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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

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation MIKE MILLER FOUNDATION		A Employer identification number 30-0015773	
Number and street (or P O box number if mail is not delivered to street address) 9107 WEST 32ND ST		B Telephone number (see instructions) (605) 770-4541	
City or town, state, and ZIP code SIOUX FALLS, SD 57106		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 79,657		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	528,524			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .	129	129	129	
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	189,210		189,210	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	717,863	129	189,339	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	1,231			
	b Accounting fees (attach schedule) . . . . .	1,055	1,055		
	c Other professional fees (attach schedule) . . . . .	15,484		15,484	
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .	8,612		8,612	
	21 Travel, conferences, and meetings . . . . .	48,991		41,958	
	22 Printing and publications . . . . .	6,420		5,554	
	23 Other expenses (attach schedule) . . . . .	324,709		314,161	
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	406,502	1,055	385,769	0
	25 Contributions, gifts, grants paid . . . . .	351,970			351,970
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	758,472	1,055	385,769	351,970
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-40,609			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

Part II

Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .		
	2	Savings and temporary cash investments . . . . .	120,266	79,657
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		
	5	Grants receivable . . . . .		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .		
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____		
	8	Inventories for sale or use . . . . .		
	9	Prepaid expenses and deferred charges . . . . .		
	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule) . . . . .		
	c	Investments—corporate bonds (attach schedule) . . . . .		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____		
	12	Investments—mortgage loans . . . . .		
	13	Investments—other (attach schedule) . . . . .		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____		
Liabilities	15	Other assets (describe ▶ _____)		
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	120,266	79,657
	17	Accounts payable and accrued expenses . . . . .		
	18	Grants payable . . . . .		
	19	Deferred revenue . . . . .		
	20	Loans from officers, directors, trustees, and other disqualified persons		
	21	Mortgages and other notes payable (attach schedule) . . . . .		
Net Assets or Fund Balances	22	Other liabilities (describe ▶ _____)		
	23	Total liabilities (add lines 17 through 22) . . . . .		0
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.		
	24	Unrestricted . . . . .		
	25	Temporarily restricted . . . . .		
	26	Permanently restricted . . . . .		
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.		
	27	Capital stock, trust principal, or current funds . . . . .		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund		
	29	Retained earnings, accumulated income, endowment, or other funds	120,266	79,657
	30	Total net assets or fund balances (see page 17 of the instructions) . . . . .	120,266	79,657
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	120,266	79,657

Part III

Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	120,266
2	Enter amount from Part I, line 27a . . . . .	2	-40,609
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	79,657
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	79,657

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	147,092	69,254	2 123950
2010	344,531	84,126	4 095416
2009	270,700	53,036	5 104080
2008	218,454	56,606	3 859202
2007	212,197	33,610	6 313508
2	Total of line 1, column (d). . . . .		21 496156
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .		4 299231
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5. . . . .		62,086
5	Multiply line 4 by line 3. . . . .		266,922
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		
7	Add lines 5 and 6. . . . .		266,922
8	Enter qualifying distributions from Part XII, line 4. . . . . 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		351,970

## Part VII-A Statements Regarding Activities

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>	<b>No</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	<b>No</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	<b>No</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	<b>No</b>
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	<b>No</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	<b>No</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	<b>No</b>
<b>6</b> 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 state law remain in the governing instrument?	<b>6</b>	<b>Yes</b>
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	<b>7</b>	<b>Yes</b>
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ SD _____		
<b>b</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? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>
<b>9</b> 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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<b>9</b>	<b>No</b>
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<b>10</b>	<b>Yes</b>

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
14	The books are in care of ▶TOM MILLER Telephone no ▶(605) 770-4541 Located at ▶9107 WEST 32ND STREET SIOUX FALLS SD ZIP +4 ▶57106			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2012, 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		No
See 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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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 before the first day of the tax year beginning in 2012?. . . . .	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2012 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

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

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1 ), (2), or (3), or section 4940(d)(2)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

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)?

5b

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 expenditure responsibility for the grant?

Yes

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 a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ERNEST KUYPER 1618 WHEATON ST MEMPHIS, TN 38117	COMMISSIONS	69,000
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3. . . . .	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	0
b	Average of monthly cash balances. . . . .	1b	63,031
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	63,031
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	63,031
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	945
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	62,086
6	Minimum investment return. Enter 5% of line 5. . . . .	6	3,104

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	3,104
2a	Tax on investment income for 2012 from Part VI, line 5. . . . .	2a	
b	Income tax for 2012 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	3,104
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	3,104
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	3,104

Part 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	351,970
b	Program-related investments—total from Part IX-B. . . . .	1b	
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	351,970
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 (see instructions). . . . .	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	351,970
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 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				3,104
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only. . . . .				
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2012				
a From 2007. . . . .	210,522			
b From 2008. . . . .	321,043			
c From 2009. . . . .	268,048			
d From 2010. . . . .	340,325			
e From 2011. . . . .	143,629			
f Total of lines 3a through e. . . . .	1,283,567			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 351,970				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2012 distributable amount. . . . .				3,104
e Remaining amount distributed out of corpus	348,866			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	1,632,433			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
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. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013. . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .	210,522			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a. . . . .	1,421,911			
10 Analysis of line 9				
a Excess from 2008. . . .	321,043			
b Excess from 2009. . . .	268,048			
c Excess from 2010. . . .	340,325			
d Excess from 2011. . . .	143,629			
e Excess from 2012. . . .	348,866			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

TOM MILLER  
9107 W 32ND ST  
SIOUX FALLS, SD 57106  
(605) 770-4541

b

The form in which applications should be submitted and information and materials they should include

NONE

c

Any submission deadlines

NONE

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

Form 990-PF (2012)

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	351,970
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities. . . . .			14	129	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events			2	-177,950	-18,884
<b>10</b> Gross profit or (loss) from sales of inventory. .					
<b>11</b> Other revenue <b>a</b> SALES OF MEMORABILIA _____			5	275	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				-177,546	-18,884
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		-196,430

[illegible]

<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash. . . . .	<b>1a(1)</b>	No
	(2) Other assets. . . . .	<b>1a(2)</b>	No
<b>b</b>	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>	No
	(2) Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>	No
	(3) Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>	No
	(4) Reimbursement arrangements. . . . .	<b>1b(4)</b>	No
	(5) Loans or loan guarantees. . . . .	<b>1b(5)</b>	No
	(6) Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>	No
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>	No
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

**Paid  
Preparer  
Use Only**

<div> <div>Sign Here</div> <div> <div>*****</div> <div>Signature of officer or trustee</div> </div> </div>	<div> <div>2013-04-29</div> <div>Date</div> </div>		<div> <div>*****</div> <div>Title</div> </div>		<div> <div>May the IRS discuss this return with the preparer shown below (see instr )?</div> <div> <div>Yes</div> <div>No</div> </div> </div>
	<div> <div>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 or fiduciary) is based on all information of which preparer has any knowledge</div> </div>				
<div> <div>Paid Preparer Use Only</div> </div>	<div>Print/Type preparer's name</div> <div>JAY TOLSMA CPA</div>	<div>Preparer's Signature</div> <div>JAY TOLSMA CPA</div>	<div>Date</div> <div>2013-04-29</div>	<div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div>	<div>PTIN</div>
	<div>Firm's name</div> <div>ELO PROF LLC</div>	<div>Firm's EIN</div>			
	<div>Firm's address</div> <div>PO BOX 249</div> <div>MITCHELL, SD 57301</div>	<div>Phone no</div> <div>(605) 996-7717</div>			

Schedule B  
(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

Schedule of Contributors  
  
▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047  
  
2012

Name of the organization MIKE MILLER FOUNDATION	Employer identification number 30-0015773
--	--

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> MIKE MILLER FOUNDATION	<b>Employer identification number</b> 30-0015773
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	See Additional Data Table  _____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )



<b>Name of organization</b> MIKE MILLER FOUNDATION	<b>Employer identification number</b> 30-0015773
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Part II	Noncash Property (see instructions) Use duplicate copies of Part 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
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> MIKE MILLER FOUNDATION	<b>Employer identification number</b> 30-0015773
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.</b> Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc , contributions of <b>\$1,000 or less</b> for the year (Enter this information once See instructions ) ▶ \$ Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

Software ID:

Software Version:

EIN: 30-0015773

Name: MIKE MILLER FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	PAUL TUDOR JONES ONE AMERICAN LAND TERRACE LEVEL  GREENWICH, CT 06831	\$ 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>7</u>	INCAPITAL LLC 200 SOUTH WACKER DRIVE SUITE 3700  CHICAGO, IL 60606	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>13</u>	AFRICK HOLDINGS INC 43 ROYAL PALM DRIVE  FORT LAUDERDALE, FL 333011408	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>19</u>	CAESAR'S ENTERTAINMENT OPERATION CO ONE HARRAHS COURT  LAS VEGAS, NV 891194377	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>2</u>	FED EX SERVICES 3610 HACKS CROSS ROAD BUILDING A FIRST FLOOR MEMPHIS, TN 381258800	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>8</u>	YOUTH ATHLETIC FOUNDATION PO BOX 770445  MEMPHIS, TN 38177	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>14</u>	MIAMI HEAT FOUNDATION 200 SOUTH BISCAYNE BOULEVARD SUITE  MIAMI, FL 331315330	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>3</div>	<div>SANFORD HEALTH FOUNDATION</div> <div>1305 WEST 18TH STREET</div> <div>SIOUX FALLS, SD 57105</div>	<div>\$17,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>9</div>	<div>EQUINE TACK AND NUTRITIONALS</div> <div>4911 LYONS TECH PARKWAY SUITE 6</div> <div>POMPANO BEACH, FL 33073</div>	<div>\$19,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>15</div>	<div>JOHN BA HAGGIN JR</div> <div>36 MINNETONKA ROAD</div> <div>SEA RANCH LAKES, FL 33308</div>	<div>\$96,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>4</div>	<div>DIANE FAHEY</div> <div>3287 BEDFORD LANE</div> <div>GERMANTOWN, TN 38139</div>	<div>\$77,700</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>10</div>	<div>MIRIAM AND JAMES SENSALÉ</div> <div>9731 SW 131 STREET</div> <div>MIAMI, FL 33176</div>	<div>\$7,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>16</div>	<div>TRUTH DESIGN</div> <div>2170 BUCKTHORNE PL SUITE 400</div> <div>THE WOODLANDS, TX 77380</div>	<div>\$24,050</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>5</div>	<div>JOHN D FLEENOR MD</div> <div>3078 BRENTWOOD RN DR</div> <div>COLLERVILLE, TN 38017</div>	<div>\$56,380</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	<div>PAT RILEY FAMILY FOUNDATION</div> <div>111 WASHINGTON AVE</div> <div>ALBANY, NY 122102214</div>	\$ 11,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>17</u>	<div>ALAIN TRODEC</div> <div>7920 NW 84TH AVENUE</div> <div>PARKLAND, FL 33067</div>	\$ 5,700	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>6</u>	<div>HFP CAPITAL MARKETS</div> <div>685 FIFTH AVE</div> <div>NEW YORK, NY 10022</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>12</u>	<div>RANDY GOLDFARB DMD - POMPAÑO PA</div> <div>2231 NE 25TH AVE STE 4</div> <div>POMPAÑO BEACH, FL 330621148</div>	\$ 6,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>18</u>	<div>JAY D WILSON</div> <div>1867 OVERTON PARK AVE</div> <div>MEMPHIS, TN 38112</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>

**TY 2012 Accounting Fees Schedule**

**Name:** MIKE MILLER FOUNDATION

**EIN:** 30-0015773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	1,055	1,055		

## TY 2012 Compensation Explanation

**Name:** MIKE MILLER FOUNDATION

**EIN:** 30-0015773

Person Name	Explanation
THOMAS J MILLER	
CHELSEY S DOCKTER	
SHERYL MILLER	
JENNIFER MILLER	
MICHAEL MILLER	
BRADY HYDE	
JARED MILLER	

## TY 2012 Legal Fees Schedule

**Name:** MIKE MILLER FOUNDATION

**EIN:** 30-0015773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,231			



TY 2012 Other Expenses Schedule

Name: MIKE MILLER FOUNDATION

EIN: 30-0015773

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIKE MILLER BASKETBALL CLAS				
COMMISSIONS	8,477		8,477	
SHIRTS - SCREEN PRINTING	1,883		1,883	
ADVERTISING	1,500		1,500	
COST OF GOODS SOLD	4,768		4,768	
SPRING CHARITY EVENT - POMP				
COMMISSIONS	21,236		21,236	
MUSIC AND ENTERTAINMENT	2,590		2,590	
CLEANUP AND PREPARATION	1,290		1,290	
DECORATIONS AND EVENT SET-UP	7,684		7,684	
FOOD	12,790		12,790	
YARD WORK AND PREPARATION	595		595	
GIFTS AND TIPS	448		448	
SUPPLIES AND OTHER REIMBURSEM	1,466		1,466	
COST OF GOODS SOLD	47,180		47,180	
MIKE MILLER FDN BASKETBALL				
CAMP REGISTRATIONS	146		146	
SUPPLIES AND OTHER REIMBURSEM	2,586		2,586	
SUMMER EVENT - SIOUX FALLS				
CREDIT CARD FEES	360		360	
COMMISSIONS	6,531		6,531	
MUSIC AND ENTERTAINMENT	1,600		1,600	
CONTRACT LABOR - SECURITY/OTH	440		440	
SUPPLIES AND OTHER REIMBURSEM	14,274		14,274	
COST OF GOODS SOLD	2,065		2,065	
MIAMI HEAT CHAMPIONSHIP PAR				
CREDIT CARD FEES	55		55	
FOOD	11,950		11,950	
COMMISSIONS	44,604		44,604	
COST OF GOODS SOLD	101,393		101,393	
FALL CHARITY EVENT				
COMMISSIONS	16,250		16,250	
EXPENSES				
POSTAGE	82			
TELEPHONE	1,815			
OFFICE SUPPLIES	2,141			
SUPPLIES AND OTHER REIMBURSEM	6,510			

**TY 2012 Other Income Schedule****Name:** MIKE MILLER FOUNDATION**EIN:** 30-0015773

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MIKE MILLER BASKETBALL CLAS	16,302		16,302
SPRING CHARITY EVENT - POMP	63,200		63,200
SUMMER EVENT - SIOUX FALLS	26,290		26,290
MIAMI HEAT CHAMPIONSHIP PAR	83,143		83,143
SALES OF MEMORABILIA	275		275

**TY 2012 Other Professional Fees Schedule****Name:** MIKE MILLER FOUNDATION**EIN:** 30-0015773

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MIKE MILLER BASKETBALL CLAS	3,600		3,600	
SPRING CHARITY EVENT - POMP	700		700	
MIKE MILLER FDN BASKETBALL	1,380		1,380	
SUMMER EVENT - SIOUX FALLS	8,000		8,000	
MIAMI HEAT CHAMPIONSHIP PAR	1,000		1,000	
FALL CHARITY EVENT	804		804	








# TY 2012 Substantial Contributors Schedule

**Name:** MIKE MILLER FOUNDATION

**EIN:** 30-0015773

Name	Address
DIANE FAHEY	3287 BEDFORD LANE GERMANTOWN, TN 38139
JOHN BA HAGGIN JR	36 MINNETONKA ROAD SEA RANCH LAKES, FL 33308

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS J MILLER  9107 WEST 32ND ST SIOUX FALLS, SD 57106	PRESIDENT 20 00	0	0	0
CHELSEY S DOCKTER  6201 S CONNIE AVE APT 103 SIOUX FALLS, SD 57108	VICE-PRESIDE 5 00	0	0	0
SHERYL MILLER  9107 W 32ND ST SIOUX FALLS, SD 57106	SEC - TREAS 15 00	0	0	0
JENNIFER MILLER  2308 BAY DRIVE POMPANO BEACH, FL 33062	DIRECTOR 5 00	0	0	0
MICHAEL MILLER  2308 BAY DRIVE POMPANO BEACH, FL 33062	DIRECTOR 5 00	0	0	0
BRADY HYDE  9105 W 32ND ST SIOUX FALLS, SD 57106	DIRECTOR 2 00	0	0	0
JARED MILLER  701 QUAIL CREEK CIRCLE SIOUX FALLS, SD 57108	DIRECTOR 2 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANFORD HEALTH FOUNDATION 1305 W 18TH STREET SIOUX FALLS,SD 57117			ENDOWMENT FOR CHILDREN - HOSPITAL	130,200
ST JUDE'S CHILDREN'S RESEARCH HOSP 510 ST JUDE PLACE MEMPHIS,TN 38105			MGH FITNESS ROOM	50,000
YOUTH ATHLETIC FOUNDATION PO BOX 770445 MEMPHIS,TN 38177			CHARITY PROGRAM	50,620
PORTER-LEATH 868 NORTH MANASSAS MEMPHIS,TN 38107			CHARITY PROGRAM	10,100
ORANGE BOWL COMMITTEE INC 14360 NW 77TH COURT MIAMI LAKES,FL 33016			TICKETS FOR UNDERPRIVILEGED YOUTH	1,600
A-HOPE FOUNDATION 3421 CEDARWOOD CIRCLE BLOOMINGTON,IN 47401			CHARITY PROGRAM - EDUCATION	10,000
DREAM 2 DISCOVER YOU 374 WINDING RIVER CIRCLE MEMPHIS,TN 38120			CHARITY PROGRAM	30,500
KREUL FOUNDATION 550 SE 5TH STREET POMPANO BEACH,FL 33060			CHARITY PROGRAM - AAU BB	5,000
MEMPHIS GRIZZLIES FEDEX FORUM 191 BEALE STREET MEMPHIS,TN 38103			TICKETS FOR KIDS	42,120
OUR SAVIOR NEW AMERICAN SCHOOL 140 MARK TREE ROAD CETEREACH,NY 11720			BASKETBALL PROGRAM	5,000
GERMANTOWN PERFORMING ARTS CENTER 1801 EXETER ROAD GERMANTOWN,TN 38138			CHARITABLE GALA TICKETS	3,000
DELASALLE HIGH SCHOOL ONE DELASALLE DRIVE MINNEAPOLIS,MN 55401			BOYS BASKETBALL PROGRAM	350
FIRST PREMIER BANK - CONRAD ADAM FU 601 S MINNESOTA AVE SIOUX FALLS,SD 57104			CONRAD ADAM BENEFIT FUND	2,500
HARVE'S PRO PRINTS - MITCHELL HIGH 920 CAPITAL STREET MITCHELL,SD 57301			TRAVEL APPAREL - BASKETBALL PROGRAMS	2,624
HY-VEE - FOOD PANTRY 3000 S MINNESOTA AVE SIOUX FALLS,SD 57105			FOOD PANTRY DONATION	181

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MITCHELL HIGH SCHOOL 920 CAPITAL STREET MITCHELL,SD 57301			ATHLETIC DEPARTMENT	3,000
MITCHELL QUARTERBACK CLUB LOCAL DELIVERY MITCHELL,SD 57301			SPONSORSHIP - CHARITABLE	125
SOUTHWEST MINNESOTA STATE UNIVERSIT 1501 STATE ST MARSHALL,MN 56258			MEN'S BASKETBALL PROGRAM	2,000
TF RIGGS HIGH SCHOOL 1010 E BROADWAY PIERRE,SD 57501			BOYS BASKETBALL PROGRAM	700
PINECREST SCHOOL 2700 ST ANDREWS BOULEVARD BOCA RATON,FL 33434			BOYS BASKETBALL PROGRAM	300
POMPANO BASEBALL INC 2118 EAST ATLANTIC BOULEV POMPANO BEACH,FL 33062			SPONSORSHIP - YOUTH BASEBALL	1,000
ROCKETOWN 371 S FEDERAL HIGHWAY POMPANO BEACH,FL 33062			CHARITY - YOUTH PROGRAMS	1,000
SUSAN G KOMEN - RACE FOR CURE 5005 LBJ FREEWAY SUITE 25 DALLAS,TX 75244			RACE SPONSORSHIP	50
<b>Total . . . . .</b>			<b>3a</b>	351,970