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Department of the Treasury

Internal Revenue Service

#### DLN: 93491272003056

OMB No 1545-0052

2015

Open to Public Inspection

# 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="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

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, and ending 05-31-2016 For calendar year 2015, or tax year beginning 06-01-2015 A Employer identification number JAMES & LILA MILLER CHARITABLE TRUST 93-6174460 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 1805 NW GLISAN ST (503) 295-0580 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 972092010 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 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 Cash 🔽 Accrual 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) **\$** 5,615,769 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 necessarily equal the amounts in column (a) (see (b) (c) income purposes ıncome books (d) (cash basis only) instructions)) Contributions, gifts, grants, etc , received (attach 1 2 Check F 🔽 if the foundation is **not** required to attach . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 136.016 136.016 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 -29,144 6a Revenue b Gross sales price for all assets on line 6a 869,648 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 -21,221 -21,221 11 Other income (attach schedule) . . . . Total.Add lines 1 through 11 85,651 114,795 17,000 1,000 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses Legal fees (attach schedule). . . . . 16a 夗 5,973 5,473 500 Accounting fees (attach schedule). . . . b Other professional fees (attach schedule) . 匑 40,809 40,809 0 C Operating and Administrative **17** 1 4,863 4,863 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications . . 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 69.64 68.145 1.500 391,000 391,000 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 460,645 68,145 392,500 25 27 Subtract line 26 from line 12 -374,994 Excess of revenue over expenses and disbursements a 46,650 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)

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	(a) Book value	(B) Book Value	(c) I all Flance Value
	2	Savings and temporary cash investments	132,752	127,494	127,494
	3	Accounts receivable -	,	,	
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	<b>-</b>	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
	0	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	<b>'</b>	Less allowance for doubtful accounts			
		Inventories for sale or use			
\$	8	<u> </u>			
Assets	9	Prepaid expenses and deferred charges			
Ā	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	5,314,867	5,063,669	5,488,275
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	118,538	0	0
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule)			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	5,566,157	5,191,163	5,615,769
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ES.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
J	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
and	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
핃	26	Permanently restricted			
щ		Foundations that do not follow SFAS 117, check here 🕨 🔽			
or		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	5,566,157	5,191,163	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Net	30	Total net assets or fund balances(see instructions)	5,566,157	5,191,163	
_	31	Total liabilities and net assets/fund balances(see instructions)	5,566,157	5,191,163	
Рa	rt III	<u> </u>	· · ·	· · ·	
1		Total net assets or fund balances at beginning of year—Part II, column (	a) line 30 (must ad	ree T	
•		with end-of-year figure reported on prior year's return)			5,566,157
2		Enter amount from Part I, line 27a			-374,994
3		Other increases not included in line 2 (itemize)		3	-374,994
4		Add lines 1, 2, and 3		_	5,191,163
5		Decreases not included in line 2 (itemize)		5	3,191,103
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa			5,191,163
_		- , ota, not appets of rana palanees at end of year (fille + filling fille ) / r c	,		J, ± J ± , ± U J

			f property sold (e g , remmon stock, 200 shs	•	How acquire P—Purchas (b) D—Donatio	e   (C)	Date acquired mo , day, yr )	Date sold (d) (mo , day, yr )
1a	See Additional Data	Table						
b								
d								
	e) Gross sales price		Depreciation allowe  (or allowable)		t or other basis expense of sale			n or (loss) (f) minus (g)
a	See Additional Data		•	1 137.	•			
d						-		
						-		
e								
Co	mplete only for assets	showing gain				_		(h) gain minus
(i)	F M V as of 12/31/69		Adjusted basıs (j) as of 12/31/69		cess of col (ı) r col (j), ıf any	(1)		ot less than -0-) <b>or</b> (from col (h))
а	See Additional Data	Table						
ь								
d								
<u>_</u> _								
				If gain, also enter	D 17 1 7 1	-		
2 3	Capital gain net inco			If (loss), enter -0-	ın Part I, line 7	2		-29,144
	If gain, also enter in in Part I, line 8	Part I, line 8,	column (c) (see ınstru	ctions) If(loss), e	nter -0 - • •	]   з		
Part	V Qualification (	Jnder Sec	tion 4940(e) for R	educed Tax or	Net Investm	ent Iı	ncome	
	cional use by domestic pon 4940(d)(2) applies,	rivate found	ations subject to the se					
	e foundation liable for th " the foundation does n					eriod?		┌ Yes ┌ No
<b>1</b> E n	ter the appropriate amo	unt ın each c	olumn for each year, s	ee instructions befo	ore making any er	tries		
	(a) period years Calendar or tax year beginning in)	Adjusted o	<b>(b)</b> ualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distribution (col (b) divided	n ratio
	2014		280,850		6,240,418		.,	0 045005
	2013		294,620		6,099,278			0 048304
	2012		292,425		5,898,365			0 049577
	2011		300,935		5,421,250			0 055510
	2010		284,238		6,111,894			0 046506
	<b>Total</b> of line 1, columi	n (d)				2		0 244902
3			5-year base period—div					
-	the number of years t	he foundatio	n has been in existence	e ıf less than 5 yea	rs	3		0 048980
4	Enter the net value o	f noncharitab	le-use assets for 2015	from Part X, line 5	5	4		5,610,128
5	Multiply line 4 by line	3			[	5		274,784
6	Enter 1% of net inve	stment incom	ne (1% of Part I, line 2	7b) <b></b> .		6		467
7						7		275,251

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

Enter qualifying distributions from Part XII, line 4. . . . . . . . . . . .

the Part VI instructions

392,500

8

Fell	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	<del>540(€),</del>	01 4340—See p	aye	10 OI [	ne mst	. ructio	115)	
1a	Exempt operating foundations described in section 4940(d)(2), check here $\blacksquare$ and enter "N/A" on line 1	► [							
	Date of ruling or determination letter			ļ					
_	(attach copy of letter if necessary–see instructions)	-11-							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, here ►  and enter 1% of Part I, line 27b	, check		<i>)</i>	1				467
c		· · ·							
	All other domestic foundations enter 2% of line 27b Exempt foreign organization Part I, line 12, col (b)	ations e	nter 4 % or						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndations	s only Others		2				0
3	enter - 0 - ) Add lines 1 and 2			H	3				467
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndation	s only Others	t					
_	enter - 0 - )  Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	ntor - O	_	ŀ	5				0 467
5 6	Credits/Payments	inter -o			5				467
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	4,8	90					
ь	Exempt foreign organizations—tax withheld at source	6b	,						
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				4,890
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $\  \  \  \  \  \  \  \  \  \  \  \  \ $	2220 is	attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .		)	▶	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun	nt overp	oaid	•	10			•	4,423
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	4,423	Refunded		11				0
	t VII-A Statements Regarding Activities				•				
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation o	rdid			1-	Yes	No
<b>.</b>	It participate or intervene in any political campaign?	nolitical		·	tructio		1a		No
b	for definition)?			: 1115	ili uc tio	115	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities			erials	5	-			
	published or distributed by the foundation in connection with the activities.		,,						
С	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impo	sed dur	ing the year						
	(1) On the foundation 🕨 \$ 0 (2) On foundation managers			0					
е	Enter the reimbursement (if any) paid by the foundation during the year for pol	itical ex	kpenditure tax	ımpo	sed				
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been re	ported t	to the IRS? .	•			2		No
2	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in i	ta aaua	rning inctrime	n+ n	rtialaa				
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	_	<del>-</del>	•	rticles		3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a	Yes	110
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction du						5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) sat	tisfied either						
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the								
	that conflict with the state law remain in the governing instrument?						6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year	?If "Yes	," complete Part	: II,	col. (c),		_	\ <sub>V==</sub>	
8a	and Part XV	see inc	tructions)	•			7	Yes	
Ja	►OR	,5 CC 1115	a accions j						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF t	to the Attorney	_					
	General (or designate) of each state as required by General Instruction G? $\it If$						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the	meanıng	g of section 49	4 2 ( <u>j</u>	)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for Pa	rt XI	۷ )؟				
	If "Yes," complete Part XIV			•			9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,			-					
	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	<u> </u>	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 ►TED M MILLER Telephone no ►(503)	) 295	-0580	
	Located at ▶1805 NW GLISAN ST PORTLAND OR ZIP+4 ▶9720920			
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	ء ا	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			T
	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?			
	(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) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after 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			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 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?			
	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		
С	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			
_	<b>▶</b> 20, 20, 20			
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
D	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 <b>(3)</b> 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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+-	No
ъ Б	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-ru		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

	rt VII-B Statements Reg	ai aii	ig mearines for		1011 1 01111 47 20	May be Requir	cu (com	illuci	<i>4</i>	
5a	During the year did the foundation	n pay	or incurany amoun	t to						
	(1) Carry on propaganda, or other	erwise	attempt to influence	e legi	slation (section 494	45(e))?	┌ Yes ┡	√ No		
	(2) Influence the outcome of any	spec	ıfıc publıc election (	(see s	ection 4955), or to	carry				
	on, directly or indirectly, any						┌ Yes ┡	√ No		
	(3) Provide a grant to an individ						┌ Yes ि			
	(4) Provide a grant to an organiz					scribed	,			
	in section 4945(d)(4)(A)? (s						┌ Yes ि	- No		
	(5) Provide for any purpose other						, ,			
	educational purposes, or for			•			┌ Yes ┡	- No		
b	If any answer is "Yes" to 5a(1)-						, ,			
	Regulations section 53 4945 or								5b	
	Organizations relying on a curre								95	
_	If the answer is "Yes" to question									
·	tax because it maintained exper						□ voc □	- No		
	If "Yes," attach the statement req						1 165	140		
<b>6</b> -										
6a	Did the foundation, during the year	•			** * *	•	┌ Yes ि	- No		
<b>L</b>	a personal benefit contract?								6b	No
b	Did the foundation, during the years	ai, pa	y premiums, anecus	y OI II	idirectly, on a perso	mai benent contrac		•	OD	140
_	If "Yes" to 6b, file Form 8870.							<del>.</del>		
7a	At any time during the tax year,						┌ Yes ┌		_,	
ь	If yes, did the foundation receive								7b   - •	
Pa	rt VIII and Contractors	it Off	icers, Directors	s, Ir	ustees, Founda	tion Managers	, Highly	Paid	Employe	es,
=	List all officers, directors, trusted	es. fou	ındat ion managers a	and th	eir compensation (	see instructions).				
	,,,,,	1				(d)				
			Title, and average	(c)	Compensation <b>(If</b>	<b>(d)</b> Contribution			xpense acc	
	(a) Name and address			(c)		<b>(d)</b> Contribution employee bene	it plans		xpense acc other allowa	
	(a) Name and address	(b)	Title, and average hours per week devoted to position	(c)	Compensation(If not paid, enter -0-)	<b>(d)</b> Contribution	it plans pensation	(e)		nces
TED I	(a) Name and address	(b)	Title, and average hours per week devoted to position STEE	(c)	Compensation(If not paid, enter	<b>(d)</b> Contribution employee bene	it plans	(e)		nces
TED I	(a) Name and address	(b)	Title, and average hours per week devoted to position STEE	(c)	Compensation(If not paid, enter -0-)	<b>(d)</b> Contribution employee bene	it plans pensation	(e)		nces
TED I	(a) Name and address  M MILLER  5 NW GLISAN ST	(b) TRU 10 0	Title, and average hours per week devoted to position STEE	(c)	Compensation(If not paid, enter -0-)	(d) Contributior employee bene and deferred com	it plans pensation 0	(e) (	other allowa	nces
TED I	(a) Name and address  M MILLER  5 NW GLISAN ST RTLAND,OR 972092010  Compensation of five highest-pair	(b) TRU 10 0	Title, and average hours per week devoted to position STEE	(c)	Compensation(If not paid, enter -0-)	(d) Contribution employee benefand deferred com  see instructions).	ot plans  pensation  0  If none, enutions to	(e) (	other allowa	nces 0
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST RTLAND,OR 972092010	(b) TRU 10 0	Title, and average hours per week devoted to position STEE	those	Compensation(If not paid, enter -0-)	(d) Contribution employee benefined and deferred com  see instructions). Contrib employee	ot plans  pensation  0  If none, enutions to e benefit	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST RTLAND,OR 972092010  Compensation of five highest-pair	(b) TRU 10 0	Title, and average hours per week devoted to position STEE 00 lloyees (other than to the standard average)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	other allowa	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	ot plans  pensation  0  If none, enutions to e benefit	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  lloyees (other than to hours per week)	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,
TED I 180 POR 2 Non	(a) Name and address  M MILLER  5 NW GLISAN ST  RTLAND, OR 972092010  Compensation of five highest-pair  (a)  me and address of each employee more than \$50,000	(b) TRU 10 0	Title, and average hours per week devoted to position  STEE 00  loyees (other than average) hours per week devoted to position of the position	those	Compensation(If not paid, enter -0-) 18,000	(d) Contribution employee benerand deferred com  see instructions). Contrib employee plans and	of plans  of pensation  of pensation  of pensations to be benefit if deferred	(e) (	NONE."	ount,

and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation during the	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	5,543,537
b	A verage of monthly cash balances	1b	152,024
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	5,695,561
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	5,695,561
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	instructions)	4	85,433
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,610,128
6	Minimum investment return. Enter 5% of line 5	6	280,506
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► □ and do not complete this part.)	rtaın fo	reign organizations
1	Mınımum ınvestment return from Part X, line 6	1	280,506
2a	Tax on investment income for 2015 from Part VI, line 5 2a 467		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		
c	Add lines 2a and 2b	2c	467
3	Distributable amount before adjustments Subtract line 2c from line 1	3	280,039
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	280,039
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	280,039
Par	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	392,500
	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)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	392,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	467
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	392,033
	<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 f	oundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				280,039
	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			269,645	
b	Total for prior years 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
	From 2012	-			
	From 2013				
	From 2014		0		
	<b>Total</b> of lines 3a through e		0		
4	Qualifying distributions for 2015 from Part				
_	XII, line 4  \$ 392,500			269,645	
	Applied to 2014, but not more than line 2a		0	209,043	
	Applied to undistributed income of prior years (Election required—see instructions)		<b>Q</b>		
	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount				122,855
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2015		0		0
	(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		0		
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		
	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				157,184
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may		0		
_	be required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)		0		
٥	Excess distributions carryover to 2016.				
ر	Subtract lines 7 and 8 from line 6a		0		
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
c	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

NONE

_	Part XIV Private Operating Foundat	ions (see instru	ictions and Part	VII-A, question	9)	Page 10
	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015,	nınatıon letter that	it is a private ope	erating	- /	
b	Check box to indicate whether the organization	ıs a prıvate operat	ing foundation de	scribed in section	4942(j)(3) or	「 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tabal
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b						
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)  (3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pā	rt XV Supplementary Information (	Complete this	part only if th	e organization	had \$5,000 o	r more in
	assets at any time during the	year—see inst	ructions.)			
1 a	Information Regarding Foundation Managers: List any managers of the foundation who have c before the close of any tax year (but only if they					ation
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of wh				large portion of the	е
2	Information Regarding Contribution, Grant, Gif					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and countries.	makes gifts, grant	selected charitabl ts, etc (see instri	e organizations and uctions) to individu	d does not accept als or organization	ns under
a	The name, address, and telephone number or e	-mail address of th	ne person to whom	n applications shou	ld be addressed	
	1805 NW GLISAN ST PORTLAND, OR 972092010 (503) 295-0580					
Ł	The form in which applications should be subm NO SPECIFIC REQUIREMENTS	itted and information	on and materials t	they should include		
_	Any submission deadlines					
-	A ny restrictions or limitations on awards, such factors	as by geographica	ıl areas, charıtabl	e fields, kinds of in	stitutions, or other	r

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 391,000 **b** Approved for future payment

Part XV	I-A Analysis of Income-Produc	ing Activitie	S			
nter gros	s amounts unless otherwise indicated		isiness income	Excluded by section	<u> </u>	(e) Related or exempt function income
<b>1</b> Progran	m service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	(See instructions )
a						,
	•					
	and contracts from government agencies					
Member Interes	ership dues and assessments st on savings and temporary cash ments					
	nds and interest from securities			14	136,016	
	ntal income or (loss) from real estate -financed property					
	lebt-financed property					
	ntal income or (loss) from personal					
	investment income					
	r (loss) from sales of assets other than cory					
	come or (loss) from special events			14	-29,144	
	profit or (loss) from sales of inventory					
L Other	revenue <b>a</b> PARTNERSHIP INCOME			14	-21,221	
					·	
	_					
Subtot	al Add columns (b), (d), and (e).		(		85,651	
	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify				13	85,651
art XV	-					
Line No.	Explain below how each activity for wh the accomplishment of the foundation's instructions )					
	N/A					

Part	XVI	I Information Re Noncharitable					sactio	ns and I	Relationships	With			
		organization directly or i	ndırectly e	engage i	n any of t	he following wi						V	N.
		501(c) of the Code (othe	r than se	ction 50	1(c)(3) o	rganizations) (	or in sec	tion 527,	relating to politic	al		Yes	No
_		tions?	dation to		a w ta bla	.vemet eraeni	ntion of						
		s from the reporting four h								1	a(1)		No
		erassets									.a(1)		No
` `		ansactions									a(2)		NO
		es of assets to a noncha	ritable evi	emnt ord	nanizatior	1				1	h(1)		No
		chases of assets from a								<del>-</del>	b(2)		No
		tal of facilities, equipme								<u> </u>	.b(3)		No
		mbursement arrangemen									b(4)		No
		ns or loan guarantees.									.b(5)		No
		rmance of services or m									b(6)		No
		of facilities, equipment, i								<b>—</b>	1c		No
	_	swer to any of the above	_							<u> </u>	et val	ue	
	ny tr	ods, other assets, or se ansaction or sharing arra (b) Amount involved	angement	, show ir	n column		f the go	ods, other		ces received			nte
(d) Line	. 110	(b) Amount involved	(c) Name	Of Horicia	antable exe	inpt organization	(u)	Везсприон	or transfers, transact	ions, and sham	g anai	igeniei	163
			.1 661				<u> </u>						
des	cribe	undation directly or indi d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		an section		'ın secti			otion of relations	√Ye ship	s 🔽	No
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepar	nd belief,	ıt ıs tru	e, correct						ıs bas	ed on	all
Here	N	*****				2016-09-21	<u> </u>	*****		return with the			
	<b>,</b>	Signature of officer or t	rustee			Date		Title		below (see inst	r)? 🔽	Yes N	lo
		Print/Type preparer's LEAH D DIGREGOF		Prepar	er's Sıgn	ature	Date		Check if self- employed ►	PTIN POO	3621	94	
Paid Prepa Use	are		& SCHMI	DT PC					Firm's EIN ▶ 9	3-0743240			
Only		Firm's address • 4900 MEADOWS ROA OR 970353295	AD STE 2	00 LAKI	EOSWEG	GO,			Phone no (503	3)220-5900			

OOODE Doub TV Conital Coins and Losses for

rm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	tment Income	- Columns a - d	
	kınd(s) of property sold (e g , real e se, 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 )
POWER SHARES DB CO	OMMODITY - 115 UNITS			2011-08-01	2015-10-29
US COMMODITY INDE	X FUND - 497 UNITS			2015-01-21	2015-12-18
US COMMODITY INDE	EX FUND - 497 UNITS		2011-06-21	2015-12-18	
PERSHING			2015-05-31	2016-05-31	
PERSHING				2014-05-31	2016-05-31
CAPITAL GAINS DIVI	DENDS		Р		
rm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	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)
1,275					1,275
20,039			23,148	B -:	
89,266	89,266 75,44		75,444		13,822
335.622			396.574		-60.952

	<b>(f)</b> (or allowable)	(g) plus expense of sale	(h) (e) plus (f) minus (g)
1,275			1,275
20,039		23,148	-3,109
89,266		75,444	13,822
335,622		396,574	-60,952
367,039		403,626	-36,587
56.407			56.407

١.	,			<u>'</u>
Ī	Form 990PF Part IV - Capit	al Gains and Losses for Ta	x on Investment Income -	Columns i - I
	Complete only for assets show	ving gain in column (h) and owned b	by the foundation on 12/31/69	Gains (Col (h) gain minus
	(i) F M V as of 12/31/69	A djusted basis	Excess of col (ı)	col (k), but not less than -0-)

56,407			56,407				
Form 990PF Part IV - Capita	orm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I						
Complete only for assets shown	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69						
(i) F M V as of 12/31/69	Adjusted basis Excess of col (i) (j) as of 12/31/69 (k) over col (j), if any		col (k), but not less than -0-) <b>or</b> (I) Losses (from col (h))				
			1,275				
			-3,109				
			13,822				
			-60,952				
			-36,587				
			56,407				

## 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	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ARCS FOUNDATION PO BOX 2063 PORTLAND, OR 97208	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	6,000
BEYOND VICTORY MINISTRIES 16658 NW DUBLIN CT PORTLAND,OR 97229	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	7,500
GALES GREEK CAMP FOUNDATION 6975 SW SANDBURG STREET 150 PORTLAND,OR 97223	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	7,500
GEORGE FOX UNIVERSITY 111 MERIDION ST NEWBERG,OR 97132	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	60,000
KIZIMANI PO BOX 3264 PORTLAND,OR 97208	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	7,500
MARTHA & MARY MINISTRIES 2213 NE 10 AVE PORTLAND,OR 97212	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	7,500
MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND,OR 97224	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	60,000
MERCY CORPS PO BOX 2063 PORTLAND,OR 97208	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	35,000
PASTE PORTLAND AFTER-SCHOOL TENNIS & EDUCATION 16055 SW WALKER ROAD SUITE 439 BEAVERTON,OR 97066	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	12,500
PORTLAND LEADERSHIP FOUNDATION 809 N RUSSELL 203 PORTLAND,OR 97227	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	80,000
ROSE HAVEN PO BOX 11620 PORTLAND,OR 97211	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	15,000
SISTERS OF THE ROAD 133 NW SIXTH AVENUE PORTLAND, OR 97209	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	5,000
SALVATION ARMY WHITE SHIELD CENTER PO BOX 8798 PORTLAND, OR 97218	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	45,000
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO,FL 32862	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	7,500
MERCY CORPS NW 45 SW ANKENY ST PORTLAND, OR 97204	NONE	N/A	ORGANIZATION'S CHARITABLE PURPOSE	35,000

## **TY 2015 Accounting Fees Schedule**

Name: JAMES & LILA MILLER CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,973	5,473	0	500

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### **TY 2015 Investments Corporate Stock Schedule**

Name: JAMES & LILA MILLER CHARITABLE TRUST

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS	5,063,669	5,488,275



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

Name: JAMES & LILA MILLER CHARITABLE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
PUBLICLY TRADED PARTNERSHIPS	AT COST	0	0	

#### **TY 2015 Other Income Schedule**

Name: JAMES & LILA MILLER CHARITABLE TRUST

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INCOME	-21,221	-21,221	0

#### **TY 2015 Other Professional Fees Schedule**

Name: JAMES & LILA MILLER CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE FEES	40,809	40,809	0	0

#### **TY 2015 Taxes Schedule**

Name: JAMES & LILA MILLER CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	4,206	4,206	0	0
STATE TAXES	657	657	0	0