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Form **990-PF** Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	calen	dar year 2011 or tax year	beginning			, and ending				
Name of foundation					A Employer identification number					
MCMILLEN FAMILY FOUNDATION								26-1593449		
Number and street (or P O box number if mail is not delivered to street address)  Room/suite							n/suite	B Telephone number		
		O SEA COVE D	RIVE					310-344-71	00	
		own, state, and ZIP code						C If exemption application is p	ending, check here	
		CHO PALOS VE		<u>CA 9</u>	0275					
G (	heck	"" ==	Initial return		Initial return of a fo	rmer public charity	/	<b>D</b> 1. Foreign organizations	s, check here	
		=	Final return		Amended return			Foreign organizations me 2. check here and attach co	eting the 85% test,	
<del></del>	hoole		Address cha	_*	L Name change kempt private foundation					
H	_	type of organization: L ction 4947(a)(1) nonexemp		` ` ;	dempt private foundation Other taxable private founda	tion		E If private foundation sta under section 507(b)(1)		
		rket value of all assets at e		J Accounti		Accrual		1		
		Part II, col (c), line 16)	ilu oi yeai		ther (specify)	Accidai		F If the foundation is in a under section 507(b)(1)	_	
	·\$	1.955	627	Part I, colu	mn (d) must be on cash b	pasis)			(b), chock hore	
_	art I	Analysis of Revenue and	Expenses		(a) Revenue and	(b) Net investri	nent	(c) Adjusted net	(d) Disbursements	
		The total of amounts in colum necessarily equal the amounts	nns (b), (c), and s ın column (a)	(d) may not )	expenses per books	income		income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants	s, etc., receiv	ed	675,000.			N/A		
	2	Check If the foundation	is not required to	attach Sch B						
	3	Interest on savings and tempor cash investments	rary		6,599.		<u>73.</u>		STATEMENT 1	
	4	Dividends and interest from	m securities		44,620.	44,	<u>620.</u>		STATEMENT 2	
1	5a	Gross rents								
	b	Net rental income or (loss)						0511/	0	
ā	6a	Net gain or (loss) from sale of a Gross sales price for all			378,134.		<del></del>	RECEIVE	<del></del>	
ent	b	assets on line 6a	1,762	,027.		270	124		12 (8)	
Revenue	7	Capital gain net income (from F				378,	134.	<del>                                    </del>	1001	
	8	Net short-term capital gair	1					164	- J&	
	9	Income modifications Gross sales less returns				<del></del>		OGDEN	UT	
	10a	and allowances	. <u> </u>					OGOL		
		Gross profit or (loss)	<u> </u>							
	11	Other income								
	12	Total. Add lines 1 through	111		1,104,353.	422,	827.			
	13	Compensation of officers, direct	ctors, trust <del>ee</del> s,	etc	0.		0.		0.	
	14	Other employee salaries a	nd wages							
	15	Pension plans, employee l								
ses	16a	Legal fees	ŞTI		4,100.		<u>0.</u>		4,100.	
Expense	b	Accounting fees	STI		6,471.		0.		650.	
Ä	C	Other professional fees	STI	MT 5	38,700.		0.		38,700.	
ţį	17	Interest	amı	em c	177.		<u> 122.</u>		0.	
Operating and Administrative	18	Taxes		MT 6	6,119.		<u>505.</u>		<u> </u>	
ij	19	Depreciation and depletion	ı							
√dπ	20	Occupancy Travel, conferences, and r	naatinge		-					
þ	22	Printing and publications	nocunya		-					
ā	23	Other expenses	STI	MT 7	1,776.	"	0.		1,183.	
ati.	24	Total operating and admi								
Jer.	- `	expenses. Add lines 13 th			57,343.		627.		44,633.	
ō	25	Contributions, gifts, grants			1,561,228.				1,561,228.	
	26	Total expenses and disbu	ırsements.							
		Add lines 24 and 25			1,618,571.		<u>627.</u>		1,605,861.	
	27	Subtract line 26 from line	12:							
	1	Excess of revenue over expens			-514,218.	400	000		<del> </del>	
		Net investment income (if				422,	<u>∠∪∪.</u>	NT / 3	<del>                                     </del>	
1235		Adjusted net income (if ne						N/A	Form <b>990-PF</b> (2011)	
00	<i>=</i>	I HA For Panerwork Re	tsA anitsuns	MOTICA CAA	INSTRUCTIONS			_ 4 .	.: FULLI 330-FF (2011)	

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1,605,861.

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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.

Enter qualifying distributions from Part XII, line 4

orm 990-PF (2011) MCMILLEN FAMILY FOUNDATION 26  Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-1593449 - see instr		Page 4 ns)
1a 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   X and enter 1%  of Part I, line 27b		4,2	<u> </u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 Add lines 1 and 2	<del> </del>	4,2	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del> </del>	4 2	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		4,4	22.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011  6a			
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c 5,500.			
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7		5 5	00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del> </del>		03.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,1	75.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax 11, 175. Refunded 11			0.
Part 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 intervene in	<u> </u>	Yes	No
any political campaign?	1a	ļ	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	ļ	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	r		
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1c	ऻ	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .			ĺ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ļ	1
managers. ► \$	2		x
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	^
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	<u> </u>	X
	N/A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
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:			İ
By language in the governing instrument, or			
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>		l	
remain in the governing instrument?	6_	<u> </u>	<del>                                     </del>
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<del> </del>
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)			
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	<u>8b</u>	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 calendar			
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	+	X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	<u>  10</u> Form <b>99</b>	n DE	

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orm'990-PF (2011) MCMILLEN FAMILY FOUNDATI	ON		<u> 26-1593</u>	<u>449</u>	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, .,		s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			İ	
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or i				
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 un		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instri	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check to			▶□□	ŀ	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					
expenditure responsibility for the grant?	Ŋ	N/A ∐ Y∈	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870	_	_			
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, rugniy	<b>y</b>		
List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>			
	1	(c) Compensation	(d) Contributions to	(6	Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	' acc	e) Expense count, other illowances
	to position	enter-0-)	compensation	+ a	ilowanices
	1				
SEE STATEMENT 9	1	0.	0		0.
JUL DIMILMANT J				+	
	1				
<del> </del>	1				
				+	
	1				
	1			}	
		<del>-</del>		<del>                                     </del>	
	<del>-</del>   			1	
	<del>-</del>				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."			
(a) Name and address of each ampleyed had more than \$50,000	(b) Title, and average	(-) Componentian	(d) Contributions to employee benefit plan and deferred	, (e	e) Expense count, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	aut	llowances
NONE				1	
	]				
		·			
				1	
				$\perp$	
	1			1	
				┷	
	1			1	
			<u> </u>		
otal number of other employees paid over \$50,000		<del></del>		-000	0
			Forn	1 99U-	<b>PF</b> (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	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 _	2,303,326.
b	Average of monthly cash balances	1b	2,303,326. 73,977.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,377,303.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	_ 2	0.
3	Subtract line 2 from line 1d	3	2,377,303.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,660.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,341,643.
6	Minimum investment return. Enter 5% of line 5	6	117,082.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	1
1	Minimum investment return from Part X, line 6	1	117,082.
2a	Tax on investment income for 2011 from Part VI, line 5		<b>.</b>
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,222.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	112,860.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	112,860.
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	112,860.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,605,861.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,605,861.
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	4,222.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,601,639.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see	e instructions)	<del></del>		
	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d)</b> 2011
1 Distributable amount for 2011 from Part XI, line 7				112,860.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:				
		0.		<u> </u>
3 Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006				
<b>b</b> From 2007				
c From 2008 353,750.				
d From 2009 479,953.				
e From 2010 1,340,607.				
f Total of lines 3a through e	2,174,310.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 1,605,861.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				112,860.
e Remaining amount distributed out of corpus	1,493,001.			
5 Excess distributions carryover applied to 2011 (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	3,667,311.			
<b>b</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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.		<u> </u>	0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				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 2006				
not applied on line 5 or line 7	0.			<del>,</del> <del> </del>
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	3,667,311.			<del></del>
10 Analysis of line 9:				
a Excess from 2007				
<b>b</b> Excess from 2008 353,750.				
c Excess from 2009 479,953.				

d Excess from 2010 e Excess from 2011

	N FAMILY FO		I A		6-1593449	Page 10
Part XIV Private Operating F			I-A, question 9)	N/A		
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective for	•	-	▶ ∟		1040005	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	8 (e) Total	1
income from Part I or the minimum	(a) 2011	(0) 2010	(6) 2003	(4) 200	(0) 10(2)	
investment return from Part X for						
each year listed						
<b>b</b> 85% of line 2a	==				<del></del>	
c Qualifying distributions from Part XII,						
line 4 for each year listed				<del></del>		
d Amounts included in line 2c not						
used directly for active conduct of exempt activities						
e Qualifying distributions made directly			<del>                                     </del>		-	
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the			-			
alternative test relied upon:						
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>						
` '	-		-			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
<b>b</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		İ				
512(a)(5)), or royalties)						
(2) Support from general public			1			
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(III)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info			if the founda	ation had \$5,000	) or more in asset	ts
at any time during t		ructions.)				
1 Information Regarding Foundation	_					
a List any managers of the foundation wh year (but only if they have contributed n			tributions received	by the foundation beto	re the close of any tax	
, , , , , , , , , , , , , , , , , , , ,	1010 than \$0,000). (000 t	001(0)(2).)				
KARL MCMILLEN JR b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	(or an equally large	nortion of the owners	hin of a nartnership or	
other entity) of which the foundation has			(or an equally large	portion of the owners	mp or a partitional p or	
NONE	-					
2 Information Regarding Contributi	on. Grant. Gift. Loan	. Scholarship, etc., P	rograms:			
		•	-	does not accept unsole	cited requests for funds. If	f
the foundation makes gifts, grants, etc.						
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:			
SEE STATEMENT 10						
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they s	hould include:			
c Any submission deadlines:						
d Any restrictions or limitations on awards	s such as hy geographic	al areas, charitable fields	kinds of institution	ns, or other factors		
u Any restrictions of littlications of awaits	o, saun as by geographic	a, a, ouo, ona nabio neios	,	, 3. 3 140.0.0.		
					Form QQA_DE	= (2014)

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Enter gross amounts unless otherwise indicated.	Unrelated t	Unrelated business income Excluded b			(e)
4 Dece	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue:	code		code		
a		<del></del>	+	-··- <del></del>	<del></del>
b		·	<del>                                     </del>		
c			<del>                                     </del>		
d					
e		<del></del>			
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	6,599.	
Dividends and interest from securities			14	44,620.	
Net rental income or (loss) from real estate:		·		11/0200	
a Debt-financed property			+ +		
b Not debt-financed property	ļ	·	+ +	····	·
			+		
Net rental income or (loss) from personal				1	
property		<del></del>	+		
Other investment income		<del></del>	<del> </del>		<del></del>
Gain or (loss) from sales of assets other				252 124	
than inventory			18	378,134.	· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			<del>                                     </del>		
Other revenue:					
a					
b			<del>                                     </del>		
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0	<u>.l</u>	429,353.	
				13	429,35
Total. Add line 12, columns (b), (d), and (e)	ons.)				
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations and the second	ties to the Accon				
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activity	ties to the Accom	column (e) of Part XVI-			olishment of
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			olishment of
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			olishment of
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			olishment of
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Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			olishment of
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			olishment of
Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B Relationship of Activitine No. Explain below how each activity for whi	ties to the Accom	column (e) of Part XVI-			plishment of
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<del></del>						
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	2a Is the four	ndation directly or indirect	tly affiliated with or related to on	e or more tay-eyempt organiz	ations described			
b If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see nist)?  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer  Use Only  Prim's address ▶ 21300 VICTORY BLVD., #520  WOODLAND HILLS, CA 91367  Phone no. 818-501-2833  Form 990-PF (2011)					ations described	Yes	X	] No
(a) Name of organization  N/A    N/A   Name of organization   (c) Description of relationship				311011 021				
N/A  Sign   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is truef correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is truef correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge preparer.    May the IRS discuss this return with the preparer is more preparer in the print/Type preparer's name   Preparer's samplare   Date   Check   if self-employed   PTIN	<u> </u>			(b) Type of organization	(c) Description of relation	nship		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true; correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?    PRESIDENT		<u>`</u>		1				
Sign Here    Signature of officer or trustee	<del></del>							
Sign Here    Signature of officer or trustee		<del></del>	<del></del>					
Sign Here    Signature of officer or trustee		<del></del>					_	
Sign Here    Signature of officer or trustee	<del></del>					_		
Print/Type preparer's name   Preparer's sharafter   Print/Type preparer's name   Print/Type preparer's name   Preparer's sharafter   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Print/Type preparer's name   Print/Type preparer's name   Print/Ty						Apy the IDS d	icones (	bie
Here Signature of officer or trustee  Print/Type preparer's name  Preparer Use Only  Prim's address ▶ 21300 VICTORY BLVD., #520 WOODLAND HILLS, CA 91367  PRESIDENT Title    Value	Sign and be	elief it is true, correct, and con	nplete Declaration of preparer (other the	an taxpayer) is based on all informa	ation of which preparer has any knowledge	sturn with the	prepar	er [
Paid Print/Type preparer's name  Preparer Use Only  Prim's address ▶ 21300 VICTORY BLVD., #520 WOODLAND HILLS, CA 91367  Both Title    Date   Date   Check   if self-employed   PTIN	Here	Las B. M	Kallen h.	16/2/12	PRESIDENT		(300 1113	7 I
Paid Preparer Use Only  Firm's address ► 21300 VICTORY BLVD., #520 WOODLAND HILLS, CA 91367  Woodland Hills, CA 91367  Self- employed P00380589  Pous Self- employed P00380589  Pous Self- employed P00380589  Pous Self- employed P00380589  Pous Self- employed Pous Se		ature of officer or trustee		Date				3
Paid Preparer Use Only    DANIEL J. FIORITO   P00380589		Print/Type preparer's na	ame Preparer's	<u> </u>	Date Check if PTIN			
Preparer Use Only Firm's name ▶ BLOCK, PLANT, EISNER, FIORITO, ET AL. Firm's EIN ▶ 95-4083514  Firm's address ▶ 21300 VICTORY BLVD., #520 WOODLAND HILLS, CA 91367  Phone no. 818-501-2833  Form 990-PF (2011)				/// \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Self- employed			
Preparer Use Only Firm's address ► 21300 VICTORY BLVD., #520 WOODLAND HILLS, CA 91367  Firm's address ► 818-501-2833 Form 990-PF (2011)	Paid	DANIEL J.	FIORITO M	$\langle 1 \rangle \sim 4 \rangle$	$\Gamma$ $ \gamma $ $ \gamma $	00380	589	
Use Only    Firm's address   21300 VICTORY BLVD., #520								
Firm's address ► 21300 VICTORY BLVD., #520  WOODLAND HILLS, CA 91367 Phone no. 818-501-2833  Form 990-PF (2011)	-						-	
WOODLAND HILLS, CA 91367 Phone no. 818-501-2833 Form 990-PF (2011)	•	Firm's address ▶ 21	300 VICTORY BLV	/D., #520				
Form <b>990-PF</b> (2011)					Phone no. 818 -	<u>-501-</u>	283	3_
		<u> </u>						

EXTENSION ATTACHED

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

	MCMILLEN FAMILY FOUNDATION	26-1593449				
Organization type (chec	:k one).					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation	l				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor implete Parts I and II.	e (in money or property) from any one				
Special Rules						
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one one one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.					
contributions for If this box is ch purpose. Do no	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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
	on that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or c					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

Name of organization

Employer identification number

## MCMILLEN FAMILY FOUNDATION

26-1593449

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KARL MCMILLEN JR  6490 SEA COVE DRIVE  RANCHO PALOS VERDES, CA 90275	\$675,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

55983\_\_1

lame of organization

Employer identification number

#### MCMILLEN FAMILY FOUNDATION

26-1593449

MIL	LEN FAMILY FOUNDATION		1593449
art II	Noncash Property (see instructions). Use duplicate copies of P.	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SEE ATTACHED SCHEDULE		
1			
		\$ 650,000.	12/19/11
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		\$	<del> </del>
(a) No.	/h)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(a) Date received
Part I		(see instructions)	<u></u>
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(See Ilisu dodolis)	
		\$	
(a) No.	<i>(</i>  -)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	· · · · · ·	(see instructions)	
		\$	<del></del>
(a) No.	(b)	(c)	(d)
from	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see insuluctions)	
		_	
		\$	

Name of orga	nization		Employer identification number
MCMILL Part III	EN FAMILY FOUNDATION  Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional and the second secon	ridual contributions to section 501(c)( ne following line entry. For organization c., contributions of \$1,000 or less for to	26-1593449  (7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	-	Relationship of transferor to transferee

FORM 990-PF	OTHER PROFES	SIONAL FEES		ratement 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	38,700.	0.		38,700.	
TO FORM 990-PF, PG 1, LN 16C	38,700.			38,700.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES STATE TAXES TAX ON INVESTMENT INCOME	505. 160. 5,454.	0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	6,119.	505.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE PUBLIC RELATIONS MEMBERSHIPS	96. 1,087. 500. 93.	0. 0.		96. 1,087. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	1,776.	0.		1,183.	

HOUSE OF HOPE 245 WIDTH ST 245 WIDTH ST 245 WIDTH ST 245 WIDTH ST 246 WIDTH ST 247 WIDTH ST 248 WIDTH ST 248 WIDTH ST 249 WIDTH ST 249 WIDTH ST 249 WIDTH ST 249 WIDTH ST 240	Part XV Supplementary Information				
Rame and address (home or busness)  show any relationship to sixtuated or controlled o			<u></u>		<del></del>
HOUSE OF HOPE 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 245 W 109T ST 246 M 109T ST 246 M 109T ST 247 W 109T ST 247 W 109T ST 248 W 109T ST 24	<u> </u>	show any relationship to		Purpose of grant or contribution	Amount
AND PERFORMANCE CA 99791  AND PERFORMANCE CA 99791  AND PERFORMANCE CA 99791  AND PUBLIC CHARITY PUND WOMEN'S RECOVERY CENTER  BAN PERRO, CA 90791  AND PUBLIC CHARITY PUND WOMEN'S RECOVERY CENTER  BAN PERRO, CA 92651  AND PUBLIC CHARITY PUND THE ADMITTANCE OF ADDITIONAL GIRLS INTO THE PROGRAM 240  BERVICE CONNECTION  SERVICE CONNECTION  BAN PUBLIC CHARITY PUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY  PROSPECT AVE \$209  BAN PERRO, CA 90791  T. HOMILLEN CENTER FOR CHEMICAL DEFENDENCY AT TORRANCE MEMORIAL 3333 SKYRAKE MAINE BY PUBLIC CHARITY PUND THE INTAKE CONNECTION FOR RECOVERY PROGRAM 5330 LOMITA BLVD, WEST TOWER, 4TH HOSPITAL HEALTHCARE MAIN BOST TORRANCE AS 9505  TORRANCE MEMORIAL HEALTHCARE  N/A  AND PUBLIC CHARITY PUND THE INTAKE CONNECTED FOR RECOVERY PROGRAM 5330 LOMITA BLVD, WEST TOWER, 4TH HOSPITAL HEALTHCARE N/A HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND WOMEN'S RECOVERY PROGRAMS  JULIA CENTER, INC.  PUBLIC CHARITY PUND WOMEN'S RECOVERY PROGRAMS  202					
AND PERFORMANCE CA 99791  AND PERFORMANCE CA 99791  AND PERFORMANCE CA 99791  AND PUBLIC CHARITY PUND WOMEN'S RECOVERY CENTER  BAN PERRO, CA 90791  AND PUBLIC CHARITY PUND WOMEN'S RECOVERY CENTER  BAN PERRO, CA 92651  AND PUBLIC CHARITY PUND THE ADMITTANCE OF ADDITIONAL GIRLS INTO THE PROGRAM 240  BERVICE CONNECTION  SERVICE CONNECTION  BAN PUBLIC CHARITY PUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY  PROSPECT AVE \$209  BAN PERRO, CA 90791  T. HOMILLEN CENTER FOR CHEMICAL DEFENDENCY AT TORRANCE MEMORIAL 3333 SKYRAKE MAINE BY PUBLIC CHARITY PUND THE INTAKE CONNECTION FOR RECOVERY PROGRAM 5330 LOMITA BLVD, WEST TOWER, 4TH HOSPITAL HEALTHCARE MAIN BOST TORRANCE AS 9505  TORRANCE MEMORIAL HEALTHCARE  N/A  AND PUBLIC CHARITY PUND THE INTAKE CONNECTED FOR RECOVERY PROGRAM 5330 LOMITA BLVD, WEST TOWER, 4TH HOSPITAL HEALTHCARE N/A HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND THE PREMIUM OF K HOSPITAL PUND WOMEN'S RECOVERY PROGRAMS  JULIA CENTER, INC.  PUBLIC CHARITY PUND WOMEN'S RECOVERY PROGRAMS  202					
SAN PEDRO, CA 90731  LYNN HOUSE 668 N. COAST HWY #1250 LAGUNA BEACH, CA 92651  PATHWAYS TO INDEPENDENCE PO BOX 43  LOS ALAMITOS, CA 90720  SERVICE CONNECTION 510 N. PROSPECT AVE #209 REDONGO BEACH, CA 90277  SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731  N/A  PUBLIC CHARITY FUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731  N/A  PUBLIC CHARITY FUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731  N/A  PUBLIC CHARITY FUND TREATMENT FOR SUBSTANCE ADUSE  11  TOTAGE SUBSTANCE ADUSE STREET SUBSTANCE ADUSE STREET SUBSTANCE ADUSE STREET SUBSTANCE ADUSE STREET SUBSTANCE ADUSE STREET SUBSTANCE ADUSE TOGRANCE MEMORIAL STREET SUBSTANCE ADUSE STREET SUBSTANCE ADUSE SUBSTANCE TOTAGE SUBSTANCE ADUSE SUBSTANCE SUB		N/A	PUBLIC CHARITY	1	
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PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720  SERVICE CONNECTION SIO N. PROSPECT AVE #209 REDONDO BEACH, CA 90277  SHAWL HOUSE P.O. BOX 948 SAN PERO, CA 90731 T. MCHILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 333 SKYPARK DRIVE FORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE ROUNDATION 1330 LOWITA BLVD, WEST TOWER, 4TH PLOOR TORRANCE, CA 90505  VILLA CENTER, INC. N/A  PUBLIC CHARITY FUND THE ADMITTANCE OF ADDITIONAL CRILE TO THE POWNER OF ADDITIONAL CRILE TO THE ADMITTANCE OF ADDITIONAL CRILE TOWN CONTROL CHARITY FUND TREATMENT FOR SUBSTANCE ABUSE  131  132  133  134  135  135  136  137  138  138  139  139  139  139  139  139	668 N. COAST HWY #1250			CENTER	
ADDITIONAL GIRLS INTO THE PROGRAM 240  SERVICE CONNECTION N/A PUBLIC CHARITY FUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731 71, MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE MEMORIAL PROGRAMS 75  TORRANCE MEMORIAL HEALTHCARE N/A NOT-FOR-PROPIT FUND THE FREMIUM OF K HOSPITAL MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 1330 LOMITA BLVD, WEST TOWER, 4TH PLOOR TORRANCE, CA 90505 72  VILLA CENTER, INC. N/A PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS 255  VILLA CENTER, INC. N/A PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS 255	LAGUNA BEACH, CA 92651				36,000
ADDITIONAL GIRLS INTO THE PROGRAM 240  SERVICE CONNECTION N/A PUBLIC CHARITY FUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731 71, MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE MEMORIAL PROGRAMS 75  TORRANCE MEMORIAL HEALTHCARE N/A NOT-FOR-PROPIT FUND THE FREMIUM OF K HOSPITAL MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 1330 LOMITA BLVD, WEST TOWER, 4TH PLOOR TORRANCE, CA 90505 72  VILLA CENTER, INC. N/A PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS 255  VILLA CENTER, INC. N/A PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS 255	DAMINING MO TANDEDDAMINA				
LOS ALAMITOS, CA 90720  THE PROGRAM  240  SERVICE CONNECTION  N/A  PUBLIC CHARITY FUND EDUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY  15  SHAWL HOUSE P.O. BOX 948  SAN PEDRO, CA 90731  T. MCHILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION BIOLOGY AT TOWER, 4TH FLOOR TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE POUNDATION BIOLOGY AT TOWER, 4TH FLOOR TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE POUNDATION BIOLOGY BEQUEATHED TO THE FOUNDATION  202  VILLA CENTER, INC.  N/A  PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS  25	,	N/A	PUBLIC CHARITY	1	
SERVICE CONNECTION 510 N. PROSPECT AVE \$209 REDONDO BEACH . CA 90277  SHAWL HOUSE P.O. BOX 948 SAN FEDRO, CA 90731  T. MCMILLEN CENTER FOR CHEMICAL DEFENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LONITA BLVD, WEST TOWER, 4TH FOUNDATION 3330 LONITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. 93NTA ANA, CA 92701  PUBLIC CHARITY FUND THE DUCATIONAL CONFERENCE ON ALCOHOL AND DRUG RECOVERY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  NOT-FOR-PROFIT FUND THE PREMIUM OF K HOSPITAL MOTHER INS POLICY BEQUEATHED TO THE FOUNDATION 202					240,000
SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731 T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505 TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  CONFERENCE ON ALCOHOL AND DRUG RECOVERY 15  CONFERENCE ON ALCOHOL AND DRUG RECOVERY FUND TREATMENT FOR SUBSTANCE ABUSE  31  AVA  PUBLIC CHARITY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  55  TORRANCE MEMORIAL HEALTHCARE N/A NOT-FOR-PROFIT HOSPITAL HOSPITAL FUND THE FOUNDATION 202  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  25				THE PROGRAM	240,000
REDONDO BEACH , CA 90277  AND DRUG RECOVERY  15  SHAWL HOUSE	SERVICE CONNECTION	N/A	PUBLIC CHARITY	FUND EDUCATIONAL	
SHAWL HOUSE P.O. BOX 948 SAN PEDRO, CA 90731 T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505 TORRANCE MEMORIAL HEALTHCARE FOUNDATION S1330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  N/A  PUBLIC CHARITY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  NOT-FOR-PROPIT HOSPITAL MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202	510 N. PROSPECT AVE #209			CONFERENCE ON ALCOHOL	
P.O. BOX 948  SAN PEDRO, CA 90731  T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH PLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  SUBSTANCE ABUSE  SUBSTANCE ABUSE  31  N/A  PUBLIC CHARITY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  55  N/A  NOT-FOR-PROFIT HOSPITAL MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202  202  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  25	REDONDO BEACH CA 90277			AND DRUG RECOVERY	15,000
P.O. BOX 948  SAN PEDRO, CA 90731  T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH PLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  SUBSTANCE ABUSE  SUBSTANCE ABUSE  31  N/A  PUBLIC CHARITY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  55  N/A  NOT-FOR-PROFIT HOSPITAL MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202  202  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  25	SHAMI HOIISE	N / 3	DUDI TO CUADIMY	EIDID INDENTIVENT BOD	
SAN PEDRO, CA 90731  T. MCMILLEN CENTER FOR CHEMICAL DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARR DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  31  PUBLIC CHARITY FUND THE INTAKE COUNSELOR FOR RECOVERY PROGRAM  NOT-FOR-PROFIT FUND THE PREMIUM OF K MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202		N/A	FOBBIC CHARITI		
DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  COUNSELOR FOR RECOVERY PROGRAM  55  TORRANCE MEMORIAL HEALTHCARE N/A NOT-FOR-PROFIT FUND THE PREMIUM OF K MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202  VILLA CENTER, INC. PUBLIC CHARITY PROGRAMS 25					31,200
DEPENDENCY AT TORRANCE MEMORIAL 3333 SKYPARK DRIVE TORRANCE, CA 90505  TORRANCE MEMORIAL HEALTHCARE FOUNDATION 3330 LOMITA BLVD, WEST TOWER, 4TH FLOOR TORRANCE, CA 90505  VILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  COUNSELOR FOR RECOVERY PROGRAM  55  TORRANCE MEMORIAL HEALTHCARE N/A NOT-FOR-PROFIT FUND THE PREMIUM OF K MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION 202  VILLA CENTER, INC. PUBLIC CHARITY PROGRAMS 25	T. MCMILLEN CENTER FOR CHEMICAL	N/A	PUBLIC CHARITY	FUND THE INTAKE	
TORRANCE MEMORIAL HEALTHCARE  TORRANCE MEMORIAL HEALTHCARE  N/A  NOT-FOR-PROFIT  HOSPITAL  MCMILLENS LIFE INS  POLICY BEQUEATHED TO  THE FOUNDATION  202  VILLA CENTER, INC.  PUBLIC CHARITY  PROGRAMS  SANTA ANA, CA 92701  25	DEPENDENCY AT TORRANCE MEMORIAL			COUNSELOR FOR RECOVERY	
TORRANCE MEMORIAL HEALTHCARE  N/A  NOT-FOR-PROFIT HOSPITAL  MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION  202  VILLA CENTER, INC.  N/A  PUBLIC CHARITY PROGRAMS  SANTA ANA, CA 92701  N/A  PUBLIC CHARITY PROGRAMS  25	3333 SKYPARK DRIVE			PROGRAM	
FOUNDATION  3330 LOMITA BLVD, WEST TOWER, 4TH  FLOOR TORRANCE, CA 90505  WILLA CENTER, INC. 910 N. FRENCH ST. SANTA ANA, CA 92701  HOSPITAL  MCMILLENS LIFE INS POLICY BEQUEATHED TO THE FOUNDATION  202  PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS  25	TORRANCE, CA 90505		<u> </u>		55,000
POLICY BEQUEATHED TO THE FOUNDATION 202  VILLA CENTER, INC.  910 N. FRENCH ST.  SANTA ANA, CA 92701  PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS  25	TORRANCE MEMORIAL HEALTHCARE	N/A	NOT-FOR-PROFIT	FUND THE PREMIUM OF K	
FLOOR TORRANCE, CA 90505  VILLA CENTER, INC.  PUBLIC CHARITY PROGRAMS  SANTA ANA, CA 92701  THE FOUNDATION  202  PUBLIC CHARITY PROGRAMS  25	FOUNDATION		HOSPITAL	MCMILLENS LIFE INS	
VILLA CENTER, INC.  N/A  PUBLIC CHARITY FUND WOMEN'S RECOVERY PROGRAMS  25  25				POLICY BEQUEATHED TO	
910 N. FRENCH ST. PROGRAMS 25	FLOOR TORRANCE, CA 90505			THE FOUNDATION	202,500
910 N. FRENCH ST. PROGRAMS 25	VILLA CENTER INC.	N/A	PIIBLIC CHARTTY	FIND WOMEN'S RECOVERY	
	·	,			
	SANTA ANA, CA 92701				25,000
Total from continuation sheets 624	Total from continuation sheets		L		624,700

McMillen Family Foundation							
Gains/Loss Schedule							
Wells Fargo #1671	†						
12/31/2011							
12/3 1/20 1 1							
Short Term							
	Qty	Cost		Date acquired	Date sold	Proceeds	Gain/Loss
Amazon com	336	40,396 00	D	Various	2/11/2011	63,278.00	22,882 00
American Express	191	7,498 00	D	10/14/2010	3/10/2011	8,444.00	946 00
Apple, Inc	10	2,599.00	D	Various	5/13/2011	3,426.00	827 00
California Sr 5 125%	50,000	50,385.00	D	10/28/2010	3/1/2011	50,000.00	(385 00)
Cummins, Inc.	959	67,446.00	D	Various	5/11/2011	109,243 00	41,797 00
Ford Motor Co	2,788	32,778.00	D	Various	3/10/2011	39,240 00	6,462.00
F5 Networks	494	35,862.00	D	Various	2/11/2011	62,763 00	26,901.00
Gilroy CA Uni Sch Dist 5.0%	100,000	103,657.00	D	10/28/2010	1/13/2011	90,845.00	(12,812.00)
Kern CA High Sch Dist 5 0%	80,000	85,583.00	D	10/29/2010	1/13/2011	77,415.00	(8,168.00)
San Diego Cnty CA Wtr Auth 5.0%	100,000	108,041.00	D	10/30/2010	1/12/2011	94,877.00	(13,164.00)
		<del></del>					
Total Short Term		534,245 00				599,531 00	65,286.00
Long Term	-						
Long reim	Qty	Cost		Date acquired	Date sold	Proceeds	Gain/Loss
Amazon com	289	23,504.00	D		2/11/2011	54,409.00	30,905 00
American Express	1,745	49,685.00	D	Various	3/10/2011	77,148 00	27,463 00
Apple, Inc	735	148,131.00	D	Various	Various	253,046 00	104,915 00
Chevron	1,000	62,168 00	D	Various	8/26/2011	96,921 00	34,753 00
Ford Motor Co	4,331	32,943.00	D	1	3/10/2011	60,957.00	28,014.00
Ishares Barclays ETF 1-3 Yr Treas BD FD	2,016	171,385.00	P		Various	169,668.00	(1,717.00)
Priceline com	211	34,013.00	D		2/11/2011	95,899 00	61,886.00
SPDR S&P 500 Trust	800	70,729.00	P		9/29/2011	92,973.00	22,244.00
Vanguard Short Term Bond ETF	3,200	257,089.00	D	<del> </del>	Various	260,243.00	3,154 00
	,		1-			, -	-,
Total Long Term		849,647.00				1,161,264.00	311,617.00
Totals		1,383,892.00				1,760,795.00	376,903 00
			<u> </u>				
D = Donated			_			ļ	<del>- </del>
P = Purchased	J			<u> </u>	<u> </u>		

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McMillen Family Foundation Non Cash Donations to Foundation 2011

		Donor's	Date of	FMV
<u>Security</u>	Qty	Cost	<b>Donation</b>	<u>Value</u>
Advisory Board Co. (ABCO)	225	5,533 00	12/19/11	15,971.00
Affiliated Managers Grp (AMG)	115	2,686 00	12/19/11	10,312 00
Apple (AAPL)	650	224,715 00	12/19/11	248,437.00
Baidu (BIDU)	281	20,548.00	12/19/11	31,317.00
Chevron (CVX)	334	20,781.00	12/19/11	33,306.00
Diageo PLC - ADR (DEO)	2	94.00	12/19/11	168.00
Dril-Quip, Inc (DRQ)	300	6,795.00	12/19/11	18,747 00
SPDR Gold Trust (GLD)	276	25,045.00	12/19/11	42,744 00
Google (GOOG)	25	14,416.00	12/19/11	15,546.00
IBM (IBM)	342	41,471.00	12/19/11	62,548.00
Kirby Corp (KEX)	400	10,679.00	12/19/11	25,120.00
Mastercard (MA)	149	39,415.00	12/19/11	53,452.00
Manhattan Associates (MANH)	80	1,209 00	12/19/11	3,435 00
Novo Nordisk A/S - ADR (NVO)	240	19,428.00	12/19/11	27,110.00
Precision Castparts Corp (PCP)	124	15,350.00	12/19/11	19,344.00
Peets Coffee & Tea Inc (PEET)	165	3,264.00	12/19/11	9,852.00
PPG Industries (PPG)	3	131.00	12/19/11	237.00
Raven Inds Inc (RAVN)	180	4,213 00	12/19/11	10,942.00
Phillip Morris International (PM)	281	13,743.00	12/19/11	21,412 00
	•	469,516.00	-	650,000 00

FORM 990-PF INTEREST ON SAV	INGS AN	D TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
WELLS FARGO-9647 WELLS FARGO-9769						6,5	36. 63.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			6,5	99.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	)
WELLS FARGO-9769	_	·-	45,851.		1,231.	44,620	
TOTAL TO FM 990-PF, PART I,	LN 4 =		45,851.		1,231.	44,6	20.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
LEGAL FEES	4	,100.		0.		4,1	00.
TO FM 990-PF, PG 1, LN 16A	4	,100.		0.		4,1	00.
FORM 990-PF	ACC	OUNTI	NG FEES	<del></del>		STATEMENT	4
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	6	,471.		0.	<del></del>	6	50.
TO FORM 990-PF, PG 1, LN 16B	6	,471.		0.		6	50.

FORM 990-PF CO	DRPORATE STOCK			STATE	EMENT	8	
DESCRIPTION		BOOK VA	LUI		MARKE'	r	
INVESTMENTS		1,558	, 9'	75. 1	,927,579.		
TOTAL TO FORM 990-PF, PART II, LIN	NE 10B	1,558	,9'	75. 1	1,927,579		
FORM 990-PF PART VIII - LIST TRUSTEES AND	r OF OFFICERS, D FOUNDATION MANA			STATI	EMENT	9	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EMPLOYEE BEN PLAN CONTRIB			
KARL MCMILLEN JR 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	DIRECTOR/PRESI		0.	0.		0.	
CAROL MCMILLEN 6490 SEA COVE DRIVE RANCHO PALOS VERDES, CA 90275	DIRECTOR/SECRE 0.00		0.	0.		0.	
GARY MICHEL 9401 WILSHIRE BLVD #900 BEVERLY HILLS, CA 90212	DIRECTOR 0.00		0.	0.		0.	
DANIEL FIORITO 16542 VENTURA BLVD #300 ENCINO, CA 91436	DIRECTOR 0.00		0.	0.		0.	
DAVID BISHOP 5267 WARNER AVE #184 HUNTINGTON BEACH, CA 92649	DIRECTOR 0.00		0.	0.		0.	
MERLE COUNTRYMAN 601 PASEO DE LA PLAZA TORRANCE, CA 90277	DIRECTOR 0.00		0.	0.		0.	
MOE GELBART 3333 SKYPARK DRIVE TORRANCE, CA 90505	DIRECTOR 0.00		0.	0.		0.	
SHANNON MCMILLEN 801 E ORANGEWOOD BUILDING L #265 ANAHEIM, CA 92802	DIRECTOR 0.00		0.	0.		0.	
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII		0.	0.		0.	

FORM 990-PF

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

STATEMENT

10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

310-344-7100

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NOT AVAILABLE

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

### Form **8868**

(Rev. January 2012)
Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

				-		<del></del>		
	are filing for an Automatic 3-Month Extension, comple	-					<b>■</b> X	
	are filing for an Additional (Not Automatic) 3-Month Ex							
	omplete Part II unless you have already been granted		·	-				
	ic filing (e-file). You can electronically file Form 8868 if y							
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form	88	368 to request an	extension	
of time to	ofile any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Transfer	s A	Associated With C	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details o	on the e	lec	tronic filing of this	s form,	
	v.irs.gov/efile and click on e-file for Chanties & Nonprofits					<u> </u>		
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	<u>eded).</u>				
A corpora	ation required to file Form 990-T and requesting an autoi	matic 6-mo	onth extension - check this box and	complet	e			
Part I onl	ly							
All other	corporations (including 1120-C filers), partnerships, REM	fiCs, and t	rusts must use Form 7004 to reques	t an ext	en	sion of time		
to file inc	ome tax returns.							
Type or	Name of exempt organization or other filer, see instru	ictions		Employ	yer	dentification nur	mber (EIN) or	
print								
	MCMILLEN FAMILY FOUNDATION			X	X 26-1593449			
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social	se	curity number (SS	SN)	
filing your return See	6490 SEA COVE DRIVE							
instructions	City, town or post office, state, and ZIP code For a fe	oreign add	Iress, see instructions.					
		0275						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				0 4	
	(iii		,	•		••		
Applicat	ion	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990	<u> </u>	01	Form 990-T (corporation)				07	
Form 990		02	Form 1041-A				08	
Form 990		01	Form 4720				09	
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227				10	
				-			11	
	O-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069	12				
rom 990	O-T (trust other than above)	-	Form 8870					
• -			R, FIORITO AND B	штт	т	C CA 01:	267	
	ooks are in the care of $\triangleright$ 21300 VICTORY	מראח י		UTT	<u> 11</u>	5, CA 913	567	
-	hone No. ► (818)501-2833		FAX No. ▶					
	organization does not have an office or place of busines						<b>-</b>	
	is for a Group Return, enter the organization's four digit	_ '	· · · · · · · · · · · · · · · · · · ·			<b>.</b>	•	
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs o		nb	<u>ers the extension</u>	is for.	
1 Ire	equest an automatic 3-month (6 months for a corporation	•	•					
	<del></del>	ot organiza	tion return for the organization name	ed abov	е	The extension		
	or the organization's return for							
	X calendar year <u>2011</u> or							
	tax year beginning	, an	nd ending			<del></del> ·		
2  f t	he tax year entered in line 1 is for less than 12 months, $\alpha$	check reas	on: Initial return	Final ref	tur	n		
	Change in accounting period							
					_			
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
noi	nrefundable credits. See instructions.			3	а	\$	<u>5,500.</u>	
b If ti	his 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 allowed as a credit				_3	b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa			1				
	using EFTPS (Electronic Federal Tax Payment System)			3.	c	\$	5,500.	
	If you are going to make an electronic fund withdrawal				_	L-Y		
	or Privacy Act and Paperwork Reduction Act Notice						(Rev. 1-2012)	
_ · · _ F	of Firedy Act and Paper work reduction Act Notice;	, III-u	www.roi			5550	· · - · · · - · · - · /	

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