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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990PFfor instructions and the latest information

Open to Public Inspection

For	calend	dar year 2017 or tax year beginning ,	and ending				
		undation	17		A Empl	oyer identification number	
	_	MARIE AND TED J MILLER FAMII	ıΥ		A =	2605004	
		DATION, INC. d street (or P O box number if mail is not delivered to street address)		oom/suite	 	-2695884 hone number (see instructio	
		ROYAL PALM WAY, #215	`	,	1	1 - 659 - 8661	115)
		n, state or province, country, and ZIP or foreign postal code	·				. [7]
	MLA	BEACH FL 33480			C If exe	mption application is pending	g, check here
G	Check a	all that apply Initial return Initial retur	rn of a former public ch	arity	D 1 Fc	oreign organizations, check h	nere ►
		Final return Amended	return		2 Fo	oreign organizations meeting	the
		Address change Name cha	inge	1	85	% test, check here and attac	ch computation
Н	Check t	type of organization X^i Section 501(c)(3) exempt private	foundation	74	E If priva	ate foundation status was te	rminated under
~		n 4947(a)(1) nonexempt charitable trust Other taxable			sectio	n 507(b)(1)(A), check here	▶
IF	aır mar	rket value of all assets at J Accounting method	Cash X Acc	rual	F If the	foundation is in a 60-month t	ermination
е	nd of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check	here .
براار	ne 16) l	▶ \$ 7,152,993 (Part I, column (d) must b	oe on cash basis)				
Þ	art I	Analysis of Revenue and Expenses The total of	(a) Revenue and	(b) Net inv	resimeni	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes
	1		2,402,605	 			(cash basis only)
	2	Contributions, gifts, grants, etc , received (attach schedule) Check i f the foundation is not required to attach Sch B	2,402,003	 			
	3	Interest on savings and temporary cash investments	11		11	11	
	4	Dividends and interest from securities	5,520	 	5,520	5,520	
Ď.	5a	Gross rents	3,320	 	3,520	5,520	
5	Ь	Net rental income or (loss)					
# ¥ €	6a	Net gain or (loss) from sale of assets not on line 10	7,025				
MAK 1 % LUIS Revenue	b	Gross sales pnce for all assets on line 6a 96,899	The second secon				-
اق کے	7	Capital gain net income (from Part IV, line 2)			7,025	,	
1 −	8	Net short-term capital gain				(
	9	Income modifications					
2	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
2 2	С	Gross profit or (loss) (attach schedule)			·	·	
3	11	Other income (attach schedule) STMT 1	-108,107		807	-108,107	
2	12	Total Add lines 1 through 11	2,307,054		13,363	-102,576	5
ý	13	Compensation of officers, directors, trustees, etc	0	·			
xpenses	14	Other employee salaries and wages				F 550	- 1 , para p.,
)ec	15	Pension plans, employee benefits				HEC	+
	16a	Legal fees (attach schedule)					
è	b	Accounting fees (attach schedule)	2 542	 	2 542	NAL S	0 4 2019
ĭţ.	C	Other professional fees (attach schedule) STMT 2	2,542		2,542		1 - 160
it	17	Interest Taxes (attach schedule) (see instructions) STMT 3	299		19	HAAR.	A LIEV
Operating and Administrative	18	, , , , ,		 			
Ē	19 20	Depreciation (attach schedule) and depletion Occupancy		 			
A	21	Travel conferences, and meetings		 			
Пд	22	Printing and publications		<u> </u>			<u> </u>
3 8	23	Other expenses (att sch.) STMT 4	5,483				
ü	24	Total operating and administrative expenses.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ral		Add lines 13 through 23	8,324		2,561		0
be.	25	Contributions, gifts, grants paid SEE STATEMENT 5	266,638	····			266,638
_0	26	Total expenses and disbursements. Add lines 24 and 25	274,962		2,561	(266,638
	27	Subtract line 26 from line 12			,		
•	a	Excess of revenue over expenses and disbursements	2,032,092				
	b	Net investment income (if negative, enter -0-)			10,802		
	С	Adjusted net income(if negative, enter -0-)	L	<u></u>			
For	Papen	work Reduction Act Notice, see instructions		GIZU			Form 990-PF (2017)

45-2695884 Form 990-PF (2017) ROSE MARIE AND TED J MILLER FAMILY Page 2 Beginning of year End of year Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) Part II Balance Sheets (a) Book Value (b) Book Value (c) Fair Market Value 53,866 43,140 43,140 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 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 (att schedule) 0 Less allowance for doubtful accounts 8 Inventories for sale or use Q Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule) SEE STMT 6 298,221 227,316 . 265,663 Investments - corporate stock (attach schedule) b Investments - corporate bonds (attach schedule) C 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans SEE STATEMENT 7 4,477,511 4,518,936 4,518,936 13 Investments - other (attach schedule) 2,325,000 14 Land, buildings, and equipment basis STMT 8 2,325,000 2,325,000 Less accumulated depreciation (attach sch.) SEE STATEMENT 9 254 254 Other assets (describe > 15 16 Total assets (to be completed by all filers - see the 4,829,598 7,114,646 7,152,993 instructions Also, see page 1, item 1) 23,716 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule) 760 SEE STATEMENT 10 230,000 22 Other liabilities (describe 760 253,716 23 Total liabilities (add lines 17 through 22) X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Assets or Fund Balances 4,828,838 6,860,930 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 4,828,838 6,860,930 Net Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances(see 31 4,829,598 7,114,646 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 4,828,838 1 end-of-year figure reported on prior year's return) 2 2,032,092 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ 6,860,930 4 4 Add lines 1, 2, and 3

> 6,860,930 Form **990-PF** (2017)

5

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	2013	510,783	4,400,496	5	0.116074
	2012	320,889	4,602,262		0.069724
2	Total of line 1, column (d)			2	0.343900
3	Average distribution ratio for the 5-year base number of years the foundation has been in		or by the	3	0.068780
4	Enter the net value of noncharitable-use ass	sets for 2017 from Part X, line 5		4	7,067,536
5	Multiply line 4 by line 3			5	486,105
6	Enter 1% of net investment income (1% of F	Part I, line 27b)		6	108
7	Add lines 5 and 6			7	486,213
8	Enter qualifying distributions from Part XII, li	ne 4		8	266,638
	If line 8 is equal to or greater than line 7, che	eck the box in Part VI, line 1b, and complet	e that part using a 1% tax rate. See t	the	

Part VI instructions

	990-PF (2017) ROSE MARIE AND TED J MILLER FAMILY 45-2695884		P	age 4	
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				,
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> 216</u>	
	here ▶ ☐ and enter 1% of Part I, line 27b				
¢	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0	
3	Add lines 1 and 2			216	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			216	
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a				
ь	Exempt foreign organizations – tax withheld at source 6b				
¢	Tax paid with application for extension of time to file (Form 8868) 6c 18,000				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d		18,	000	
8	Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached 8		_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		17,	<u> 784</u>	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax▶ 17,784 Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1 1			
	Instructions for the definition	1b		_X_	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1		
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1		
	on foundation managers > \$	1 1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1 1			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	х		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1		
-	By language in the governing instrument, or		}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	x		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X		
	Enter the states to which the foundation reports or with which it is registered. See instructions.				
-u	NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STMT 11	8b		<u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1)
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	1 10		X	

14

15

FI.

	Yes	No
11		х
12		x
13	х	

Page 5

At any,time during the year, did the foundation, directly or indirectly, own a controlled entity within the 11 meaning of section 512(b)(13)? If "Yes," attach schedule See instructions 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A

Telephone no ▶ 561-659-8661

ZIP+4 ▶ 33480

BEVERLEE MILLER RAYMOND The books are in care of ▶ 251 ROYAL PALM WAY, #215

Located at ▶ PALM BEACH Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here

and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of

16 X

the foreign country Statements Regarding Activities for Which Form 4720 May Be Required Part VII-B File Form 4720 if any item is checked in the "Yes" column, unless an exception applies Yes No During the year, did the foundation (either directly or indirectly) X. No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a X No disqualified person? X. No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for X. No 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 X' No termination of government service, if terminating within 90 days) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 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 Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that N/A were not corrected before the first day of the tax year beginning in 2017? 1c 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)) At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and X. No Yes 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ 20 , 20 , 20 . 20 Are there any years listed in 2a for which the foundation is not 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 N/A 2b all years listed, answer "No" and attach statement - see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise X' No at any time during the year? If "Yes," did it have excess business holdings in 2017 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 N/A 3b foundation had excess business holdings in 2017) X Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2017?

Forn	1 990-PF (2017) ROSE MARIE	AND TED J MILLER	FAMILY 45-2	2695884			Page 6
P;	art VII-B Statements Regard	ing Activities for Which F	orm 4720 May Be Re	quired (contil	nued)		
5a	During the year did the foundation pay or	incur any amount to			_		
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (sec	ction 4945(e))?		res 🔀 No		•
	(2) Influence the outcome of any specific	public election (see section 4955	5), or to carry on,				
	directly or indirectly, any voter registi	ation drive?		\	res 🗓 No		
	(3) Provide a grant to an individual for tr	avel, study, or other similar purpos	ses?	\ \ \\	res X No		}
	(4) Provide a grant to an organization of	her than a charitable, etc , organiz	ation described in			. 1	
	section 4945(d)(4)(A)? See instruction	ons		F7 1	res X No	;	ŀ
	(5) Provide for any purpose other than re	eligious, charitable, scientific, litera	ary, or educational		<u></u>		
	purposes, or for the prevention of cru	elty to children or animals?		[] \	res X No		
þ	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify	y under the exceptions desc	cribed in			-
	Regulations section 53 4945 or in a curre	int notice regarding disaster assist	tance? See instructions		N/A	5b	
	Organizations relying on a current notice	regarding disaster assistance, che	eck here		▶ 📙	.	ľ
С	If the answer is "Yes" to question 5a(4), of	loes the foundation claim exempti-	on from the tax	. —			
	because it maintained expenditure respo	nsibility for the grant?		N/A 📗 Y	es No		
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)		ł	.	ŀ
6a	Did the foundation, during the year, recei	ve any funds, directly or indirectly,	, to pay premiums	,	,		
	on a personal benefit contract?			_ \ \	′es 🗓 No		
b	Did the foundation, during the year, pay p	remiums, directly or indirectly, on	a personal benefit contract	?	ļ	6b	X
	If "Yes" to 6b, file Form 8870			ı 1	GĐ		
7a	3				es X No		1
	If "Yes," did the foundation receive any pr				N/A	7b	
Pŧ		ficers, Directors, Trustees	s, roundation Manag	ers, Highly Pa	aia Employees	š,	
1 i	and Contractors List all officers, directors, trustees, and	foundation managers and the	ur compensation. See ins	tructions	<u> </u>		
<u> </u>	erst an officers, unectors, trustees, and	Touridation managers and the			(d) Contributions to		
	(a) Name and	address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		nse account,
	(a) Name and	udaless	devoted to position	enter -0-)	plans and deferred compensation	other a	llowances
BF	VERLEE MILLER RAYMOND	PALM BEACH	DIRECTOR				
	1 ROYAL PALM WAY, #215	FL 33480	5 00	o	0		0
	UL ANDERSEN	PALM BEACH	DIRECTOR				
	1 ROYAL PALM WAY, #215	FL 33480	40 00	o	o	1	0
	HN RAYMOND, JR	PALM BEACH	DIRECTOR				
	1 ROYAL PALM WAY, #215	FL 33480	5.00	o	0		0
							· · ·
2	Compensation of five highest-paid er	nployees (other than those inc	luded on line 1 - see inst	tructions) If non	e, enter		
	"NONE "				···		
			(b) Title, and average		(d) Contributions to	(a) Even	and account
	(a) Name and address of each employee	paid more than \$50 000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		nse account, Illowances
			devoted to position		compensation		
NO	NE				'	1	
		<u> </u>					
						——	
							
		2000					
I ota	I number of other employees paid over \$50	3 (3(3))			D	i .	O

Form 990-PF (2017) ROSE MARIE A	<u>ND TED J MILLER FAMII</u>	LY 45-2695884	Page 7
		dation Managers, Highly Paid En	
and Contractors (contractors street) 3 Five highest-paid independent contractors		tructions. If none, enter "NONE."	
	each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(-7.7)	(V)
			
			
Total number of others receiving over \$50,000 fo	r professional services		>
Part IX-A Summary of Direct C	haritable Activities		
List the foundation's four largest direct charitable activities du organizations and other beneficiaries served, conferences co		n such as the number of	Expenses
1 N/A			
			ļ
2			
3			
4			
Part IX-B Summary of Program	-Related Investments (see instru	uctions)	
Describe the two largest program-related investments made			Amount
1 N/A			
2			
2			
All other program-related investments. See instructions			
3			
Fotal Add lines 1 through 3			

2 3 3a Suitability test (prior IRS approval required) a 3b b Cash distribution test (attach the required schedule) 266,638 4 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b See instructions 266, 638 Adjusted qualifying distributions Subtract line 5 from line 4 6

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

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136,592

183,138

367,789

10

b

С

Analysis of line 9 Excess from 2013

Excess from 2014

Excess from 2015

Excess from 2016 Excess from 2017

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

Any submission deadlines

N/A

factors N/A

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 12 266,638 266,638 ▶ 3a b Approved for future payment N/A ▶ 3b Total

Enter gross amo	ounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program se		<u> </u>		-		(See instructions)
a						
				+-		
		-		 		
		- 		<u> </u>		
f						
g Fees an	nd contracts from government agencies					
-	dues and assessments			 		
	savings and temporary cash investments			14	11	
	nd interest from securities			14	5,520	
5 Net rental in	come or (loss) from real estate				=	
a Debt-fin	anced property					
b Not deb	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest	ment income			14	807	·
8 Gain or (loss	s) from sales of assets other than inventory			14	1,580	5,445
9 Net income	or (loss) from special events			ļ		
10 Gross profit	or (loss) from sales of inventory		 			
11 Other reven						
	LADY B (PASSIVE RENTAL)	531190	-33,388			
	204 RPW (PASSIVE RENTAL)	531190	-75,526	1.6		
d		-		 		
e		-	100 01/		7 010	E 445
	d columns (b), (d), and (e)	<u> </u>	-108,914		7,918	5,445 -95,551
	ine 12, columns (b), (d), and (e)				13	-95,551
Part XVI-B	in line 13 instructions to verify calculations) Relationship of Activities to the A	ccomplishme	at of Exempt Pu	rnoses		
Line No	Explain below how each activity for which income				ad importantly to the	
Line No	accomplishment of the foundation's exempt purpo	•				1
N/A	description to the teamer of the party	<u> </u>	<u> </u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
						•
			· · · · · · · · · · · · · · · · · · ·			
				_		

Form 990-PF (2017)

		1						
	Under penalties of perjury, I declare that I have exam correct, and complete Declaration of preparer (other					y knowledge and	belief it is true	
Sign Here	Constitution of the second of					with the	IRS discuss this repreparer shown betructions	
	Signature of officer or trustee	\longrightarrow	l 12 Date	.28.18	DIRE Title	CTOR		
Paid	Pnnt/Type preparer's name		Preparer's signature	A de	111		Date	Check II
Preparer	ANTHONY C. CARUSO	60.453333	() fr	CHOW SICE	w	:	12/27/18	
Jse Only	Firm's name CARUSU AND		AM			PTIN	P00277	
336 0111	Firm's address • 629 E. HIL	LSBORO BLVI). <i>[</i>	- 1	Ţ	Firm's EIN	65-022	
	DEERFIELD	BEACH, FL	3344/1	/	İ	Phone no	954-57	1-2020

10 40 AM	
12/27/2018	

MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884

FYE: 12/31/2017

ncome
- Other I
, Line 11
, Part I
990-PF
- Form
7
Statement

Description	Re	Revenue per Books	Net In In	Net Investment Income	Ad	Adjusted Net Income
FIRST REPUBLIC/PERSHING K-1 LADY B (PASSIVE RENTAL) K-1 204 RPW (PASSIVE RENTAL)	w.	807 -33,388 -75,526	w.	807	w.	807 -33,388 -75,526
TOTAL	 	-108,107	ψ.	807	۰ س	-108,107

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	₩.	Sy.
Adjusted Net	₩.	\$
Net Investment	2,542	2,542
In	w.	₩
Total	2,542	2,542
	∾	₩.
Description	INVESTMENT ADVISORY FEES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description		Total	Inve	Net investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES ANNUAL CORP FILING FEES TAXES - FORM 990-PF	₩	19 163 117	৵	19	v.	₩.
TOTAL	\$	299	\$	19	\$	\$

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MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884

FYE. 12/31/2017 45-2695884

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	vs.	0
Adjusted Net	w	0
Net Investment	w	0
Total	2,927	\$ 5,483
Description	EXPENSES OFFICE & ADMINISTRATION EXPEN TELEPHONE	TOTAL

	Statement 5 - Form	_	990-PF, Part I, Line 25 - Noncash Contributions, Girls, Grants	ibutions, Gifts, Gran	SI
Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
87,710	FOOD, SUPPLIES,	COST	87,710	COST	12/31/17
409	EVENT SPONSOR	COST	409	COST	1/22/17
7,139	EVENT SPONSOR	COST	7,139	COST	4/21/17

MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884

45-2695884

FYE: 12/31/2017

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	W S	eginning of Year	ш'	End of Year	Basis of Valuation	Fair Market Value
AOR MULTI STRAT ALT FUND	৵	8,192	৵		COST	٠ V
JOHCM INTL SELECT FUND		9,700		9,700	COST	12,133
ALLIANZGI STRUST RET FUND INST				7,960	COST	7,935
DFA US CORE EQ 1 PORT		34,000		34,000	COST	43,709
DOUBLELINE TOT RET BOND FUND		7,200		7,200	COST	7,087
FPA CRESCENT PORT		5,746			COST	
POLEN GROWTH FUND INST		19,160		13,085	COST	16,539
SALIENT MLP & ENERGY		7,200		6,785	COST	8,-668
THORNBERG LTD TERM INC INST		100,865		68,805	COST	69,688
LYRICAL US VALUE EQ FUND		21,900		13,081	COST	16,130
FIRST TR III PFD SEC & INC ETF				9,601	COST	10,005
ISHARES RUSSELL 2000 ETF		13,648		13,648	COST	18,295
ISHARES S&P US PFD INDEX FUND		12,042			COST	
SPDR S&P 500 ETF		29,038		13,921	COST	18, 680
VANGUARD S&P 500 INDEX ETF		29,530		29,530	COST	36,794
TOTAL	φ	298,221	Φ.	227,316		\$ 265,663

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	₩.	\$ 4,518,936
Basis of Valuation	COST	
End of Year	\$ 4,344,462 174,474	\$ 4,518,936
Beginning of Year	\$ 4,477,511	\$ 4,477,511
Description	INVESTMENT - LADY B, INC INVESTMENT - 204 RPW, LLC	TOTAL

MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884 45-2695884

FYE: 12/31/2017

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Net FMV	\$ 1,695,157 -629,843	\$ 2,325,000
End Accumulated Depreciation	\$	0
End Cost / Basis	\$ 1,695,157	\$ 2,325,000
Beginning Net Book	w	w
Description	BUILDING - 6315 WASHINGTON ROAD LAND - 6315 WASHINGTON ROAD	TOTAL

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FYE 12/31/2017

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	 End of Year	F 	air Market Value
DIVIDENDS RECEIVABLE	\$	\$ 254	\$	254
TOTAL	\$0	\$ 254	\$	254

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	ginning Year	 End of Year
PAYROLL TAXES PAYABLE	\$ 760	\$
LOANS PAYABLE	 - , 	 230,000
TOTAL	\$ 760	\$ 230,000

Statement 11 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

THE ATTORNEY GENERAL FOR THE STATE OF FLORIDA DOES NOT REQUIRE A COPY OF THE FORM 990-PF TO BE FILED WITH THEIR OFFICE.

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MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884

45-2695884 FYE: 12/31/2017

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	Amount		T,2/U	555		8,500	,	3,550	31.740		5,222		10		3,885		7,000		200		5,038		1,500		2,590		7,500	(30,000		51,000	000	000
	Purpose																																
		§	CHARTTABLE	CHARITABLE	Ę	CHARITABLE		CHARITABLE	CHARITARIE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE	מ זמ אידים אוזיי	CHAKIIABLE
Address	Status	W DRIVE	EXEMPT ORG	YOOD BLVD EXEMPT ORG	FAYETTEVILLE STREET	EXEMPT ORG	20 STREET	EXEMPT ORG	PALM WAY EXEMDT ORG	SATE WAY	EXEMPT ORG	N CONGRESS AVE	EXEMPT ORG	ALLENDALE ROAD	EXEMPT ORG	HIBISCUS STREET	EXEMPT ORG	OBEE BLVD	EXEMPT ORG	GREEMWOOD AVE	EXEMPT ORG	S CONGRESS AVE	EXEMPT ORG	AVE			EXEMPT ORG	RY TRAIL	EXEMPT ORG		EXEMPT ORG	NIC BLVU	EAEMPI ORG
∢	Relationship	184 SPARROW DRIVE	ָ הַ הַ	1123 CRESIV	1801 FAYET		200 WEST 20	!	251 ROYAL I	5800)))	1310 N CON(1003 ALLENI		400 HIBISC		701 OKEECHOBEE		5325 GREEMI		2085 S CON		695 AUBURN		11924 FORE	O	106 MILITARY TRAIL		3000 NE 30		13900 MASO	
	Re		33411 NONE	COUNCIL		NONE		33404 NONE		5	33407		33409 NONE		33405 NONE	SOCIETY	33401 NONE	ERFORMING AR	33401 NONE	ORT TEAM	33407 NONE	S	.06 NONE		144 NONE			Ü	NONE		33306 NONE	II.O.	NONE
Name	Address			FARMWORKER COORDINATIN COUNCIL	COMPASS YOUTH CENTER	DURHAM NC 27701	HOLY GROUND SHELTER	FL	CASTLE RESIDENTIAL	AITHTSM DROTECT OF DAI'M BEACH	BEACH FL	SM	WEST PALM BEACH FL	FAMILY PROMISE	WEST PALM BEACH FL 33405	PALM BEACH SYMPHONT SOC	WEST PALM BEACH FL 33401	KRAVIS CENTER FOR THE PERFORMING AR	WEST PALM BEACH FL 33401	PEDIATRIC ONCOLOGY SUPPORT TEAM	WEST PALM BEACH FL 33407	YMCA OF THE PALM BEACHES	PALM SPRINGS FL 33406	MILAGRO CENTER	DELRAY BEACH FL 33444	WELLINGTON CARES	WELLINGTON FL 33414	EL SOL NEIGHBORHOOD RESOURCE		TAKE STOCK IN CHILDREN	FORT LAUDERDALE FL		WARREN MI 48088

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MILLERFOUND ROSE MARIE AND TED J MILLER FAMILY 45-2695884 FYE 12/31/2017

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Purpose																	
		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE		CHARITABLE	
Status	STREET	EXEMPT ORG	STREET	EXEMPT ORG	E HWY	EXEMPT ORG	RAL HWY	EXEMPT ORG	VE AVE	EXEMPT ORG	PALM WAY	EXMPT ORG	IGRESS AVE	EXEMPT ORG	IWOOD AVE	EXEMPT ORG	
elationship			200 NE 14		700 S DIXI		915 S FEDE		1300 S OLI		251 ROYAL	ROLLED PF	4522 S CON		5325 GREEN		
Address	HOMELESS COALITION OF PALM BEACH CO	WEST PALM BEACH FL 33401 NONE	FLORENCE FULLER CHILD DEV CENTER	BOCA RATON FL 33432 NONE	CYSTIC FIBROSIS FOUNDATION	WEST PALM BEACH FL 33401 NONE	GOLD COAST DOWN SYNDROME ORG	BOYNTON BEACH FL 33435 NONE	MEALS ON WHEELS	WEST PALM BEACH FL 33401 NONE	CASTLE RESIDENTIAL	PALM BEACH FL 33480 CONTR	PALM BEACH HABILITAION CENTER	PALM SPRINGS FL 33461 NONE	PEDIATRIC ONCOLOGY SUPPORT TEAM	WEST PALM BEACH FL 33407 NONE	TOTAL
	Relationship Status	Relationship Status Purpose Purpose Palm Beach CO 810 DATURA STREET	pStatusPurposeAmountTURA STREETCHARITABLE	pStatusPurposeAmountTURA STREETCHARITABLECHARITABLE14 STREET	pStatusPurposeAmountTURA STREETCHARITABLECHARITABLE14 STREETCHARITABLEEXEMPT ORGCHARITABLE	pStatusPurposeAmountLURA STREETCHARITABLEAmount14 STREETEXEMPT ORGCHARITABLEDIXIE HWY	pStatusPurposeAmountTURA STREETCHARITABLEAmount14 STREETCHARITABLEDIXIE HWYCHARITABLEEXEMPT ORGCHARITABLEEXEMPT ORGCHARITABLE	pStatusPurposeAmountTURA STREETCHARITABLEAmount14 STREETCHARITABLEDIXIE HWYCHARITABLEEXEMPT ORGCHARITABLEFEDERAL HWY	pStatusPurposeAmountTURA STREETCHARITABLESTREETCHARITABLEDIXIE HWYCHARITABLEEXEMPT ORGCHARITABLEFEDERAL HWYEXEMPT ORGCHARITABLEFEDERAL HWYEXEMPT ORGCHARITABLE	pStatusPurposeAmountTURA STREETCHARITABLEAmount14 STREETCHARITABLEDIXIE HWYCHARITABLEEXEMPT ORGCHARITABLEFEDERAL HWYCHARITABLEEXEMPT ORGCHARITABLEEXEMPT ORGCHARITABLEOLIVE AVECHARITABLE	p Status Purpose Amount TURA STREET CHARITABLE Amount 1 14 STREET CHARITABLE Amount DIXIE HWY CHARITABLE AMOUNT FEDERAL HWY CHARITABLE AMOUNT EXEMPT ORG CHARITABLE AMOUNT COLIVE AVE CHARITABLE AMOUNT EXEMPT ORG CHARITABLE AMOUNT	p Status Purpose Amount TURA STREET CHARITABLE Amount 14 STREET CHARITABLE Amount DIXIE HWY CHARITABLE AMOUNT FEDERAL HWY CHARITABLE AMOUNT EXEMPT ORG CHARITABLE AMOUNT COLIVE AVE CHARITABLE AMOUNT EXEMPT ORG CHARITABLE AMOUNT STEMPT ORG CHARITABLE AMOUNT STEMPT ORG CHARITABLE AMOUNT STEMPT ORG CHARITABLE AMOUNT SYAL PALM WAY AMOUNT AMOUNT	pStatusPurposeAmountTURA STREETCHARITABLESTEEPTCHARITABLEDIXIE HWYCHARITABLEPEDERAL HWYCHARITABLEFEDERAL HWYCHARITABLESTEEMPT ORGCHARITABLECOLIVE AVECHARITABLEEXEMPT ORGCHARITABLESYAL PALM WAYSYAL PALM WAYSF EXMPT ORGCHARITABLE	pStatusPurposeAmountTURA STREETCHARITABLECHARITABLE14 STREETCHARITABLEDIXIE HWYCHARITABLEFEDERAL HWYCHARITABLES.OLIVE AVECHARITABLEEXEMPT ORGCHARITABLESAL PALM WAYSYAL PALM WAYSF EXMPT ORGCHARITABLECONGRESS AVECHARITABLECONGRESS AVECHARITABLE	p Status Purpose Amount TURA STREET CHARITABLE Amount 14 STREET CHARITABLE 14 STREET DIXIE HWY CHARITABLE 10, FEDERAL HWY CHARITABLE 10, SCOLIVE AVE CHARITABLE 10, SEXEMPT ORG CHARITABLE 10, SYAL PALM WAY CHARITABLE 87, SF EXMPT ORG CHARITABLE 87, SCONGRESS AVE CHARITABLE 87,	Purpose Amount TURA STREET CHARITABLE EXEMPT ORG CHARITABLE DIXIE HWY CHARITABLE FEDERAL HWY CHARITABLE SCLIVE AVE CHARITABLE SCLIVE AVE CHARITABLE YAL PALM WAY SF EXMPT ORG CHARITABLE SCONGRESS AVE CHARITABLE EXEMPT ORG CHARITABLE SCONGRESS AVE CHARITABLE EXEMPT ORG CHARITABLE SCONGRESS AVE CHARITABLE EXEMPT ORG CHARITABLE	p Status Purpose Amount TURA STREET CHARITABLE Amount EXEMPT ORG CHARITABLE 10, DIXIE HWY CHARITABLE 10, EXEMPT ORG CHARITABLE 10, STAL PALM WAY CHARITABLE 87, SYAL PALM WAY CHARITABLE 87, SF EXMPT ORG CHARITABLE 87, ST CONGRESS AVE CHARITABLE 87, EXEMPT ORG CHARITABLE 77,

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF ▶ Go to www irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization

ROSE MARIE AND TED J MILLER FAMILY

FOUNDATION, INC.

Employer identification number

45-2695884

Organization type(check one)	
Filers of.	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
٠	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the \$5,000, or (2) 2% of the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
contributor, during the y	vear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the one this organization because it received nonexclusively religious, charitable, etc., contributions during the year.
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, tanswer "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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

ROSE MARIE AND TED J MILLER FAMILY

Employer identification number 45-2695884

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 LADY B, INC Person 251 ROYAL PALM WAY, #215 Pavroll X 2,402,605 Noncash PALM BEACH FL 33480 (Complete Part II for noncash contributions) (a) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroli \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroll \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
ROSE MARIE AND TED J MILLER FAMILY

Employer identification number 45-2695884

Part II	Noncash Property (see instructions) Use duplicate	copies of Part II if additional spac	e is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	REAL PROPERTY - 6315 WASHINGTON		
		\$ 2,325,000	12/19/17
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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	