#### DLN: 93491135050247

### OMB No 1545-0052

# 2014

## Form 990-PF

Department of the Treasury Internal Revenue Service

### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at  $\underline{www.irs.gov/form990pf}$ . Open to Public Inspection

-or	cale	ndar year 2014, or tax y	ear beginning 10-0	1-2014	, and ending	09-30-2015	
		indation AND ROSANA MILLER FOUNDATION			A Employer i	dentification numbe	er
''	L ALON	AND NOSANA PILLER FOUNDATION			20-0515170		
		I street (or P O box number if mail is n	not delivered to street address)	Room/suite	<b>B</b> Telephone n	umber (see instructioi	ns)
55	0 S HILI	LSTREET			(213) 628-861	.9	
City	or towr	, state or province, country, and ZIP or	r foreign postal code		C If exemption	n application is pendin	g, check here 🕨
LOS	ANGELE	S, CA 90013					Г
G C I	neck a		Initial return of a fo	ormer public charit	y <b>D 1.</b> Foreian o	organizations, check h	ere <b>&gt;</b>
		Final return	 A mended return	·	,	,	
		Address chang	ge  Name change			organizations meeting ck here and attach co	
<b>1</b> C l	neck tv	/pe of organization <b>√</b> Section	501(c)(3) exempt private	e foundation	<b>E</b> If private fo	undation status was t	erminated
		4947(a)(1) nonexempt charital				on 507(b)(1)(A), chec	k nere
		ket value of all assets at end		<b>✓</b> Cash		dation is in a 60-mont	
		From Part II, col (c), \$ 3,060,944	Other (specify)	he on cash hasis )	under section	on 507(b)(1)(B), chec	x nere ▶
		<u> </u>		se on east basis y	<u></u>	1	(d) Disbursements
Fe	rt I	Analysis of Revenue a total of amounts in columns (b), (c	c), and (d) may not	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
		necessarily equal the amounts in co instructions) )	olumn (a) (see	books	income	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc	, received (attach				
		schedule)		500,000			
	2	Check ► ☐ If the foundation is	s <b>not</b> required to				
		attach Sch B					
	3	Interest on savings and tempor	rary cash investments	605	605	605	
	4	Dividends and interest from se	· · –	003	003	003	
	~	bividends and interest nom se					
	5a	Gross rents	<u> </u>				
Revenue	b	Net rental income or (loss)	_				
	6a	Net gain or (loss) from sale of a					
	b	Gross sales price for all assets	s on line 6a				
	7	Capital gain net income (from P	· · · · · ·				
	8	Net short-term capital gain .	<u> </u>				
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach so	chedule)				
	11	Other income (attach schedule	e)				
	12	<b>Total.</b> Add lines 1 through 11		500,605	605	605	
	13	Compensation of officers, direc					
_	14	Other employee salaries and w	<u> </u>				
Ses	15	Pension plans, employee benef	-				
Expenses	16a   b	Legal fees (attach schedule).  Accounting fees (attach schedule)				1	
Ε×	1	Other professional fees (attach	·				
Σe	17	Interest		_			
ra T	18	Taxes (attach schedule) (see II	nstructions)	165	80	80	
ıı St	19	Depreciation (attach schedule)	· · · · · · · · · · · · · · · · · · ·				
Administrative	20	Occupancy					
Ā	21	Travel, conferences, and meet					
Ē	22	Printing and publications		• 1		1	
9	23	Other expenses (attach schedu	<u> </u>	245	150	150	
Operating and	24	Total operating and administra	-	410	230	330	0
ber	25	Add lines 13 through 23 Contributions, gifts, grants paid	<u> </u>	451,145	230	230	451,145
õ	25	Contributions, gires, grants part	·	431,143			431,143
	26	Total expenses and disburseme	ents. Add lines 24 and	451,555	230	230	451,145
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expens	es and disbursements	49,050			
	b	Net investment income (if nega	· · · · · · · · · · · · · · · · · · ·		375		
	С	Adjusted net income (if negative				375	
or	raperv	vork Reduction Act Notice, see i	instructions.		Cat No 11289>	: Form	n <b>990-PF</b> (2014)

Pa	rt II	Balance Sheets should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	_	Cayunga and temperaty each investments	3,011,697	163,097	163,097
	2	Savings and temporary cash investments	3,011,697	163,097	163,097
	3	Accounts receivable ►  Less allowance for doubtful accounts ►			
	4	Pledges receivable ▶			
	7	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts >			
ιΛ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	197	117	117
Ass	10a	Investments—U S and state government obligations (attach schedule)		2,897,730	2,897,730
•	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
		· · · · · · <u>· · · · · · · · · · · · · </u>			
	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) ▶			
	15	Other assets (describe >)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		Instructions Also, see page 1, item I)	3,011,894	3,060,944	3,060,944
	17	Accounts payable and accrued expenses			
ý	18	Grants payable			
Liabilities	19	Deferred revenue			
ᅙ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ĕ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)  Table liabilities (add lines 1.7 through 3.3.)		0	
	23	Total liabilities (add lines 17 through 22)		0	
Sè		Foundations that follow SFAS 117, check here ► and complete lines 24 through 26 and lines 30 and 31.			
Fund Balance	24	Unrestricted			
ala	24	Temporarily restricted			
8	25 26	Permanently restricted			
Ξ	20	Foundations that do not follow SFAS 117, check here ▶			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Asi	29	Retained earnings, accumulated income, endowment, or other funds	3,011,894	3,060,944	
Net	30	Total net assets or fund balances (see instructions)	3,011,894	3,060,944	
Z	31	Total liabilities and net assets/fund balances (see instructions)	3,011,894	3,060,944	
Pa	rt II	· · · · · · · · · · · · · · · · · · ·		· · ·	
1	T	Total net assets or fund balances at beginning of year—Part II, column (	a) line 30 (must ad	ree	
•		with end-of-year figure reported on prior year's return)			3,011,894
2		Enter amount from Part I, line 27a			49,050
3		Other increases not included in line 2 (itemize)		3	15,030
4		Add lines 1, 2, and 3			3,060,944
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)—Pa	art II, column (b), lın		3,060,944

a b c d e Comp	Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)		or other basis pense of sale	1	or (loss)
a b c d e Comp	Gross sales price				1	or (loss)
a b c d e Comp	Gross sales price				1	or (loss)
a b c d e Comp	Gross sales price				1	or (loss)
a b c d e Comp	Gross sales price				1	or (loss)
b c d e Comp						) minus (g)
c d e Comp						,
d e Comp						
<b>e</b> Comp						
<b>e</b> Comp		1				
Comp						
	lete only for assets s	howing gain in column (h) and owne	d by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F N	M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (ı) ol (j), if any	col (k), but not	less than -0-) <b>or</b> om col (h))
а						
b						
С						
d						
e						
2 (	Capital gain net incom	ne or (net capital loss)	If gain, also enter i If (loss), enter -0-			
- 1	Natabort torm conito	l gain or (logg) as defined in section	ns 1222/E) and (6)	,	2	
I	[f gaɪn, also enter ɪn P	l gain or (loss) as defined in section art I, line 8, column (c) (see instru		ter -0 -	3	
Part V	Qualification U	nder Section 4940(e) for R	educed Tax on	Net Investme	nt Income	
or option	nal use by domestic pi	rivate foundations subject to the se	ection 4940(a) tax o	n net investment	ıncome )	
	4040/4)/2)					
section	4940(d)(2) applies, le	eave this part blank				
		section 4942 tax on the distributa t qualify under section 4940(e) Do			eriod?	☐ Yes 🔽 No
<b>1</b> Enter	the appropriate amou	nt in each column for each year, se	ee instructions befo	re making any ent	ries	
	(a) riod years Calendar ax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar	table-use assets	(d) Distribution (col (b) divided	n ratio
, 54. (5) (6	2013	469,900		3,040,873	(33. (5) 4171464	0 15453
	2012	498,570		2,945,408		0 16927
	2011	440,300		2,568,473		0 17143
	2010	409,700		2,127,698		0 19256
	2009	493,200		1,613,118		0 30574
2	<b>Total</b> of line 1, columr	n (d)			2	0 9935:
		atio for the 5-year base period—div			3	0.1987
		ne foundation has been in existence noncharitable-use assets for 2014			4	0 1987
-			FITOIII PAIT X, IIIIE 5	-	4	
5 1	Multiply line 4 by line				5	
<b>6</b>	Enter 1% of net inves	tment income (1% of Part I, line 27	7b)		6	4
7	Add lines 5 and 6				_	4
				L	7	
_	. , ,	butions from Part XII, line 4... greater than line 7, check the box i			8	451,145

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.

If "Yes," complete Part XIV

and addresses

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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?

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

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 2014?

No

No

3b

**4**a

4b

	990-PF (2014)		a Aativitiaa fau	14/le	ich Form 4720	Ma.	. Do Dogwined /cont		41	Page (
					ICH FORM 4720	May	y Be Required (cont	muec		
5a	During the year did the foundation	' '	•		valation (a sation 40	4 F / a	.,,,, — —	_		
	(1) Carry on propaganda, or othe		·	_	•		1 163 14	/ No		ļ
	(2) Influence the outcome of any				,,	car	ry			
	on, directly or indirectly, any	vote	registration drive?.	•			· · · · · TYes	<b>▽</b>		
	(3) Provide a grant to an individu	al for	travel, study, or oth	ersi	mılar purposes?		☐ Yes ☐	- ∕ No		
	(4) Provide a grant to an organiza	tion	other than a charita	ble, e	etc , organization de:	scrit	ped			
	ın section 4945(d)(4)(A)? (sı	ee in:	structions)				· · · · · TYes	<b>▽</b>		
	(5) Provide for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or					
	educational purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.	-	· · · · · · TYes No	<b>▽</b>		
b	If any answer is "Yes" to 5a(1)-(	5), d	ıd <b>any</b> of the transac	tions	fail to qualify unde	r the	exceptions described in			
	Regulations section 53 4945 or instructions)?	nac	urrent notice regard	ıng d	ısaster assıstance (	(see			5b	No
	Organizations relying on a curren	t not	ice regarding disast	eras	sistance check here	e	▶	_		
С	If the answer is "Yes" to question	15a(	4), does the foundat	on c	laım exemptıon from	the	,			
	tax because it maintained expend						· · · · F Yes	<b>▽</b>		
	If "Yes," attach the statement requ		, ,		, ,					
6a	Did the foundation, during the yea		•	-						
	a personal benefit contract?			•		•	· · · · Tyes	7 No	ļ	ļ
b	Did the foundation, during the year	ır, pa	y premiums, directly	orı	ndırectly, on a perso	nal	benefit contract?		6b	No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, w	vas tl	ne foundation a party	to a	prohibited tax shel	tert	ransaction? <b>Yes</b>	/ No		ļ
b	If yes, did the foundation receive	any	proceeds or have an	y net	income attributable	e to t	the transaction?		7b	No
Pai	Information Abou and Contractors	t Of	ficers, Directors	, Tı	ustees, Founda	tio	n Managers, Highly	Paid	Emplo	yees,
1	List all officers, directors, trustee	s, fo	ındation managers a	nd t	heir compensation (	see i	instructions).			
	(a) Name and address		Title, and average hours per week evoted to position	-	c) Compensation  If not paid, enter  -0-)	1	(d) Contributions to imployee benefit plans dideferred compensation		xpense a	
ALON	MILLER		ident		0	unc	a deterred compensation			
	5 AMESTOY AVENUE	1 00			Ŭ					
	INO,CA 91316									
ROSA	NA MILLER	Sec	retary		0					
	5 AMESTOY AVENUE INO,CA 91316	1 00	)							
2	Compensation of five highest-paid	lemp	loyees (other than t	hose	included on line 1-	-see	instructions). If none, er	iter "N	IONE."	
(a)	Name and address of each emplo paid more than \$50,000	/ee	(b) Title, and avera hours per week devoted to position	_	(c) Compensatio	n	(d) Contributions to employee benefit plans and deferred compensation		xpense a ner allow	
NON	E									
			1					1		

(a) Name and address of each person paid more than \$50,000	<b>(b)</b> ⊤ype of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional service		<u> </u>
Total number of others receiving over \$50,000 for professional service		
Part IV A Summary of Direct Charitable Activities		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers p	relevant statistical information such as the number of produced, etc.	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investment	s (see instructions)	
Describe the two largest program-related investments made by the foundation dur	· · · · · · · · · · · · · · · · · · ·	A mount
1		
		1
		1
2		
		1
-		1
All other program-related investments See instructions		
3		
		1
		†
Total. Add lines 1 through 3		•

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

451,141

5

	art XIII. Undistributed Income (see instru	ictions)			
		<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7	00.540	reare prior to 2010	2010	2021
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Telephone				
	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2014				
	From 2009				
a b	202 507				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e	1,698,032			
	Qualifying distributions for 2014 from Part	, ,			
•	XII, line 4  \$ 451,145				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see				
	tructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus	451,145			
5	Excess distributions carryover applied to 2014				
	(If an amount appears ın column (d), the same amount must be shown ın column (a) )				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,149,177			
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				
А	Subtract line 6c from line 6b Taxable amount				
u	—see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				
7	A mounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not	413,006			
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.  Subtract lines 7 and 8 from line 6a	1,736,171			
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	l l				<u> </u>

	m 990-PF (2014) Part XIV Private Operating Foun	dations (see in	structions and Pa	art VII-A, questio	on 9)	Page <b>1</b> 0
1a •	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	etermination letter	that it is a private			
	Check box to indicate whether the organiza	tion is a private op	erating foundation	described in section	on	or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	
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					
е	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 "Assets" alternative test—enter					
а	(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)					
	from an exempt organization					
Dε	(4) Gross investment income irt XV Supplementary Informatio	n (Complete th	is nart only if	the organizati	on had \$5 000	or more in
	assets at any time during t			the organizati	on naa 45,000	01 11101 € 111
1 a	Information Regarding Foundation Manage List any managers of the foundation who ha before the close of any tax year (but only if	ve contributed mor				dation
	See Additional Data Table					
b	List any managers of the foundation who ow ownership of a partnership or other entity)				lly large portion of t	he
2	Information Regarding Contribution, Grant	, Gift, Loan, Schola	rship, etc., Prograr	ns:		
	Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the foundations, complete items 2a, b, c, a	ation makes gifts, <u>c</u>	preselected chari grants, etc (see ins	table organizations structions) to indiv	and does not acce Iduals or organizati	pt ons under
a 	The name, address, and telephone number THE ALON AND ROSANA MILLER FOUNI 550 S HILL STREET 770 LOS ANGELES, CA 900132401 (213) 628-8619		of the person to wh	nom applications sh	nould be addressed	
b	The form in which applications should be s	ubmitted and inforr	mation and materia	ls they should inclu	ude	
	SUBMIT APPLICATION IN THE FORM O KNOW WHEN THE ORGANIZATION WAS THEY STRIVING TO ACHIEVE WHY DO SPECIFIC USE ARE THEY PLANNING FO	FOUNDED, WHAT THEY WANT THIS	IS THE PURPOSI SSPECIFIC AMOU	E OF THIS ORGAN	IZATION, AND WI	HAT GOALS ARE
c	Any submission deadlines					

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

THAT THE CHARITABLE ORGANIZATION STATED IT WAS TO BE USED FOR

THE AMOUNT OF ANY CONTRIBUTION MADE FROM THE FOUNDATION MUST BE UTILIZED FOR THE SPECIFIC PURPOSE

factors

Form 990-PF (2014)				Page 1.
Part XV Supplementary Inform	mation (continued)	around for E	utura Daymant	
3 Grants and Contributions Paid	If recipient is an individual,		uture Payment	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
			L	454.445
Total	<u> </u>			451,145
Total			<b>.⊳</b> 3b	

Enter gross	-A Analysis of Income-Produci			T =		
	s amounts unless otherwise indicated	Unrelated by	(b)	Excluded by section (c)	n 512, 513, or 514 ( <b>d)</b>	(e) Related or exempt function income
_	n service revenue	Business code	A mount	Exclusion code	A mount	(See Instructions )
ь						
2 Member 3 Interes	and contracts from government agencies ership dues and assessments st on savings and temporary cash					
	ments					605
	ntal income or (loss) from real estate -financed property					
6 Netre	ebt-financed property. ntal income or (loss) from personal ty					
<b>7</b> Other	nvestment income					
	ory					
	profit or (loss) from sales of inventory revenue a					
	al Add columns (b), (d), and (e).					605
				1	13	605
<b>13 Total.</b> / (See w	Add line 12, columns (b), (d), and (e)	 alculations )		1		605
<b>13 Total.</b> / (See w	Add line 12, columns (b), (d), and (e).	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	olishment of E	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XV Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XV Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to
13 Total. / (See w Part XVI Line No.	Add line 12, columns (b), (d), and (e).  orksheet in line 13 instructions to verify colors  FB Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's	 alculations ) <b>the Accom</b> h income is rej	<b>Dishment of E</b> Dorted in column (	<b>xempt Purpos</b> e) of Part XVI-A co	<b>es</b> ontributed importa	antly to

Form 990-PF	Information R				actions and	Relationships W	ith	Pa	ge <b>1</b>
1 Did the e	Noncharitable rganization directly or i				h any other organ	nization described in			
	01(c) of the Code (other							Yes	No
_	from the reporting four	ndation to	a noncharitable	exempt organiza	ition of				
<b>(1)</b> Cash	1						1a(1)		No
<b>(2)</b> Othe	erassets						1a(2)		No
<b>b</b> Other tra	nsactions s of assets to a noncha	ırıtable ex	empt organizatioi	n			1b(1)		No
	hases of assets from a						1b(2)		No
				mzacion			1b(3)	<u> </u>	No
	al of facilities, equipme							<u>                                       </u>	
• •	nbursement arrangemer Is or loan guarantees.						1b(4)		No No
	rmance of services or r								No
	of facilities, equipment,								No
	wer to any of the above							lue	
	ods, other assets, or se insaction or sharing arr (b) Amount involved	angement		(d) the value of	the goods, other		received		nts
+									
+									
2a Is the fou	ındatıon dırectly or ındı	rectly affil	liated with, or rela	ated to, one or m	nore tax-exempt	organizations			
	d in section 501(c) of t	he Code (d	other than section	n 501(c)(3)) or	in section 527?.			'es	
<b>√</b> No									
<b>b</b> If "Yes,"	complete the following (a) Name of organizatio		(6	) Type of organizat	tion	(c) Description	of relationship		
	ler penalties of perjury,								
ınfo	best of my knowledge a rmation of which prepai	•	·	t, and complete	Deciaration of p	reparer (other than to	axpayer) is ba	sea on	all
Sign	*****			2017-05-15	*****	:	May the IRS disc return	uss this	
Here					_ <b>)</b>		with the prepare below	r shown	
'	Signature of officer or t	rustee		Date	Title		(see instr )?	Yes [ I	No
	Print/Type preparer's	name	Preparer's Sign	ature	Date		TIN	217	
	Joan E Redlich					employed ▶ ☐	P00238	J 1 /	
Paid	Firm's name ▶	_	•		•	Firm's EIN ▶			
Preparer	MB Accounting & Con	sulting							
Use Only	Fırm's address ▶								
J,	1180 S Beverly Drive 900351179	500 Los	Angeles, CA			Phone no (310)5	53-0052		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

Form 990PF Part XV Line 1a - 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).

ALON MILLER

ROSANA MILLER

Form 990PF Part XV Line 3 - Gra	nts and Contributions	Paid During t	he Year or Approved for Fu	ture Payment
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
,	or substantial contributor			
a Paid during the year				
CHABAD OF THE VALLEY 18181 BURBABK BLVD TARZANA,CA 91356		PUBLIC	SYNAGOGUE AND SCHOOL OPERATING EXPENSES	1,000
YESHIVA OHR ELCHONON CHABAD 7215 WARING AVENUE LOS ANGELES,CA 90046		PUBLIC	CONSTRUCTION OF NEW SCHOOL DORMITORY	8,600
MESIVTA OF GREATER LOS ANGELES 25115 MUREAU ROAD CALABASAS,CA 91302		PUBLIC	SCHOOL BUILDINGS CONSTRUCTION	10,800
VALLEY TORAH HIGH SCHOOL 12517 CHANDLER BLVD VALLEY VILLAGE,CA 91607		PUBLIC	SCHOOL SCHOLARSHIP FUND	8,600
AMERICAN FRIENDS OF ORA 36 RODNEY ST BROOKLYN,NY 11219		PUBLIC	EDUCATION SCHOLARSHIP FUND	3,000
NER ISRAEL RABINICAL COLLEGE 400 MT WILSON LANE BALTIMORE,MD 21208		PUBLIC	ADMINISTRATION AND EDUCATIONAL ACTIVITIES	12,500
ASHREINUJAM 369 N FAIRFAX AVE STE 4 LOS ANGELES,CA 90036		PUBLIC	TO SUPPORT THE COLLEGIATE OUTREACH PROGRAM	12,000
TORATH EMETH ACADEMY 540 N LA BREA AVENUE LOS ANGELES,CA 90036		PUBLIC	SCHOLARSHIP FUND	5,000
BIKUR CHOLIM 8489 WEST THIRD STREET LOS ANGELES,CA 90048		PUBLIC	HEALTH EMERGENCIES AND EMOTIONAL SUPPORT	1,000
AM FRNDS OF BEIT ISSIE SHAPIRO 5870 OLYMPIC BLVD STE 107 LOS ANGELES,CA 90036		PUBLIC	SUPPORT INNOVATIVE PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES	1,000
OHR ELIYAHU ACADEMY 241 S DETROIT STREET LOS ANGELES,CA 90036		PUBLIC	SUPPORT TORAH AND GENERAL STUDIES EDUCATION	7,200
EMEK HEBREW ACADEMY 15365 MAGNOLIA BLVD SHERMAN OAKS,CA 91403		PUBLIC	SCHOLARSHIP FUND	18,000
ISRAELI LEADERSHIP COUNCIL 5900 CANOGA AVE STE 390 WOODLAND HILLS,CA 91367		PUBLIC	TO SUPPORT EDUCATION AND ECONOMICAL GOALS FOR ORGANIZATIONS SUPPORTING ISRAEL	5,000
ISRAEL EMERGENCY ALLIANCESTAND WITH PO BOX 341069 LOS ANGELES,CA 90034		PUBLIC	DEDICATED TO EDUCATING PEOPLE SO THAT THEY CAN MORE EFFECTIVELY ADVOCATE FOR ISRAEL AND PEACE LOVING PEOPLE OF ALL FAITHS	30,000
THE SOURCE OF LIFE INC 17815 VENTURA BLVD 213-215 ENCINO,CA 91316		PUBLIC	TO SUPPORT A RELIGIOUS CENTER TO EDUCATE JEWISH FAMILIES IN THE LEARNING OF TORAH AND OTHER RELIGIOUS STUDIES	104,600
Total				451,145

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or	show any relationship to any foundation manager	status of recipient	contribution	Amount
business)	or substantial contributor			
a Paid during the year				
LARGER THAN LIFE PO BOX 480835 LOS ANGELES,CA 90048		PUBLIC	SUPPORT THE BUILDING OF TWO NEW APPLIED RESEARCH LABORATORIES AT TEL- HASHOMER HOSPITAL IN ISRAEL AT THE FOREFRONT OF IMPROVING THE QUALITY OF LIFE OF KIDS WITH CANCER, REGARDLESS OF RELIGION, RACE OR ETHNICITY	15,000
BNOS DEVORAH HIGH SCHOOL 7659 BEVERLY BLVD LOS ANGELES,CA 90036		PUBLIC	SCHOOL SCHOLARSHIP FUND	12,000
LOS ANGELES CHEDER 801 N LA BREA AVENUE LOS ANGELES,CA 90038		PUBLIC	EDUCATIONAL INSTITUTION IMPROVEMENTS FOR THE BENEFIT OF THE CHILDREN	35,000
WEST VALLEY ERUV SOCIETY 18625 WELLS DRIVE TARZANA,CA 91356		PUBLIC	TO SUPPORT THE CONSTRUCTION OF AN ERUV FOR THE WEST SAN FERNANDO VALLEY	10,000
BAIS YAAKOV SCHOOL FOR GIRLS 7353 BEVERLY BLVD LOS ANGELES,CA 90036		PUBLIC	SCHOLARSHIP FUND	3,600
KOLLEL LOS ANGELES 223 S FORMOSA AVENUE LOS ANGELES,CA 90036		PUBLIC	EDUCATIONAL SUPPLIES	6,000
ZION ORPHANAGE INC 69-27 181 STREET FRESH MEADOWS,NY 11365		PUBLIC	EDUCATIONAL SCHOLARSHIP FUND AND TRAINING IN COMPUTER PROGRAMMING,PHOTOGRAPHY, MARTIAL ARTS, AND PROVIDING THEM WITH INDIVIDUAL SPEECH AND ART THERAPY PREPARING THE CHILDREN TO BE PRODUCTIVE AND INDEPENDENT ADULTS	1,000
SIMON WIESENTHAL CENTER 1399 S ROXBURY DRIVE LOS ANGELES,CA 90035		PUBLIC	TO SUPPORT TOLERANCE AND HUMAN RIGHTS THROUGH EDUCATION	5,000
AISH 1417 S DOHENY DRIVE LOS ANGELES,CA 90035			SCHOLARSHIP FUND	3,000
AMERICAN FRIENDS OF ORCHOS CHAIM 17402 CITRONIA STREET NORTHRIDGE,CA 91325			SCHOLARSHIP FUND	7,000
BIAS MIDRAS TORAS HASHEM 12422 CHANDLER BOULEVARD NORTH HOLLYWOOD,CA 91607			SCHOLARSHIP FUND	1,800
CHAI LIFELINE 151 W 30TH STREET NEW YORK,NY 10001			SUPPORT PROGRAMS FOR ASSISTING FAMILIES THROUGH BOTH THE CRISES AND EVERYDAY TRIALS OF SERIOUS PEDIATRIC ILLNESS	5,000
HILLEL HEBREW A CADEMY 9120 W OLYMPIC BLVD BEVERLY HILLS,CA 90212			SCHOLARSHIP FUND	3,600
RABINICAL SEMINARY OF AMERICA 76-01 147TH STREET FLUSHING,NY 11367			SCHOLARSHIP FUND	1,000
ROFEH CHOLIM CANCER SOCIETY 726 BEDFORD AVENUE BROOKLYN,NY 11205			MEDICAL RESEARCH	3,300

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
<b>a</b> Paid during the year				
FRIENDS OF PITTSBURGH INSTITUTIONS 411 N CITRUS AVENUE LOS ANGELES,CA 90036			SCHOLARSHIP FUND	3,600
YESHIVA HANEGEV INC 860 W 181 STREET NEW YORK,NY 10033			TO PROVIDE OPPORTUNITIES FOR THE YOUTH OF THE NEGEV	2,500
ZION ORPHANAGE 69-27 181 STREET FRESH MEADOWS,NY 11365			ZION EDUCATION SCHOLARSHIP FOR ORPHANS AND DISADVANTAGED CHILDREN	2,100
AMERICAN FRIENDS OF BEIT EL 29-10 THOMSON AVE LONG ISLAND,NY 11101			SCHOOL - SCHOLARSHIP FUND	1,000
AMERICAN FRIENDS OF IDF NEW YORK 5 SUTTON ROAD MONSEY,NY 10952			TO SUPPORT THE MEN AND WOMEN IN HARMS WAY	2,000
CHEDER LUBAVITCH HEBREW DAY SCHOOL 5201 WEST HOWARD SKOKIE,IL 60077			SCHOOL SCHOLARSHIP FUND	1,500
EMUNAH OF AMERICA 7 PENN PLAZA NEW YORK,NY 10001			PUBLIC SOCIAL WELFARE AND EDUCATIONAL PROGRAMS THROUGHOUT ISRAEL	1,000
NAHAL HAREDI NETZAH YEHUDA FOUNDATI 6505 WILSHIRE BLVD 625 LOS ANGELES,CA 90048			TO SUPPORT ISRAEL'S SOLDIERS, MEN AND WOMEN	7,500
AM FRIENDS OF THE ISRAEL PHILHARMON 9911 W PICO BLVD 505 LOS ANGELES,CA 90035			TO SUPPORT THE ISRAEL PHILHARMONIC ORCHESTRA AND ITS MUSIC EDUCATION PROGRAM FOR ISRAELI YOUTH	1,000
AM FRIENDS OF MAGEN DAVID ADOM 6505 WILSHIRE BLVD 650 LOS ANGELES,CA 90048			TO SUPPORT THE PARAMEDICS ABLE TO HELP IN MEDICAL EMERGENCIES	1,800
BONEI OLAM 1755 46TH STREET BROOKLYN,NY 11204			TO HELP INFERTILE COUPLE WHO CANNOT AFFORD TREATMENT	1,000
THE MARINA SHUL 2532 LINCOLN BLVD VENICE,CA 90291			TO HELP ESTABLISH A STRONGER BOND OF IDENTITY AND AWARENESS THROUGHTOUT THE JEWISH COMMUNITY	1,800
ONE ISRAEL FUND 445 CENTRAL AVENUE 210 CEDARHURST,NY 11516			TO SUPPORT THE EDUCATION PTOGRAM AT BNEI DAVID INSTITUTE IN ELI	5,000
SHAVEI HEVRON INSTITUTIONS 1 REWE STREET BROOKLYN,NY 11211			TO SUPPORT THE EDUCATIONAL PROGRAMSIN ISRAEL	1,000
STAND BY ME 15910 VENTURA BLVD 812 ENCINO,CA 91436			TO PROVIDE FINANCIAL AND MORAL SUPPORT NEEDED TO CONTINUE OUR WORTHY MISSION, PROVIDING NECESSARY SERVICES TO THE CANCER PATIENTS IN OUR COMMUNITY	4,200

Form 990PF Part XV Line 3 - Gra	ants and Contributions F	Paid During t	he Year or Approved for Fut	ture Payment
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
YESHIVA LEV AVRAHAM 1331 EAST 34th STREET BROOKLYN,NY 11210			SCHOLARSHIP FUND	1,800
AMERICAN FRIENDS OF SHANTI HOUSE IN 8740 ST IVES DRIVE LOS ANGELES,CA 90069			TO HELP PROVIDE THE PROGRAMS AND SERVICES NEEDED	5,000
YOUNG ISRAEL OF BEVERLY HILLS 9261 ALDEN DRIVE BEVELY HILLS,CA 90210			SYNAGO GUE EXPENSES	4,030
EZER MIZION 1281 49TH STREET BROOKLYN,NY 11219			TO SUPPORT INTERNATIONAL BONE MARROW REGISTRY AND OTHER HEALTH INITIATIVES	1,000
FRIENDS OF OHR ELCHANAN 632 EAST FIFTH STREET BROOKLYN,NY 11218			EDUCATION SCHOLARSHIP FUND	2,500
KADIMA DAY SCHOOL 7011 SHOUP AVENUE WEST HILLS,CA 91307			JEWISH DAY SCHOOL EDUCATION	7,500
KOSHER INFORMATION BUREAU 12753 CHANDLER BLVD NORTH HOLLYWOOD,CA 91607			COMMUNITY SUPPORT	1,800
MERKAZ HATORAH 1441 SO CARDIFF AVENUE LOS ANGELES,CA 90035			SCHOLARSHIP FUND	10,100
METZAD CONGREGATION 1371 S BEVERLY GLEN BLVD 206 LOS ANGELES,CA 90024			SCHOLARSHIP FUND	1,500
SHUVA ISRAEL 17660 VENTURA BLVD ENCINO,CA 91316			SCHOLARSHIP FUND	1,000
ISRAELI AMERICAN COUNCIL PO BOX 5005 WOODLAND HILLS,CA 91367			BUILDING AN ENGAGED AND UNITED ISRAELI-AMERICAN COMMUNITY THAT STRENGTHENS THE NEXT GENERATIONS, THE JEWISH COMMUNITY AND THE STATE OF ISRAEL	2,800
PERUTZ ETZ JACOB HEBREW ACADEMY 7951 BEVERLY BOULEVARD LOS ANGELES,CA 90048			EDUCATION SCHOLARSHIP FUND	5,000
YESHIVA BEIT RAFAEL 7520 VLEIGH PLACE FLUSHING,NY 11367			EDUCATION SCHOLARSHIP FUND	1,000
YESHIVA GEDOLA OF LOS ANGELES 5444 W OLYMPIC BLVD LOS ANGELES,CA 90036			EDUCATION SCHOLARSHIP FUND	11,515
YESHIVA KETANA OF LOS ANGELES 12131 BURBANK BLVD VALLEY VILLAGE,CA 91607			EDUCATION SCHOLARSHIP FUND	2,000
Total				451,145

If recipient is an individual, Foundation Purpose of grant or A mount Recipient show any relationship to contribution status of any foundation manager recipient

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

Name and address (nome of business)	or substantial contributor	'	
<b>a</b> Paid during the year			

raid during the year			
.CBY INC 8 SHARON COURT .AKEWOOD,NJ 08701		TO HELP PROVIDE THE PROGRAMS AND SERVICES	15,

LCBY INC 8 SHARON COURT		TO HELP PROVIDE THE	15,0
LAKEWOOD,NJ 08701		PROGRAMS AND SERVICES	
		NEEDED	

Total.

LCBY INC 8 SHARON COURT		O HELP PROVIDE THE	15,0
LAKEWOOD,NJ 08701	P	PROGRAMS AND SERVICES	
	N	NEEDED	

Lebi ine o simulon econi	10 HEEL I NO VIDE THE	10,000
LAKEWOOD,NJ 08701	PROGRAMS AND SERVICES	
	NEEDED	

451,145

TY 2014 Other Expenses Schedule							
Name:	THE ALON A	AND ROSANA MILLE	R FOUNDATION				
EIN:	20-0515170	)					
Software ID:	14000265						
Software Version: 2014v6.0							
				1			

DLN: 93491135050247

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Software Version: 2014Vo.0						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EMA ANNUAL FEE	150	150	150			
OFFICE EXPENSES	95					

efile GRAPHIC print - DO NOT PROCESS	As File	ed Data -		DL	N: 93491135050247
TY 2014 Taxes Schedule					
Name:	THE ALC	ON AND ROS	SANA MIL	LER FOUNDATION	
EIN:	20-0515	5170			
Software ID:	1400026	55			
Software Version:	2014v6.	0			
Category	Amount	Net Inve		Adjusted Net Income	Disbursements for Charitable Purposes
CALIFORNIA REGISTRATION FEES	75				

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CALIFORNIA REGISTRATION FEES	75			
EXCISE TAX ON INVESTMENT INCOME	80	80	80	
FTB FILING FEE	10			

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491135050247		
Schedule B		Schedi	ule of Contributors	S	OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Informatio		Form 990, 990-EZ, or 990-P B (Form 990, 990-EZ, or 990 www irs gov/form990		2014		
Name of the organization		TION		Em	ployer identification number		
——————————————————————————————————————	NA MILLER TOUNDA	TION		20	-0515170		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	Form 990 or 990-EZ						
		nonexempt charit	able trust <b>not</b> treated as a p	rivate foundation			
	┌ 527 politica	l organization					
Form 990-PF	□ 501(c)(3) e	exempt private fou	ndation				
	□ 4947(a)(1)	nonexempt charit	able trust treated as a privat	te foundation			
		axable private fou	ndation				
_	-		at received, during the year. I and II See instructions for		g \$5,000 or more (in money or butor's total contributions		
Special Rules							
under sections 5 under sections 5	509(a)(1) and 170(b)(1	)(A)(vi), that chec ing the year, total	_	or 990-EZ), Part II, lin-			
during the year,		nore than \$1,000 e			om any one contributor, cary, or educational purposes, or		
during the year, this box is check purpose Do not	contributions exclusived, enter here the total complete any of the particular to the	ely for religious, c al contributions tha arts unless the <b>Ge</b>	or (10) filing Form 990 or 990 haritable, etc., purposes, built were received during the veneral Rule applies to this ownere during the year	it no such contributioi year for an <i>exclusiv</i> e organization because	ns totaled more than \$1,000 lf ely religious, charitable, etc , it received nonexclusively		
990-EZ, or 990-PF), but	ıt <b>m ust</b> answ er "No" d	on Part IV, line 2, c	e and/or the Special Rules d if its Form 990, or check the does not meet the filing requi	box on line H of its			

Name of organization
THE ALON AND ROSANA MILLER FOUNDATION

Employer identification number 20-0515170

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1			Person 🗔
	ALON ROSANA MILLER		
	5145 AMESTOY AVENUE		1
	311371112373777721132	\$250,000	Noncash —
	ENCINO, CA 91316		l
	ENCINO, CA 91310		(Complete Part II for noncash
			contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	MILROS COMPANY INC		
_2_			Person □
			Payroll
	550 S HILL STREET 770		Noncash
		\$250,000	Noncasii
	LOS ANGELES, CA 900132401		(Complete Part II for noncash
	,,		contributions )
			Contributions ,
4-3	4.1	(-)	(-D
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person _
			Payroll _
		•	Noncash _
		\$	
			(Complete Part II for noncash
			contributions )
			,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
140.	Name, address, and Zn 14	Total contributions	Type of contribution
			_
			Person —
			Payroll _
		\$	Noncash _
			·
			(Complete Part II for noncash
			contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person _
			D
			Payroll _
		\$	Noncash —
	·		
			(Complete Part II for noncash
			contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person _
			Payroll
		\$	Noncash
	<del></del>		(Complete Dort II for one
			(Complete Part II for noncash contributions)
			John Buddons )
		1	Ī

Name of organization THE ALON AND ROSANA MILLER FOUNDATION Employer identification number

	20-05	515170
Noncash Property (see instructions) Use duplicate copies of Part II if additional space needed	e is	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>	
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  (f) Description of noncash property given  (g) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization N AND ROSANA MILLER FOUNDATION		Employer identification number	
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year entry For organizations completing Part III, the year (Enter this information once See	r from any one c enter the total of ea instructions ) ►	ontributor. Complet	cribed in section 501(c)(7), (8), or (10) se columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less for \$
(a) No. from Part I	Use duplicate copies of Part III if additional space is needed  (b) Purpose of gift (c)		Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, a	nd ZIP 4	Relatio	onship 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, a		ransfer of gift Relatio	onship 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, a		ransfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) T	ransfer of diff	
	Transferee's name, address, a		ransfer of gift Relatio	onship of transferor to transferee