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For calendar year 2015, or tax year beginning 01-01-2015

Department of the Treasury

Internal Revenue Service

#### DLN: 93491193005156

, and ending 12-31-2015

OMB No 1545-0052

Inspection

Open to Public

## **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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

A Employer identification number Name of foundation THE MILLER FAMILY FOUNDATIONINC 52-1547070 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 9058 CHEVROLET DRIVE (410) 461-8335 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code ELLICOTT CITY, MD 210424018 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return  $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation **H** Check type of organization  $\checkmark$  Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J**Accounting method IFair market value of all assets at end If the foundation is in a 60-month termination Cother (specify) under section 507(b)(1)(B), check here of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) ►\$ 869,241 Part I Analysis of Revenue and Expenses Disbursements Revenue and Net investment Adjusted net for charitable (The total of amounts in columns (b), (c), and (d) may not expenses per ıncome necessarily equal the amounts in column (a) (see (b) (c) purposes income books (d) (cash basis only) instructions)) Contributions, gifts, grants, etc , received (attach 1 323.971 2 Check ► ☐ If the foundation is **not** required to attach . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 17,393 11,791 Dividends and interest from securities Gross rents . . . . . . . . . . 5a Net rental income or (loss) \_ b Net gain or (loss) from sale of assets not on line 10 6a Revenue b Gross sales price for all assets on line 6a 215,293 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain . . . 8 Income modifications . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) . . C 11 Other income (attach schedule) . . . . Total. Add lines 1 through 11 344,339 14,766 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Operating and Administrative Expenses Legal fees (attach schedule). . . . . 16a Accounting fees (attach schedule). . . . . 卿 b Other professional fees (attach schedule) . c **17** 囱 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications. . 囫 86 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 1.832 26,000 26,000 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 27,832 26,000 25 27 Subtract line 26 from line 12 316,507 Excess of revenue over expenses and disbursements a 14,765 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-) For Paperwork Reduction Act Notice, see instructions.

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column 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	13,837	2,970	2,970
	2	Savings and temporary cash investments	69,758	51,032	50,919
	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 instructions)			
	7	Other notes and loans receivable (attach schedule)			
	-	Less allowance for doubtful accounts ►			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
ASS	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule)		77,427	305,000
	12	Investments—mortgage loans		·	· .
	13	Investments—other (attach schedule)	474,642	<b>%</b> 515,741	510,352
	14	Land, buildings, and equipment basis	,		
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			_
	16	Total assets(to be completed by all filers—see the			_
		instructions Also, see page 1, item I)	558,237	647,170	869,241
	17	Accounts payable and accrued expenses			
	18	Grants payable			
å	19	Deferred revenue			
bilities	20	Loans from officers, directors, trustees, and other disqualified persons			
g	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ş		and complete lines 24 through 26 and lines 30 and 31.			
3nc	24	Unrestricted	558,237	647,170	
<u> </u>	25	Temporarily restricted	·	·	
	26	Permanently restricted			
Fund Balances		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			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	558,237	647,170	
_	31	Total liabilities and net assets/fund balances(see instructions)	558,237	647,170	
Pa	rt III				
1		Total net assets or fund balances at beginning of year—Part II, column (	(a), line 30 (must ac	ıree	
_		with end-of-year figure reported on prior year's return)			558,237
2		Enter amount from Part I, line 27a			316,507
3		Other increases not included in line 2 (itemize)			0
4		Add lines 1, 2, and 3			874,744
5		Decreases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	227,574
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II. column (b) lu		647.170

		the kınd(s) of property so ehouse, or common stock,	. • .	•	How acquired P—Purchase (b) D—Donation	(c) (r	ate acquired no , day, yr )	Date sold (d) (mo , day, yr )
1a	See Additional Data	Table			, ,			
b								
						†		
d								
	e) Gross sales price	Depreciati <b>(f)</b> (or allo		1	or other basis expense of sale			ı or (loss) (f) mınus (g)
a	See Additional Data		,	(3)	•			(3)
d								
						-		
e								
Co	mplete only for assets s	showing gain in column (h)				4 _		(h) gain minus
(i)	FMV as of 12/31/69	A djuste (j) as of 12			ess of col (ı) col (j), ıf any	(I) <sup>c</sup>		ot less than -0-) <b>or</b> (from col (h))
а	See Additional Data	Table						
ь								
d								
e						_	1	
2 3		me or (net capital loss) al gain or (loss) as defined	\ If	gain, also enter i (loss), enter -0-		2		2,969
3	If gain, also enter in	Part I, line 8, column (c) (s			ter -0-			
	ın Part I, line 8 .		• • •		• •	3		
Part	V Qualification l	Under Section 4940(	e) for Red	duced Tax on	Net Investme	ent In	come	
	ional use by domestic p on 4940(d)(2) applies,	orivate foundations subjec leave this part blank	to the sect	ıon 4940(a) tax o	on net investmen	incom	e )	
		e section 4942 tax on the ot qualify under section 49				eriod?		┌ Yes ┌ No
<b>1</b> E n	ter the appropriate amo	unt ın each column for eac	h year, see	ınstructions befo	re makıng any en	tries		
	(a) period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distribu	tions N	(c) Net value of nonchari	table-use assets	ı	(d) Distributio (col (b) divideo	n ratio
	2014		29,799		530,185			0 056205
	2013		25,479		472,400			0 053935
	2012		22,500		464,714			0 048417
	2011		21,500		431,326			0 049846
	2010		23,000		474,992			0 048422
2	Totalof line 1, columi	n (d)				2		0 256825
3		ratio for the 5-year base p the foundation has been in				3		0 051365
4		f noncharitable-use assets				4		570,524
-		23		-	<b>⊢</b>	5		
5		stment income (1% of Par			<u>L</u>			29,305
6						6		148
7	Add lines 5 and 6.					7		29,453

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

26,000

8

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e).	or 4948—se	e page	2 18 of	the inst	ructio		age <b>4</b>
1a	Exempt operating foundations described in section 4940(d)(2), check here			\ \		1110 11100			
10	and enter "N/A" on line 1	,							
	Date of ruling or determination letter			}					
	(attach copy of letter if necessary—see instructions)	chock			4				205
b	Domestic foundations that meet the section 4940(e) requirements in Part V, here ► and enter 1% of Part I, line 27b	, check		J	1				295
c	<b>,</b>			•					
Ī	All other domestic foundations enter 2% of line 27b Exempt foreign organization Part I, line 12, col (b)	ations e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	rs	_				
2	enter -0-) Add lines 1 and 2				3				0
3 4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndation	s only Oth	• •rs	3				295
7	enter -0-)				4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter - 0		•	5				295
6	Credits/Payments		ī						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		53					
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c		242					
d	Backup withholding erroneously withheld	6d			7				205
7 8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2				8				295
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.			•	9				0
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				<u> </u>
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b>	•	Refunded	<b>F</b>	11				
Par	t VII-A Statements Regarding Activities				ı				
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or dı	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for $\boldsymbol{\mu}$	politica	l purposes (	see In	structı	ons			
	for definition)?					-	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any r	nateria	ls				
_	published or distributed by the foundation in connection with the activities.						1c		No
_	Did the foundation file <b>Form 1120-POL</b> for this year?					•	10		NO
d	(1) On the foundation $\Rightarrow$ \$ 0 (2) On foundation managers		= -						
e	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed				
_	on foundation managers  \$0								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in $\bar{\nu}$	ts gove	rnıng ınstru	ment,	article	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a configuration of the similar instruments at the similar instruments. If "Yes," attach a configuration is a similar instrument at the similar instruments at th	formed o	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	_					4a	$\sqcup \sqcup$	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du	iring the	e year?				5		No
•	If "Yes," attach the statement required by General Instruction T.	.45\		_					
6	Are the requirements of section 508(e) (relating to sections 4941 through 49  • By language in the governing instrument, or	143)Sa	tisilea eitile	ı					
	By state legislation that effectively amends the governing instrument so the state of the s	nat no n	nandatory d	rectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year	?If "Yes	s," complete	Part II,	col. (c	),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered ( $% \left( 1\right) =\left( 1\right) \left( 1\right) =\left( 1\right) \left( 1\right$	see ins	tructions)						
	► MD								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99						6:	Y	
^	General (or designate) of each state as required by General Instruction G? If				(-)(D)		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the if or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s		_						
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	." attach	a schedule	Iisting	their n	ames			
	and addresses.						10		No

Pai	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 ► <u>N/A</u>			
14	The books are in care of ▶PAUL MILLER Telephone no ▶(410	)461	-8335	
	Located at ▶PO BOX 307 ELLICOTT CITY MD ZIP+4 ▶21042			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مما	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> a	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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )			
Ь	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 instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2015?	1c		No
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))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.)	3b		
<b>4a</b>	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 2015?	4b	1	No

Form 990-PF (2015)								Pag	e <b>6</b>
Part VII-B Statements Rega	rdin	g Activities for	Wh	ich Form 4720	May	y Be Required <i>(Cont</i>	inue	d)	
<b>5a</b> During the year did the foundation	n pay	or incur any amount	t to						
(1) Carry on propaganda, or other	rwise	attempt to influence	e leg	ıslatıon (section 49	45(e	e)) <sup>?</sup>	No		
(2) Influence the outcome of any	spec	ıfıc publıc electıon (	see	section 4955), or to	car	ry			
on, directly or indirectly, any	voter	registration drive?.	•			<b>┌ Yes </b> ┌	No		
(3) Provide a grant to an individu	al for	travel, study, or oth	ers	ımılar purposes?		Γ Yes Γ	No		
(4) Provide a grant to an organization section 4945(d)(4)(A)? (se							. No		
(5) Provide for any purpose other					•	· · · · · · · · · · · · · · · · · · ·	140		
educational purposes, or for t							- No		
<b>b</b> If any answer is "Yes" to 5a(1)-(	-	•					140		
Regulations section 53 4945 or i								5b	
Organizations relying on a curren								95	
c If the answer is "Yes" to question									
tax because it maintained expend	-			•			- No		
If "Yes," attach the statement requ					•		140		
<b>6a</b> Did the foundation, during the year					nrer	milime on			
a personal benefit contract?							- No		
<b>b</b> Did the foundation, during the year						, ,		6b N	lo
	ar, pa	y premiums, unectry	011	nunectiy, on a perso	Jilai	benefit contract.	•	OB N	
If "Yes" to 6b, file Form 8870.	+h	a faundation a narti	. +	nrahibitad tay abal	++	ransaction? <b>Tyes F</b>	- No		
7a At any time during the tax year, v						• •		7b	
<b>b</b> If yes, did the foundation receive									
Part VIIII and Contractors	t OII	icers, Directors	, 11	rustees, rounda	luo	n Managers, Highly	Paic	i Employees	,
1 List all officers, directors, trustees	s, fou	ndation managers a	nd t	heir compensation (	see i	instructions).			
		Title, and average		Compensation(If		(d)			
(a) Name and address		hours per week	(0)	not paid, enter		Contributions to		Expense accour	•
• •	(b)	devoted to position		-0-)		employee benefit plans	(e)	other allowance	S
PAUL L MILLER	PRE	SIDENT		0		0			0
PO BO X 307	0 00			0		ŭ			J
ELLICOTT CITY, MD 21042									
ROBERT PALMER	DIRE	CTOR		0		0			0
9621 FREDERICK ROAD	0 00								
ELLICOTT CITY, MD 21042									
VALERIE MILLER	-	ECTOR		0		0			0
PO BOX 307	0 00								
ELLICOTT CITY, MD 21042 ROBERT J WIEDER	D.T.D.F	- CTOD							_
	0 00	ECTOR		0		0			0
10306-A BALTIMORE NATIONAL PIKE									
ELLICOTT CITY, MD 21042									
2 Compensation of five highest-paid	l emp	loyees (other than t	hos	e included on line 1–	-see	instructions). If none, er	ıter"	NONE."	
(a)		Title, and avera	ade			Contributions to		_	
Name and address of each employee p	paid	hours per wee	ķ	(c) Compensation	n	employee benefit plans and deferred		Expense accour other allowance	
more than \$50,000		(b) devoted to posi	tion			(d) compensation	(5)	other anowanee	,
NONE									
	-								
		50.000							

	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							
NONE	<b>、</b>								
otal number of others receiving over \$50,000 for professional services		▶ 0							
Part IX-A Summary of Direct Charitable Activities									
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses							
1	duced, etc								
2									
3									
4									
Part IX-B Summary of Program-Related Investments	•								
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount							
Part IX-B Summary of Program-Related Investments	•	A mount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	A mount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1	•	A mount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2  All other program-related investments See instructions	•	Amount							
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount							

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	492,881
b	A verage of monthly cash balances	1b	80,482
c	Fair market value of all other assets (see instructions)	1c	5,849
d	<b>Total</b> (add lines 1a, b, and c)	1d	579,212
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	579,212
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	8,688
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	570,524
6	Minimum investment return. Enter 5% of line 5	6	28,526
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ce check here ►  and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	28,526
2a	Tax on investment income for 2015 from Part VI, line 5 2a 295		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	295
3	Distributable amount before adjustments Subtract line 2c from line 1	3	28,231
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	28,231
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	28,231
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	26,000
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	26,000
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,000
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see in	structions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				28,231
	Undistributed income, if any, as of the end of 201				
	Enter amount for 2014 only			0	
h	Total for prior years 20		0		
3	Excess distributions carryover, if any, to 2015				
a	From 2010				
b		269			
	From 2012				
d	From 2013 2,3	801			
е	From 2014 3,6	592			
f	<b>Total</b> of lines 3a through e	6,262			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 26,000				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				26,000
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2015	2,231			2,231
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,031			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
4	tax has been previously assessed Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see				
	instructions			0	
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7	Amounts treated as distributions out of	•			
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	1			
	be required - see instructions)	0			
8	Excess distributions carryover from 2010 not	0			
٥	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016.	•			
9	Subtract lines 7 and 8 from line 6a	4,031			
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
C	Execus non 2013.	339			
	Excess from 2014	592			
е	Excess from 2015				

c Any submission deadlines

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution						
a Paid during the year See Additional Data Table	or substantial contributor	recipient	Contribution						
Total			 	26,000					
<b>b</b> Approved for future payment	<u> </u>	T							
		1	<u> </u>	+					

Form 990-PF (2015)  Part XVI-A Analysis of Income-Production	ing Activities	s			Page <b>1</b> 2		
Enter gross amounts unless otherwise indicated		siness income	Excluded by section	512, 513, or 514	(e) Related or exempt		
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	<b>(d)</b> A mount	function income (See instructions )		
a b							
c d							
e f							
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>			14	6			
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	17,393			
<ul> <li>a Debt-financed property.</li> <li>b Not debt-financed property.</li> <li>6 Net rental income or (loss) from personal</li> </ul>							
property							
8 Gain or (loss) from sales of assets other than inventory			14	2,969			
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li><li>.</li></ul>							
b							
c d							
2 Subtotal Add columns (b), (d), and (e) 13 Total.Add line 12, columns (b), (d), and (e)		0		20,368 . <b>3</b>	20,368		
(See worksheet in line 13 instructions to verify  Part XVI-B Relationship of Activities to	calculations )				20,300		
Line No.  Explain below how each activity for wh the accomplishment of the foundation instructions )	ıch ıncome ıs rep	orted in column (	(e) of Part XVI-A co	ontributed importa			

Part	XVII	Information Re Noncharitable					nsactio	ns and I	Relationships	With			
		ganization directly or ii 01(c) of the Code (othe	ndirectly (	engage	ın any of	the following \						Yes	No
orga	nızatı	ions?											
<b>a</b> Tran	nsfers	from the reporting four	idation to	a noncl	harıtable	exempt organ	ızatıon of	:					
(1)	Cash										1a(1)		No
(2)	Othe	rassets									1a(2)		No
<b>b</b> 0 th	er trai	nsactions											
(1)	Sales	s of assets to a noncha	rıtable ex	empt or	ganızatıo	n					1b(1)		No
(2)	Purcl	hases of assets from a	noncharıt	able ex	empt org	anızatıon				•	1b(2)		No
(3)	Renta	al of facilities, equipme	nt, or othe	erasset	s						1b(3)		No
(4)	Reım	bursement arrangemen	ts								1b(4)		No
(5)	Loan	s or loan guarantees.									1b(5)		No
<b>(6)</b> P	erfori	mance of services or m	embershı	p or fun	draising s	solicitations.					1b(6)		No
<b>c</b> Sha	ring o	f facılıtıes, equipment, i	mailing lis	ts, oth	erassets	, or paid empl	oyees.				1c		No
of th	ne goo ny tra	wer to any of the above ds, other assets, or se nsaction or sharing arra (b) Amount involved	rvices giv angement	en by tl , show i	he reporti n column	ıng foundatıon	If the fo of the go	undation r ods, other	eceived less thai	n fair marko ces receivo	et value ed	!	nts
(a) Line		(B) / illicant illivoived	(c) Hame	01 1101101	iarrable ex-	empt organizatio	(4)	, Description	or cramorero, cramoae.	nons, and she	ining arra	ng cinci	
							_						
des	cribed	ndation directly or indii I in section 501 (c) of th complete the following s	ie Code (d								. <b>-</b> Ye	ıs 🔽	No
	,	(a) Name of organization			(I	<b>b)</b> Type of organ	ızatıon		(c) Descri	otion of relati	onship		
Sign	the	er penalties of perjury, best of my knowledge a rmation of which prepar	nd belief,	ıt ıs tru	ie, correc					an taxpaye	r) is bas	sed on	all
Here	) .	*****				2016-06-2	4	*****		return	he prepai		
		Signature of officer or t	rustee			Date	r	Title		(see i	nstr )? 🗸	Yes N	Νo
		Print/Type preparer's CPT INC	name	Prepa	rer's Sıgr	nature	Date		Check if self- employed ►	PTIN	005381	199	
Paid Prepa Use	arer						ı		Firm's EIN ► 5	2-166369	3		
Only		Firm's address ►  10306-A BALTIMOR ELLICOTT CITY, MD		NAL PI	KE				Phone no (410	) 465-432	21		

orm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Inves	tment Income	- Columns a - d	
	and(s) of property sold (e g , real e e, or common stock, 200 shs ML		(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
ED JONES FED HOME	LOAN		Р	2010-05-11	2015-05-05
ED JONES JPMORGAN		Р	2010-05-18	2015-05-21	
WELLS PIMCO FDS & T	EMPLETON	Р	2014-09-02	2015-08-06	
WELLS PIMCO FDS & T	EMPLETON	Р	2011-08-05	2015-08-06	
WELLS GNMA II PRINC	;P		Р	2008-06-01	2015-12-31
CAPITAL GAINS DIVI	DENDS		Р		
rm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Inves	tment Income	- Columns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)		or other basis expense of sale	Gain <b>(h)</b> (e) plus	or (loss) (f) mınus (g)
110,000			111,831		-1,831
85,000			85,000	)	0

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
110,000		111,831	-1,831
85,000		85,000	0
462		495	-33
8,832		11,592	-2,760
3,406		3,406	0
7,593			7,593

3,406		3,406	0
7,593			7,593
orm 990PF Part IV - Capital	Gains and Losses for Ta	ax on Investment Income -	· Columns i - I
Complete only for assets showing	g gaın ın column (h) and owned	by the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) <b>or</b> (l) Losses (from col (h))
			-1,831
			0
			-33
			-2,760
			0
			7,593

# 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	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ARC OF HOWARD COUNTY 11735 HOMEWOOD ROAD ELLICOTT CITY,MD 21042	NONE	501(C)(3)	GENERAL	500
AUGSBERG LUTHERAN HOME 6825 CAMPFIELD RD BALTIMORE,MD 21207	NONE	501(C)(3)	UNRESTRICTED	1,000
BRIGHT MINDS FOUNDATION (HOWARD COUNTY PUBLIC SCHOOLS EDUCATIONAL FDTN 10910 ROUTE 108 ELLICOTT CITY,MD 21042	NONE	501(C)(3)	GENERAL	800
CARROLL LUTHERAN VILLAGE 300 ST LUKE CIRCLE WESTMINSTER, MD 21158	NONE	501(C)(3)	GENERAL	1,000
CHRISTIAN SERVICES OF HOWARD COUNTY MD 3267 PINE ORCHARD LANE ELLICOTT CITY,MD 21043	NONE	501(C)(3)	GENERAL	1,300
COALITION TO PROTECT MD BURIAL SITES P O BOX 1533 ELLICOTT CITY,MD 210411533	NONE	501(C)(3)	GENERAL	500
COMMUNITY FOUNDATION OF HOWARD COUNTY 10630 LITTLE PATUXENT PKWY 315 COLUMBIA,MD 21044	NONE	501(C)(3)	UNRESTRICTED	700
DEFENSE OF ANIMAL RIGHTS 3010 KERNER BLVD SAN RAFAEL, CA 94901	NONE	501(C)(3)	UNRESTRICTED	800
FIRST LUTHERAN CHURCH 3604 CHATHAM ROAD ELLICOTT CITY,MD 21042	NONE	501(C)(3)	UNRESTRICTED	1,000
GILCHRIST HOSPICE CARE 11311 MCCORMICK RD SUITE 350 HUNT VALLEY, MD 21031	NONE	501(C)(3)	UNRESTRICTED	1,000
GRASSROOTS CRISIS INTERVENTION CENTER 6700 FREETOWN ROAD COLUMBIA,MD 21044	NONE	501(C)(3)	UNRESTRICTED	1,000
HARRY CHAPIN FOOD BANK 3760 FOWLER ST FORT MYERS,FL 33901	NONE	501(C)(3)	GENERAL FUND	800
HOWARD COUNTY CONSERVANCY PO BOX 175 WOODSTOCK,MD 21163	NONE	501(C)(3)	UNRESTRICTED	700
HOWARD COUNTY HISTORICAL SOCIETY 8328 COURT AVENE ELLICOTT CITY,MD 21043	NONE	501(C)(3)	UNRESTRICTED	1,500
HOWARD HOSPITAL FOUNDATION 10705 CHARTER DRIVE320 COLUMBIA,MD 21044	NONE	501(C)(3)	UNRESTRICTED	700
Total			▶ 3a	26,000

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

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Maine and address (nome or business)	or substantial contributor	,		
a Paid during the year				
INTERNATIONAL RESCUE COMMITTEE 3516 EASTERN AVE BALTIMORE,MD 21224	NONE	501(C)(3)	GENERAL FUND	500
LINWOOD CHILDREN'S CENTER 3421 MARTHA BUSH DRIVE ELLICOTT CITY,MD 21043	NONE	501(C)(3)	UNRESTRICTED	1,500
LIVING CLASSROOMS FOUNDATION 802 SOUTH CAROLINE STREET BALTIMORE,MD 21231	NONE	501(C)(3)	UNRESTRICTED	800
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE,MD 21227	NONE	501(C)(3)	UNRESTRICTED	1,500
MD AGRICULTURAL EDUCATION FOUNDATION P O BOX 536 HAVRE DE GRACE,MD 21078	NONE	501(C)(3)	UNRESTRICTED	700
MEALS ON WHEELS CENTRAL MD 515 SOUTH HAVEN STREET BALTIMORE,MD 21224	NONE	501(C)(3)	UNRESTRICTED	2,000
NATIONAL FEDERATION FOR THE BLIND 1800 JOHNSON STREET BALTIMORE,MD 21230	NONE	501(C)(3)	UNRESTRICTED	1,500
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD,VA 22646	NONE	501(C)(3)	UNRESTRICTED	1,000
ROTARY FOUNDATION 14280 COLLECTIONS CENTER DR CHICAGO,IL 60693	NONE	501(C)(3)	UNRESTRICTED	500
SALVATION ARMY 814 LIGHT STREET BALTIMORE,MD 21230	NONE	501(C)(3)	UNRESTRICTED	1,000
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE 103 BALTIMORE,MD 21227	NONE	501(C)(3)	UNRESTRICTED	700
UNIVERSITY OF THE CUMBERLANDS 6191 COLLEGE STATION DRIVE WILLIAMSVURG, KY 40769	NONE	501(C)(3)	UNRESTRICTED	1,000
Total			▶ 3a	26,000

# **TY 2015 Accounting Fees Schedule**

Name: THE MILLER FAMILY FOUNDATIONINC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CPT, INC	1,745	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491193005156

## **TY 2015 Investments - Other Schedule**

Name: THE MILLER FAMILY FOUNDATIONINC

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ED JONES-BONDS	AT COST	290,846	288,098
WELLS FARGO-MUTUAL FDS & GOVT	AT COST	224,895	222,254

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491193005156

# **TY 2015 Other Decreases Schedule**

Name: THE MILLER FAMILY FOUNDATIONINC

Description	Amount
R/P CONTRIBUTION IN FMV \$305K; BOOK BASIS \$77,427	227,573
ROUNDING	1

# **TY 2015 Other Expenses Schedule**

Name: THE MILLER FAMILY FOUNDATIONINC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE FEES	36	0		0
SAFE DEPOSIT BOX FEE	50	0		0

## **TY 2015 Taxes Schedule**

Name: THE MILLER FAMILY FOUNDATIONINC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990 PF TAXES	0	0		0
FOREIGN TAX	1	1		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491193005156

OMB No 1545-0047

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

**Employer identification number** 

THEM	ILLER FAMILY FOU	NDATIONINC	52-1547070
Organ	ization type (check	one)	[52-1547070
Filers	of:	Section:	
Form 9	90 or 990-EZ	□ 501(c)( ) (enter number) organization	
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1
		□ 527 political organization	
Form 9	90-PF	<b>▽</b> 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	
		□ 501(c)(3) taxable private foundation	
Gener		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions many one contributor. Complete Parts I and II. See instructions for determining a	
Specia	al Rules		
Γ	under sections 509( received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% suppa(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part ne contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or i) Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that
Γ	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive I contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III	•
Γ	during the year, con this box is checked, purpose Do not con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tributions exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an exclusive any of the parts unless the <b>General Rule</b> applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively

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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE MILLER FAMILY FOUNDATIONINC

Employer identification number 52-1547070

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 cont	ribution
1			Person	IZ
	ESTATE OF DONALD C MILLER 3300 NORTH RIDGE RD STE 245	\$ 18,971	Payroll	Г
	ELLICOTT CITY, MD21043	<u> </u>	Noncash	Г
			(Complete Part II for contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2			Person	Г
	THE MILLER LAND COMPANY PO BOX 307		Payroll	Г
	ELLICOTT CITY, MD21041	\$ 305,000	Noncash	া
	ELLICOTT CITT, MD21041		(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
			Payroll	Г
		\$	Noncash	Г
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
			Payroll	Г
		\$	Noncash	Г
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		\$	Payroll	Γ
	-	<u> </u>	Noncash	Г
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		•	Payroll	Γ
		\$	Noncash	Г
			(Complete Part II fo	or noncash

Name of organization		Employer identification number	
HE MILLER FAN	MILY FOUNDATIONINC	52-1547070	
20-41	Noncash Property	32 23 17 37 3	
Part II	(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
2	REAL PROPERTY KNOWN AS 204 SILVER HEEL DR , CHESTERTOWN,21620	\$ 305,000	2015-12-23
(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
		s	
(a) No.from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<del></del>	

Schedule B (Form 990, 990-EZ, or 990-PF)	(2015)
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, 990-EZ, or 990-PF) (2015)		Page <b>4</b>	
		Employer identification number	
		52-1547070	
e than \$1,000 for the year from any or . For organizations completing Part I or less for the year. (Enter this inform	ne contributor. Complete coli II, enter the total of <i>exclusivel</i> mation once. See instructions	umns (a) through (e) and the following y religious, charitable, etc., contributions	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift		
Transferee's name, address, and		Relationship of transferor to transferee	
(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	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of dift		
Transferee's name, address, and	, ,	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, and	, ,	Relationship of transferor to transferee	
-			
	// religious, charitable, etc., contribute than \$1,000 for the year from any of provided in the year from any of the respective state copies of Part III of additional space is respectively.  Transferee's name, address, and the year from a ddress, and the year.  (b) Purpose of gift  Transferee's name, address, and the year from a ddress, and the year from a ddress	Section   Sect	