08543 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 5,000. |
| RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907 | | PUBLIC CHARITY | 7,500. |
| ROBERT PACKARD CENTER FOR ALS RESEARCH 5801 SMITH AVENUE, MCAULEY SUITE 110 BALTIMORE, MD 21209 | | PUBLIC CHARITY | 10,000. |
| ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FL NEW YORK, NY 10003 | | PUBLIC CHARITY | 10,000. |
| ROCKY MOUNTAIN INSTITUTE 1739 SNOWMASS CREEK RD SNOWMASS, CO 81654 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 5,000. |
| ROOM TO READ 111 SUTTER STREET, 16TH FLOOR SAN FRANCISCO, CA 94104 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 7,500. |
| RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE WINANTS HALL NEW BRUNSWICK, NJ 08901 | NONE FUND FOR NJ INSTITUTE FOR FOOD, NUTRITION & HEALTH | PUBLIC CHARITY | 2,000,000. |

NONE

GENERAL PURPOSE

7,500.

PUBLIC

CHARITY

SAVE THE CHILDREN-US PROGRAM

54 WILTON ROAD WESTPORT, CT

06880

| THE MACMILLAN FAMILY FOUNDATION | , INC. C/ | | | 48-1286405 |
|--|-----------------|---------|-------------------|------------|
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 10,000. |
| SUSAN G. KOMEN FOUNDATION PO BOX 27963 NEW YORK, NY 19987 | NONE GENERAL | PURPOSE | PUBLIC CHARITY | 10,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | | | 3,672,500. |

| • | S AND CONTRIBUTIONS ED FOR FUTURE PAYMENT | STA' | TEMENT 15 |
|--|---|---------------------|------------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW NEW LONDON, CT 06320 | NONE SCIENCE EDUCATION | PUBLIC CHARITY | 330,000. |
| INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 330,000. |
| ISLES INC 10 WOOD STREET TRENTON, NJ 08618 | NONE GENERAL PURPOSE | PUBLIC CHARITY | 250,000. |
| RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE WINANT HALL NEW BRUNSWICK, NJ 08901 | NONE FUND FOR NJ INSTITUTE FOR FOOD, NUTRITION & HEALTH | PUBLIC CHARITY | 8,000,000. |
| TOTAL TO FORM 990-PF, PART XV, | LINE 3B | | 3,910,000. |

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, complet | te only Pa | rt I and check this box | | | $\triangleright X$ |
|---------------------------|--|-------------|---|-----------|----------------------|--------------------|
| If you a | re filing for an Additional (Not Automatic) 3-Month Ext | tension, c | complete only Part II (on page 2 of this | form). | | |
| o not c | omplete Part II unless you have already been granted a | ın automa | tic 3-month extension on a previously fil | led Foi | m 8868 | |
| Electroni | c filing (e-file). You can electronically file Form 8868 if y | ou need a | 3-month automatic extension of time to | o file (6 | months for a co | orporation |
| | o file Form 990-T), or an additional (not automatic) 3-moi | | | | | |
| • | file any of the forms listed in Part I or Part II with the exc | | • | | • | |
| | Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| | | | (see instructions) To more details of the | ie eiec | ationic filing or tr | us ionii, |
| Part I | rs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time | | hmt original (no copies needed) | | | |
| | ation required to file Form 990-T and requesting an auton | | | nloto | | |
| Part I onl | • | natio o me | Mill extension scheek this box and con | picto | | |
| All other | r corporations (including 1120-C filers), partnerships, REM ome tax returns | ICs, and t | rusts must use Form 7004 to request an | exten | sion of time | |
| Type or | Name of exempt organization | | · · · · · · · · · · · · · · · · · · · | Emn | loyer identificat | ion number |
| | THE MACMILLAN FAMILY FOUNDA | иотта | TNC. | | ioyer identificat | ion number |
| orint | C/O GELLER FOS | 11 + 011 | , inc. | 1 | 8-128640 | 5 |
| ile by the | Number, street, and room or suite no If a P.O. box, s | eo inetrile | hone | -3 | 0-120040 | |
| lue date for ling your | 909 THIRD AVENUE, 16TH FLOO | | dons. | | | |
| eturn See | City, town or post office, state, and ZIP code. For a fo | | ress see instructions | | | |
| 131 00110110 | NEW YORK, NY 10022 | oreign add | ress, see instructions | | | |
| | 14211 102121 112 20022 | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 |
| | | , | | • | • | |
| Applicati | on | Return | Application | | | Return |
| s For | | Code | Is For | | | Code |
| orm 990 |) | 01 | Form 990-T (corporation) | | | 07 |
| orm 990 | | 02 | Form 1041-A | | | 08 |
| orm 990 | | 03 | Form 4720 | | | 09 |
| orm 990 | | 04 | Form 5227 | | | 10 |
| | 0-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | OT (trust other than above) | 06 | Form 8870 | | | 12 |
| Onn 330 | CHARLES POMO C | | | - | | 1 12 |
| . Tha b | ooks are in the care of ► 909 THIRD AVEN | | | NV | 10022 | |
| | none No ► 212 583-6066 | , I | FAX No ▶ 646-415-6336 | | 10022 | |
| | | 41 1 1 | | | | _ |
| | organization does not have an office or place of business | | | | | |
| | is for a Group Return, enter the organization's four digit | • | • | | _ | |
| oox 🕨 | . If it is for part of the group, check this box | | | | ers the extensio | n is for. |
| 1 I re | quest an automatic 3-month (6 months for a corporation | | | | | |
| | | t organiza | tion return for the organization named a | bove | The extension | |
| | or the organization's return for: | | | | | |
| | X calendar year 2010 or | | | | | |
| | tax year beginning | , an | d ending | | _ | |
| | | | | | | |
| 2 If t | ne tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return Fina | al retur | 'n | |
| L | Change in accounting period | | | | | |
| | | | | | | |
| | nis application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | | |
| | prefundable credits. See instructions. | | | 3a | \$ | 3,417. |
| | his application is for Form 990-PF, 990-T, 4720, or 6069 | - | | | | |
| | imated tax payments made Include any pnor year overp | | | 3b | \$ | <u>40,968.</u> |
| | lance due. Subtract line 3b from line 3a. Include your pa | | · · · · · · · · · · · · · · · · · · · | | | |
| | using EFTPS (Electronic Federal Tax Payment System). | | | _3c | \$ | 0. |
| | If you are going to make an electronic fund withdrawal | | orm 8868, see Form 8453-EO and Form | 8879- | | |
| LHA F | or Paperwork Reduction Act Notice, see Instructions | 3. | | | Form 8868 | (Rev. 1-2011) |

| Form 8868 (Rev. 1-2011) | | | | Page 2 |
|--|--------------------|--|---------------------------------------|-------------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ext | tension, d | complete only Part II and check this bo | x | . X |
| Note. Only complete Part II if you have already been granted an a | | | Form 8868 | |
| If you are filing for an Automatic 3-Month Extension, complet | | | | |
| Part II Additional (Not Automatic) 3-Month Ex | xtensio | n of Time. Only file the original (no co | opies needed). | |
| Name of exempt organization Type or Type or Type A COUTT TANK FAMILY FOUNDAME | | | Employer identific | cation number |
| LUE MACHIPPAN LAMIDI LOONDAI | TION, | INC. | 40 40064 | |
| 5 C/O GELLER FOS | | | 48-12864 | 105 |
| extended Number, street, and room or suite no if a P O. box, so | | tions. | | |
| filing your JOJ ITITED AVEINGE, TOTTI I HOOT | | | | |
| return See City, town or post office, state, and ZIP code For a for instructions NEW YORK, NY 10022 | oreign add | iress, see instructions | | |
| NEW YORK, NY 10022 | | | | |
| Enter the Return code for the return that this application is for (file | | to application for each return) | | 0 4 |
| Effet the Neturn code for the return that this application is for the | a separa | te application for each return) | | 0 4 |
| Application | Return | Application | | Return |
| Is For | Code | Is For | | Code |
| Form 990 | 01 | 10.0.0 | · · · · · · · · · · · · · · · · · · · | |
| 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 |
| STOPI Do not complete Part il if you were not already granted | an autor | natic 3-month extension on a previou | sly filed Form 8868 | |
| CHARLES POMO CA | | | | |
| • The books are in the care of ▶ 909 THIRD AVENU | JE, 1 | | | |
| Telephone No. ► 212 583-6066 | | FAX No ► <u>646-415-6336</u> | | . — |
| If the organization does not have an office or place of business | | | | • [] |
| If this is for a Group Return, enter the organization's four digit | • | | _ | • |
| box If it is for part of the group, check this box | | | members the extens | sion is for. |
| | MOVEM | BER 15, 2011. | | |
| 5 For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, c | hock rose | on: Initial return | Final return | - |
| If the tax year entered in line 5 is for less than 12 months, c Change in accounting period | iicck icas | on | rinarieturi | |
| 7 State in detail why you need the extension | | | | |
| ADDITIONAL TIME IS NEEDED FOR | THE ' | TAXPAYER TO GATHER T | HE DOCUMEN | ITS |
| REQUIRED TO FILE A COMPLETE AN | | | | |
| | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | |
| nonrefundable credits. See instructions. | | | 8a \$ | 3,417. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and estimated | | |
| tax payments made. Include any prior year overpayment all | owed as | a credit and any amount paid | | |
| previously with Form 8868. | | | 8b \$ | <u>40,968.</u> |
| c Balance due. Subtract line 8b from line 8a. Include your pa | yment wi | th this form, if required, by using | | |
| EFTPS (Electronic Federal Tax Payment System). See instru | | | 8c \$ | <u> </u> |
| • | | d Verification | | |
| Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo | ing accomp irm. | panying schedules and statements, and to the | e best of my knowledge | e and belief, |
| H_{\bullet} H_{\bullet} H_{\bullet} | | CD14 | 7 /: | Ph |
| Signature Mullim Title | | 71 | Date Form 66 | 160 (Pay 4 0044) |
| | | | Form 88 | 168 (Rev. 1·2011) |