OMB No 1545-0052

DLN: 93491317015489

2018

Open to Public Inspection

Form 95	90-PI
Department of	of the Treasury

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

							-		
or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd en	iding 12-31-	2018			
		indation			A Employer ıd	entification numbe	-		
		XIE AND TED J MILLER ION INC			45-2695884				
		l street (or P O box number if mail is not delivered to street address) OUNDATION INC	Room/suite		B Telephone number (see instructions)				
		, state or province, country, and ZIP or foreign postal code BEACH, FL 33405			C If exemption	application is pending	g, check here		
i Cl	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	re $lacksquare$		
		Final return Amended return				ganizations meeting			
		Address change Name change			test, chec	k here and attach cor	nputation 🕨 📙		
C	neck ty	pe of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), checl			
<u></u>	Section	4947(a)(1) nonexempt charitable trust Other taxabl	e private foundation						
		rom Part II col (c)	☑ Cash ☐ Accru	al		ation is in a 60-month n 507(b)(1)(B), checl			
		★ 7,462,716 ☐ Other (specify) (Part I, column (d) must	be on cash basis)						
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) D				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only		
	1	Contributions, gifts, grants, etc , received (attach schedule)	2,279,700						
	2	Check ▶ ☐ If the foundation is not required to attach							
	3	Sch B	58		58	58			
	4	Dividends and interest from securities	7,573		7,573	7,573			
	5a	Gross rents	,,,,,,		7,515	7,575			
	ь	Net rental income or (loss)							
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	1,576						
Revenue	ь	Gross sales price for all assets on line 6a							
Rev	7	Capital gain net income (from Part IV, line 2)			1,576				
	8	Net short-term capital gain			2,0.0				
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	-169,277			-169,277			
	12	Total. Add lines 1 through 11	2,119,630		9,207	-161,646			
	13	Compensation of officers, directors, trustees, etc							
	14	Other employee salaries and wages							
ses	15	Pension plans, employee benefits							
=	16a	Accounting fees (attach schedule)	1,000		500				
ĘŽ	b	Other professional fees (attach schedule)			2,632				
Operating and Administrative Expenses	17	Interest	2,632		2,032				
= = =	18	Taxes (attach schedule) (see instructions)	7,546		101				
<u> </u>	19	Depreciation (attach schedule) and depletion	.,						
	20	Occupancy							
¥	21	Travel, conferences, and meetings							
	22	Printing and publications							
<u>.</u>	23	Other expenses (attach schedule)	3,943						
= = =	24	Total operating and administrative expenses.							
ě		Add lines 13 through 23	15,121		3,233				
)	25	Contributions, gifts, grants paid	333,768			-	333,76		
	26	Total expenses and disbursements. Add lines 24 and 25	348,889		3,233		333,76		
	27	Subtract line 26 from line 12	111,503		-,-50				
	a	Excess of revenue over expenses and	1 770 744						
	Ь	disbursements Net investment income (if negative, enter -0-)	1,770,741		5,974				
	c	Adjusted net income (if negative, enter -0-)			5,974				
or		work Reduction Act Notice, see instructions.	l		+ No 11280	<u> </u>	m 000-DE (2019		

227,316

4,518,936

2,325,000

7,114,646

9

23,716

230,000

253,716

6.860.930

6,860,930

7,114,646

254

329,466

3,847,930

4,590,000

8,865,575

3,904

230,000

233,904

8,631,671

8,631,671 8.865.575

2

3

4

5

6

6,860,930

1,770,741

8,631,671

8,631,671 Form **990-PF** (2018)

58,350

338,822

3,847,930

3,177,666

7,462,716

58.469

	5
	6
	7
y.	8
Assets	9
As	10a
	b

C

11

12

13

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15

16

17

18

19

20 21

22

23

24

25

28

29

31

Part III

2 3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30 Less allowance for doubtful accounts

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ ____

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Deferred revenue .

Other liabilities (describe ▶_

Form 990-PF (2018)								Page 3
Part IV Capital	Gains and L	osses for Tax on Invest	tment 1	Income				
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P—Purchase D—Donation							(c) Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1 a DFA INTL		2018-04-16	2018-12-17					
b THORNBERG LTD	TERM				Р		2018-04-16	2018-05-18
c SALIENT MLP					Р		2016-01-06	2018-02-07
d THORNBERG LTD	TERM				Р		2016-02-23	2018-05-18
e THORNBERG LTD	TERM				Р		2015-12-03	2018-05-18
(e) Gross sales p	price	(f) Depreciation allowed (or allowable)		Cost or d	g) other basis ense of sale		Gain o	r (loss)) minus (g)
a	9,988				12	2,487		-2,499
b	14,050				14	1,144		-94
С	8,508				e	5,785		1,723
d	34,522				34	1,805		-283
e	33,876				34	1,000		-124
	,	ng gain in column (h) and ow	ned by t	he foundation o				I)
(i) FMV as of 12		(j) Adjusted basis as of 12/31/69	med by c	(Excess	k) of col (ı) (յ), ıf any		Gains (Col(col(k), but not	h) gain minus less than -0-) or om col (h))
a								-2,499
b								-94
С								1,723
d								-283
e								-124
If gain, also ent in Part I, line 8	capital gain or er in Part I, lin	(loss) as defined in sections to a section (see instructions).	1222(5) lons) If ((loss), enter -0		l l 2		1,576 -2,593
f section 4940(d)(2) ap Was the foundation liab f "Yes," the foundation	oplies, leave the le for the section does not quali	oundations subject to the sec is part blank on 4942 tax on the distributa fy under section 4940(e) Do n each column for each year,	ble amou not com	unt of any year plete this part	ın the base pe	eriod?		es 🗹 No
(a)		(b)		(c)			(d)	
Base period years Calei year (or tax year beginni 2017		usted qualifying distributions 266,638		ue of noncharitabl	e-use assets 7,067,536	(c	Distribution rati ol (b) divided by c	
2017		367,724			5,007,105			0 037727
2015		182,818			4,772,658			0 038305
2013		222,455			4,772,638			0 038303
2014		510,783			4,400,496			0 116074
	- (-)	,			' ' 	_		
2 Total of line 1, co	` '					2		0 311903
		e 5-year base period—divide has been in existence if less			u, or by the	3		0 062381
		able-use assets for 2018 fron			: : : : [4		7,364,073
5 Multiply line 4 by			•			5		459,378
. , , ,		ome (1% of Part I, line 27b)]]]	6		60
7 Add lines 5 and 6					+	7		459,438
						8		
		m Part XII, line 4 , an line 7, check the box in Pa			_		1% tax rate Se	333,768 e the Part VI
								000 PE (2010)

Page **6**

Form	990-PF (2018)								F	age 6
Pai	rt VIII-B Statements Rega	rding Acti	ivities for Which	Form 4720 May Be	Required (cor	ntınued)				
5a	During the year did the foundation	pay or incl	ur any amount to						Yes	No
	(1) Carry on propaganda, or other	rwise attem	pt to influence legisl	ation (section 4945(e))?		Yes 🗸	No			
(2) Influence the outcome of any specif			olic election (see sect	tion 4955), or to carry		165				
	on, directly or indirectly, any v	oter registr	ration drive?			Yes 🗸	No			
	(3) Provide a grant to an individua	al for travel,	, study, or other sım	ılar purposes?		Yes 🔽	No			
	(4) Provide a grant to an organiza	tion other t	han a charitable, etc	, organization described						
	in section 4945(d)(4)(A)? See				· · _	Yes 🗸	No			
	(5) Provide for any purpose other	-		• • • • • • • • • • • • • • • • • • • •						
_	educational purposes, or for th	•	· ·				No			
Ь	If any answer is "Yes" to 5a(1)–(5	-				d in				
	Regulations section 53 4945 or in							5b		
	Organizations relying on a current	_	-			· 🟲 🗌				
С	If the answer is "Yes" to question			•						
	tax because it maintained expendi		, -			Yes 📙	No			
_	If "Yes," attach the statement requ		•							
6a	Did the foundation, during the yea	-								
	a personal benefit contract?.					Yes 🗹	No	ا ا		NI
Ь	Did the foundation, during the yea If "Yes" to 6b, file Form 8870	ır, pay prem	niums, directly or inc	ilrectly, on a personal be	nerit contract?.		-	6b		No
7-	•	ac the foun	dation a navty to a r	rabibited tax aboltor tran	enetion?					
7а ь	At any time during the tax year, w If yes, did the foundation receive a					Yes 🗹	No	7b		
ь 8	Is the foundation subject to the se		•			• •		70		
0	excess parachute payment during					_				
						Yes 🗸				
Pai	and Contractors	Officers,	Directors, Trust	tees, Foundation Ma	inagers, Highi	y Paid Ei	mpioy	ees,		
	and contractors									
				1.1 1						
1	List all officers, directors, trust						T			
1	(a) Name and address	(b) Ti	ation managers ar Itle, and average Jurs per week	(c) Compensation (If not paid, enter	(d) Contribu employee benefi	tions to			se acc	
1		(b) Ti	itle, and average	(c) Compensation (If	(d) Contribu	tions to t plans and			se acc Iowand	
BEVE	(a) Name and address	(b) Ti ho devo	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter	(d) Contribu employee benefi	tions to t plans and	ot			
BEVER	(a) Name and address RLEE MILLER RAYMOND ROYAL PALM WAY 215	(b) To	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and ensation	ot			
BEVER 251 R PALM	(a) Name and address	(b) Ti ho devo	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and ensation	ot			
BEVER 251 R PALM PAUL	(a) Name and address RLEE MILLER RAYMOND ROYAL PALM WAY 215 BEACH, FL 33480	(b) To ho devo	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and pensation (ot			
BEVER 251 R PAUM PAUL 251 R PALM	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480	(b) To ho devo	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and ensation (ot ot			
BEVER 251 R PALM PAUL 251 R PALM JOHN	(a) Name and address RLEE MILLER RAYMOND COYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN COYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and pensation (ot ot			
BEVER 251 R PAUL 251 R PAUM JOHN 251 R	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480	(b) To ho devo	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee benefi	tions to t plans and ensation (ot ot			
BEVER 251 R PALM PAUL 251 R PALM JOHN 251 R PALM	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR 000 00	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-) 0	(d) Contribu employee benefi deferred comp	tions to t plans and pensation (ot	her al	lowand	ces C
BEVER 251 R PAUL 251 R PALM JOHN 251 R PALM	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p	DIRECTOR DIRECTOR DIRECTOR DIRECTOR O00 00 DIRECTOR O100 00 DIRECTOR O100 00 DIRECTOR O100 00 DIRECTOR O100 00	itle, and average ours per week oted to position	(c) Compensation (If not paid, enter -0-) 0	(d) Contribu employee benefi deferred comp see instructio (d) Contribu	tions to t plans and pensation (cons). If no tions to	ot ot	her al	NONE.	0 0
BEVER 251 R PAUL 251 R PALM JOHN 251 R PALM	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p Name and address of each employe	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DO 00 DIRECTOR	itle, and average ours per week oted to position yees (other than to be a continuous per week ours per week ours per week	(c) Compensation (If not paid, enter -0-) 0	(d) Contribu employee benefi deferred comp see instructio (d) Contribu employee b	tions to t plans and pensation (((((((((((((ne, en	nter "I	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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BEVER 251 R PALM PAUL 251 R PALM JOHN 251 R PALM 2	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p Name and address of each employe more than \$50,000	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DO 00 DIRECTOR	itle, and average ours per week oted to position yees (other than to be a continuous per week ours per week ours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	(d) Contribu employee benefi deferred comp	tions to t plans and pensation (ne, en	nter "I	NONE.	Count,
BEVER 251 R PALM PAUL 251 R PALM JOHN 251 R PALM 2	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p Name and address of each employe more than \$50,000	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DO 00 DIRECTOR	itle, and average ours per week oted to position yees (other than to be a continuous per week ours per week ours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	(d) Contribu employee benefi deferred comp	tions to t plans and pensation (ne, en	nter "I	NONE.	Count,
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BEVER 251 R PALM PAUL 251 R PALM JOHN 251 R PALM 2	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p Name and address of each employe more than \$50,000	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DO 00 DIRECTOR	itle, and average ours per week oted to position yees (other than to be a compared to the than to the than to the theta to the than to the theta to the the theta to the the theta to the the the theta to the the theta to the theta to the the the theta to the	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	(d) Contribute mployee benefit deferred comparts of the compar	tions to t plans and pensation (ne, en	nter "I	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BEVEI 251 R PAUL 251 R PALM JOHN 2 (a)	(a) Name and address RLEE MILLER RAYMOND OYAL PALM WAY 215 BEACH, FL 33480 ANDERSEN OYAL PALM WAY 215 BEACH, FL 33480 RAYMOND JR OYAL PALM WAY 215 BEACH, FL 33480 Compensation of five highest-p Name and address of each employe more than \$50,000	DIRECTOR DIRECTOR DIRECTOR OUNCE DIRECTOR OUNCE OUNC	yees (other than ti) Title, and average hours per week by the death of the death o	(c) Compensation (If not paid, enter -0-) 0 0 hose included on line 1 (c) Compensation	(d) Contribute mployee benefit deferred compared to mployee instruction (d) Contribute mployee benefit plans and deferred compensations.	tions to t plans and pensation (ne, en	nter "I	NONE.	Count,

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (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		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation du	·	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2018)

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

3a 3h

4

5

333.768

333.768

Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

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

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

3

4

5

Page 9

368,085

333,768

34,317

Form **990-PF** (2018)

Form 990-PF (2018)									
Part XIII	Undistributed Income (see instruct	ions)							

b Total for prior years

a From 2013.

b From 2014. **c** From 2015.

d From 2016.

e From 2017.

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount.
e Remaining amount distributed out of corpus
5 Excess distributions carryover applied to 2018

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . . d Excess from 2017. . . . e Excess from 2018. . . .

b Excess from 2015. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 333,768
 a Applied to 2017, but not more than line 2a
 b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

136,592

183 138

367.789

102,275 183,138

367,789

(a)

Corpus

687.519

34,317

653,202

653,202

(b)

Years prior to 2017

(c)

2017



	1				(e)
ter gross amounts unless otherwise indicated	Unrelated bu	(b)	Excluded by section (c)	n 512, 513, or 514 (d)	Related or exemp function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
a					
b					
c					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	58	
Dividends and interest from securities			14	7,573	
Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than					
inventory			14	2,853	-1,27
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue					
a K-1 LADY B (PASSIVE RENTAL)	531190	-138,474	16		
b K-1 204 RPW (PASSIVE RENTAL	531190	-30,803	16		
c					
d					
e					
Subtotal Add columns (b), (d), and (e).		-169,277		10,484 . 3	-1,27 -160,070
					-100.07
Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the	ılatıons)				
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Explain below how each activity for which	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-3 Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's as	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain below to the accomplishment of the foundation's explain the accomplishment of the foundation's explain the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of th	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-3 Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
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(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	·
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-3 Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	
(See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No. Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the fo	lations) ne Accomplish income is reporte	ment of Exemp	ot Purposes Part XVI-A contrib	uted importantly to	

. (==	- 0,	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

Fait	ATT	Exempt Organi:	zations							
		anization directly or in- nan section 501(c)(3)					on described in section	501	Yes	No
a Trans	fers fr	om the reporting foun	dation to a nor	ncharitable exe	empt organization	of				
(1)	Cash.									No
(2)	Other	er assets								No
b Other	er transactions									
(1)	Sales o	of assets to a nonchari	table exempt o	organization.				. 1b(1)		No
		ses of assets from a n					$\cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot$. 1b(2)		No
		of facilities, equipmen	•					. 1b(3)		No
		ursement arrangemen					$\dots \dots \dots$	1b(4)		No
. ,		or loan guarantees.						1b(5)		No
		nance of services or m		3				1b(6)		No
	-	acılıtıes, equipment, n	-	-						No
of the	e good y trans	s, other assets, or serv	vices given by ngement, shov	the reporting v in column (d	foundation If the	foundation receive goods, other asse	ways show the fair mained less than fair market ts, or services received transfers, transactions, an	: value i	ngemen	ıts
		` '	, ,		, ,		,			
	_									
	-									
		<u> </u>								
		dation directly or indire					_	□		
		section 501(c) (other		501(c)(3)) or i	in section 527? .		∟Yes	✓ No		
b If "Ye	es," coi	mplete the following so		1 4		1	(-) D			
		(a) Name of organization	<u>'n</u>	(1	b) Type of organization	n l	(c) Description of	relationship		
	of my		, it is true, cori				ng schedules and state than taxpayer) is base -			
Sign Here	*:	****			2019-11-13	*****		May the IRS di return with the prepa		
	S	gnature of officer or t	rustee		Date	Title		below (see instr)?	✓ Yes	□ _{No}
		Print/Type preparer's	name F	Preparer's Sigr	nature	Date	Check if self-	:N P00277	7026	
Paid		ANTHONY C CARUS	50			2019-11-13	employed ▶ ☐	1 00277	,,,,	
Prepa Jse O		Firm's name ► CARU	JSO AND COM	PANY PA			Fire	m's EIN ▶65	-02286	36
		Fırm's address ► 62	9 E HILLSBOR	O BLVD						
		DE	ERFIELD BEAC	CH, FL 33441			Pho	one no (954) 571-2	2020

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GRANDMA'S PLACE NONE EXEMPT ORG CHARITABLE 1,990

184 SPARROW DRIVE ROYAL PALM BEACH, FL 33411				
FARMWORKER COORDINATING COUNCIL 1123 CRESTWOOD BLVD	NONE	EXEMPT ORG	CHARITABLE	20,666

FARMWORKER COORDINATING COUNCIL 1123 CRESTWOOD BLVD LAKE WORTH, FL 33460	NONE	EXEMPT ORG	CHARITABLE	20,666
FAMILY PROMISE 1003 ALLENDALE ROAD	NONE	EXEMPT ORG	CHARITABLE	8,140

Total			▶ 3a	333,768
FAMILY PROMISE 1003 ALLENDALE ROAD WEST PALM BEACH, FL 33405	NONE	EXEMPT ORG	CHARITABLE	8,140
LAKE WORTH, FL 33460				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
KRAVIS CENTER FOR THE PERFORMING AR	NONE	EXEMPT ORG	CHARITABLE	4,253
701 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401				

WEST PALM BEACH, FL 33401				
PEDIATRIC ONCOLOGY SUPPORT TEAM 5325 GREEMWOOD AVE SUITE 301 WEST PALM BEACH EL 33407	NONE	EXEMPT ORG	CHARITABLE	375

5325 GREEMWOOD AVE SUITE 301 WEST PALM BEACH, FL 33407	NONE	EXEMPT ORG	CHARITABLE	373
MILAGRO CENTER695 AUBURN AVE	NONE	EXEMPT ORG	CHARITABLE	20,000

SUITE 301 WEST PALM BEACH, FL 33407				
MILAGRO CENTER695 AUBURN AVE	NONE	EXEMPT ORG	CHARITABLE	20,000

WEST PALM BEACH, FL 33407				
MILAGRO CENTER695 AUBURN AVE DELRAY BEACH, FL 33444	NONE	EXEMPT ORG	CHARITABLE	20,000

Total .

333,768

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NICKIE

Total .

3000 NE 30 PLACE SUITE 409 FORT LAUDERDALE, FL 33306	NONE	EXEMPT ORG	CHARITABLE	1,200
FOR THE CHILDREN	NONE	EXEMPT ORG	CHARITABLE	5,000

1 200

333,768

3a

FOR THE CHILDREN 1718 DOUGLAS STREET LAKE WORTH, FL 33460	NONE	EXEMPT ORG	CHARITABLE	5,000
EXTRAORDINARY CHARITIES 251 ROYAL PALM WAY	CONTROLLED PF	EXEMPT ORG	CHARITABLE	195,837

LAKE WORTH, FL 33460				
EXTRAORDINARY CHARITIES 251 ROYAL PALM WAY SUITE 215 PALM BEACH, FL 33480	CONTROLLED PF	EXEMPT ORG	CHARITABLE	195,83

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

recipient

333,768

a Paid during the year				
MEALS ON WHEELS 2635 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33409	NONE	EXEMPT ORG	CHARITABLE	5,635
KIDS CANCER FOUNDATION	NONE	EXEMPT ORG	CHARITABLE	5,000

KIDS CANCER FOUNDATION 246 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	NONE	EXEMPT ORG	CHARITABLE	5,000
CILO2751 S DIXIE HWY SUITE 203 WEST PALM BEACG, FL 33405	NONE	EXEMPT ORG	CHARITABLE	6,000

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

or substantial contributor

Name and address (home or business)

a Paid during the year				
CLUB 100PO BOX 13682 PALM BEACH GARDENS, FL 33410	NONE	EXEMPT ORG	CHARITABLE	5,000

GLOBAL DEVELOPMENT SOLUTIONS 324 N MAIN STREET HUBBARD, OH 44425	NONE	EXEMPT ORG	CHARITABLE	6,000
ALLIANCE FOR EATING DISORDER 1649 FORUM PLACE	NONE	EXEMPT ORG	CHARITABLE	6,500

ALLIANCE FOR EATING DISORDER 1649 FORUM PLACE SUITE 2 WEST PALM BEACH, FL 33401 NONE EXEMPT ORG CHARITABLE 6,500	324 N MAIN STREET HUBBARD, OH 44425				
	1649 FORUM PLACE SUITE 2	NONE	EXEMPT ORG	CHARITABLE	6,500

HUBBARD, OH 44425				
ALLIANCE FOR EATING DISORDER 1649 FORUM PLACE SUITE 2 WEST PALM BEACH, FL 33401	NONE	EXEMPT ORG	CHARITABLE	6,500
Total	333 768			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WEST JUDITED COMMUNITY COOLD	NONE	EVEMBT ORC	CHARITARIE	2.7

CAREORCIEI ELLIC CEREET NE	NONE	EVENDE ODG	CHARTTARIE	
7187 CHURCH STREET JUPITER, FL 33458				
WEST JUPITER COMMUNITY GROUP	INONE	EXEMPT ORG	CHARITABLE	

Total .

JUPITER, FL 33458				
CAREORG151 ELLIS STREET NE ATLANTA, GA 30303	NONE	EXEMPT ORG	CHARITABLE	
LEADERSHIP PALM BEACH COUNTY	NONE	EXEMPT	CHARITABLE	1

, ,				
CAREORG151 ELLIS STREET NE ATLANTA, GA 30303	NONE	EXEMPT ORG	CHARITABLE	199
LEADERSHIP PALM BEACH COUNTY 2751 S DIXIE HWY SUITE 1A	NONE	EXEMPT	CHARITABLE	1,150

ATLANTA, GA 30303	NONE	EXEMPT ORG	CHARITABLE	199
LEADERSHIP PALM BEACH COUNTY 2751 S DIXIE HWY SUITE 1A WEAT PALM BEACH, FL 33405	NONE	EXEMPT	CHARITABLE	1,150

333,768

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **OUANTUM HOUSE987 45TH STREET** NONE EXEMPT ORG | CHARITABLE 600

WEST PALM BEACH, FL 33407				
ROONEY'S GOLF FOUNDATION 1111 N CONGRESS AVE WEST PALM BEACH, FL 33409	NONE	EXEMPT ORG	CHARITABLE	500
OPPORTUNITY INC OF PALM BEACH	NONE	EXEMPT ORG	CHARITABLE	500

333,768

1713 QUAIL DRIVE

Total

WEST PALM BEACH, FL 33409

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
ADOPT A FAMILY1712 2ND AVE LAKE WORTH, FL 33460	NONE	EXEMPT ORG	CHARITABLE	2,000

LAKE WORTH, FL 33460				
CENTER FOR CREATIVE EDUCATION 425 24TH STREET WEST PALM BEACH, FL 33407	NONE	EXEMPT ORG	CHARITABLE	13,000
CASTLE RESIDENTIAL SERVICES	CONTROLLED PF	EXEMPT ORG	CHARITABLE	21,473

425 24TH STREET WEST PALM BEACH, FL 33407				
CASTLE RESIDENTIAL SERVICES 251 ROYAL PALM WAY SUITE 215 PALM BEACH, FL 33480	CONTROLLED PF	EXEMPT ORG	CHARITABLE	21,473

Total			▶ 3a	333,768
CASTLE RESIDENTIAL SERVICES 251 ROYAL PALM WAY SUITE 215 PALM BEACH, FL 33480	CONTROLLED PF	EXEMPT ORG	CHARITABLE	21,473
WEST PALM BEACH, FL 33407				

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491317015489		
TY 2018 Accounting Fe	es Sche	dule					
Name: ROSE MARIE AND TED J MILLER							
	FOUNDATION INC						
	EIN: 45-2695884						
Category	Amo	ount Net	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

1,000

TAX PREPARATION FEES

TY 2018 Explanation of Non-Filing with Attorney General Statement

Name: ROSE MARIE AND TED J MILLER

DLN: 93491317015489

FOUNDATION INC.

EIN: 45-2695884

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

Statement:

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317015489

TY 2018 Investments Corporate Stock Schedule

Name: ROSE MARIE AND TED J MILLER

FOUNDATION INC

TN. 45 3605004

EIN: 45-2695884					
Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
JOHCM INTL SELECT FUND	22,136	21,791			
ALLIANZGI STRUST RET FUND INST	12,486	12,175			
DFA INTL CORE EQUITY	12,514	9,967			
DFA US CORE EQUITY	34,000	39,430			
DOUBLELINE TOT RET BOND FUND	7,200	6,947			
FPA CRESCENT PORT	12,862	11,030			
POLEN GROWTH FUND INST	13,085	17,365			
LORD ABBETT SHORT DUR INC FUND	82,435	81,646			
SALIENT MLP & ENERGY					
THORNBERG LTD TERM INC INST					
LYRICAL US VALUE EQ FUND	13,081	11,842			
VANGUARD TOTAL STK MKT INX FUND	30,000	27,789			
FIRST TR III PFD SEC & INC ETF	9,601	8,975			
ISHARES RUSSELL 2000 ETF	13,648	16,068			
SPDR S&P 500 ETF	13,921	17,494			
VANGUARD S&P 500 INDEX ETF	52,497	56,303			

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TY 2018 Investments - Other S	Schedule		
Name:	ROSE MARIE AND TED J MIL	_ER	
I	FOUNDATION INC		
EIN:	45-2695884		
rvestments Other Schedule 2			
Category/ Item	Listed at Cost of	r Book Value	End of Year Fair

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
INVESTMENT - LADY B, INC	AT COST	3,660,259	3,660,259			
INVESTMENT - 204 RPW, LLC	AT COST	187,671	187,671			

TY 2018 Land, Etc.	OCESS	As Filed Dat	a -		DLN: 93491317015489
Schedule					
N	lame:	ROSE MARIE	AND TED J MILLEI	₹	
		FOUNDATION	INC		
	EIN:	45-2695884			
Category / Item	Co	ost / Other Basis	Accumulated Depreciation	Book Value	e End of Year Fair Market Value

EIN: 45-2695884					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
BUILDING - 6315 WASHINGTON ROAD	1,695,157		1,695,157	1,057,427	
BUILDING - 2635 OLD OKEECHOBEE ROAD	904,641		904,641	607,118	
LAND - 6315 WASHINGTON ROAD	629,843		629,843	600,000	
LAND - 2635 OLD OKEECHOBEE ROAD	1,360,359		1,360,359	913,121	

TY 2018 Other Assets Schedule

Name: ROSE MARIE AND TED J MILLER

FOUNDATION INC.

EIN: 45-2695884

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
DIVIDENDS RECEIVABLE	254	400	400			
DISTRIBUTIONS RECEIVABLE		30,729	30,729			
PREPAID INSURANCE		16,321	16,321			
PREPAID 990-PF TAXES		10,900	11,019			

efile GRAPHIC print - DO NOT PROCESS		DLN	: 93491317015489			
TY 2018 Other Expenses Sche	dule			_		
Name:	ROSE MARIE AN	ND TED J MILLER				
FOUNDATION INC						
EIN: 45-2695884						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
BANK CHARGES	18					
INSURANCE	1,200					
OFFICE & ADMINISTRATION EXPEN	2,725					

Name: ROSE MARIE AND TED J MILLER

DLN: 93491317015489

-30,803

FOUNDATION INC

EIN: 45-2695884

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Other Income Schedule

K-1 204 RPW (PASSIVE RENTAL)

_	Other Income Schedule						
	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
I	K-1 LADY B (PASSIVE RENTAL)	-138,474		-138,474			

-30,803

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491317015489
TY 2018 Other Liabilities Schedule				
Name:	ROSE MARIE	AND TED J MI	ILLER	
	FOUNDATION	INC		
EIN:	45-2695884			
Description		Beginning of Year - Book Value	End of Year - Book Value	
LOANS PAYABLE			230,000	230,000

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DL	N: 93491317015489
TY 2018 Other Profession	TY 2018 Other Professional Fees Schedule				
Name: ROSE MARIE AND TED J MILLER FOUNDATION INC EIN: 45-2695884					
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES		2,632	2,632		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491317015489
TY 2018 Taxes Schedule				
Name	: ROSE MARIE	E AND TED J MILLE	R	
	FOUNDATIO	N INC		
EIN: 45-2695884				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	101	101		
LICENSES AND FILING FEES	345			
TAXES - FORM 990-PF	7,100			

efile GRAPHIC print - D	O NOT PROCESS As Filed	Data -		DLN: 93491317015489		
Schedule B	Schedule of Contributors			OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-EZ, or 990-F <u>ww ırs gov/Form990</u> for the latest in		2018		
Name of the organization ROSE MARIE AND TED J M			Employer i	dentification number		
FOUNDATION INC Organization type (che	ck one)		45-2695884	I		
Organization type (one	or one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter nu	mber) organization				
	4947(a)(1) nonexen	npt charitable trust not treated as	a private foundation			
	☐ 527 political organiz	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3) exempt pr	rivate foundation				
	☐ 4947(a)(1) nonexen	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable pr	501(c)(3) taxable private foundation				
		or 990-PF that received, during th butor Complete Parts I and II Se				
Special Rules						
under sections 5	09(a)(1) and 170(b)(1)(A)(vi), t)(3) filing Form 990 or 990-EZ tha that checked Schedule A (Form 9 rear, total contributions of the grea 1 Complete Parts I and II	990 or 990-EZ), Part II, line 13,	, 16a, or 16b, and that		
during the year, t	otal contributions of more than)(7), (8), or (10) filing Form 990 or n \$1,000 <i>exclusively</i> for religious, ildren or animals Complete Parts	charitable, scientific, literary,			
during the year, of If this box is check purpose Don't co	contributions exclusively for rel ked, enter here the total contr omplete any of the parts unless)(7), (8), or (10) filing Form 990 or digious, charitable, etc., purposes, ributions that were received during is the General Rule applies to this \$5,000 or more during the year.	, but no such contributions tota g the year for an exclusively re s organization because it rece	aled more than \$1,000 eligious, charitable, etc, eved <i>nonexclusively</i>		
990-EZ, or 990-PF), but	it must answer "No" on Part I\	neral Rule and/or the Special Rule V, line 2, of its Form 990, or check ertify that it doesn't meet the filing	k the box on line H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions I-PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)		

Name of organization

Name of organiz ROSE MARIE AND FOUNDATION INC	TED J MILLER	Employer identification 45-2695884	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LADY B INC		Person
1	251 ROYAL PALM WAY 215	\$ 2,265,000	Payroll
	PALM BEACH, FL 33480	<u> </u>	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MCPHEARSON FOUNDATION		Person
2	251 ROYAL PALM WAY 215		Payroll
		\$ 10,700	Noncash
	PALM BEACH, FL 33480		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		 	Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		 	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2018)		Page 3	
Name of organiz ROSE MARIE AND	ation TED 1 MILLER	Employer identification number		
FOUNDATION INC		45-2695884		
Part II	Noncash Property			
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	REAL PROPERTY 2635 OLD OKEECHOBEE ROAD	\$ 2,265 000	2018-12-21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
	-	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2018)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat ROSE MARIE AND TE FOUNDATION INC			Employer identification number 45-2695884
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)	(b) Durnoso of gift	(a) Use of gift	(d) Decoration of how gift is hold
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)