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.

► Go to www.irs gov/Form990PF for instructions and the latest information.

| F | or calendar year 2019 or tax year beginning FEB | 1, 2019 | , and ending | JAN 31, 2020 | , |
|--|---|---------------------------------------|--|---|--|
| 1 | Name of foundation | | | A Employer identification | n number |
| | THE ALAN AND JILL MILLER F | OUNDATION | | 23-2899896 | |
| ١ | Number and street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | 1 |
| | 57 CROSBY BROWN ROAD | 610-768-33 | 300 / | | |
| | City or town, state or province, country, and ZIP or foreign po | C If exemption application is p | pending, check here | | |
| | GLADWYNE, PA 19035-1512 | · · · · · · · · · · · · · · · · · · · | | | |
| . G | Check all that apply: Initial return | | ormer public charity | D 1. Foreign organization | s, check here |
| | Final return Address change | Amended return Name change | | 2. Foreign organizations mi | eeting the 85% test, |
| Н | Check type of organization: X Section 501(c)(3) ex | | . , , | 1 '- | |
| Ï | <u> </u> | Other taxable private found | ation 04 | If private foundation sta under section 507(b)(1 | . () |
| Ī | Fair market value of all assets at end of year J Accounting | | Accrual | F If the foundation is in a | |
| | | her (specify) | | under section 507(b)(1 | |
| _ | ▶\$. 14,153,539. (Part I, colum | nn (d), must be on cash bas | SIS) | | |
| F | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | _~ 8,735. | 元明新期以为的证据 | ALL N/A | MUSSICE PARTIES. |
| | 2 Check If the foundation is not required to attach Sch. 8 | | | | Manda Caraca Manda |
| | Interest on savings and temporary cash investments | 0.45 1.20 | 245 120 | - | AND MARKET AND |
| | 4 Dividends and interest from securities | 245,130. | 245,130. | | STATEMENT 1 |
| • | 5a Gross rents b Net rental income or (loss) | C. 853-76274 | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 677,747. | | | |
| | b Gross sales price for all 2,110,041. | | | DEGE | IVED LEGISLA |
| | b Gross sales price for all 2,110,041. 7 Capital gain net income (from Part IV, line 2) | | 677,747. | | |
| (| 8 Net short-term capital gain | | | O . | |
| | 9 Income modifications Gross sales less returns | | | S JUN I | 5 2020 0 |
| | 10a and allowances | | | | 1 1 3 5 1 1 2 7 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| | b Less Cost of goods sold | | | OGDI | IN SOURCE AND SOURCE |
| | c Gross profit or (loss)/ | | | | NAMES OF THE PARTY |
| | 12 Total. Add lines 1 through 11 | 931,612. | 922,877. | | |
| _ | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | | 0. |
| | 14 Other employee salaries and wages | | | - | |
| | 15 Pension plans, employee benefits | • | | | |
| | 16a Legal fees | 0.500 | | | <u> </u> |
| | b Accounting fees STMT 2 | 8,500. | 0. | | 0. |
| ı | C Other professional fees | | | | <u> </u> |
| : | 17 Interest STMT 3 | 23,658. | 1,658. | | 0. |
| : | 19 Depreciation and depletion | 23,0301 | | | |
| | E 20 Occupancy | | | | CELTAGOLIONE OPPINAGOLIGA ANDONIO DE ANTARE |
| | 21 Travel, conferences, and meetings | | , | - | |
| 3 | 22 Printing and publications | | | | |
| 707 | 23 Other expenses STMT 4 | 2,523. | 0. | | 0. |
| ٦ : | b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 | 34 (04 | 1, 650 | - | |
| > (| expenses Add lines 13 through 23, | 34,681. 1,806,515. | 1,658. | EVILLERSSENSES STEETS - E | 1,806,515. |
| - ' | 25 Contributions, gifts, grants paid. 26 Total expenses and disbursements. | 1,000,010. | N.C. THE SOLET NORTH OF THE STATE OF THE | | 1,000,313. |
|) | Add lines 24 and 25 | 1,841,196. | 1,658. | | 1,806,515. |
| 1 – | 27 Subtract line 26 from line 12 ⁻⁷ | 2,012,130. | | | |
| P | a Excess of revenue over expenses and disbursements | <909,584. | | | |
| ֓֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | b Net investment income (if negative, enter -0-) | | 921,219. | | SPECIAL SECTION OF THE SPECIAL PROPERTY. |
| 5 | C Adjusted net income (if negative, enter -0-) | MENTER DEVIAL | ATTEMENT OF THE STATE OF | N/A | |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2019)

| 1 | D۵ | a | ۵ | 2 |
|---|----|---|----|---|
| | | u | н. | • |

| | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | | End of year | | |
|-------------------------|--------------|--|--|--|-------------------------------|--|--|
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | 57,982. | 622,389. | 622,389. | | |
| | 1 | Savings and temporary cash investments | | · · · · · · · | | | |
| | 1 | Accounts receivable | | | <u> </u> | | |
| | ľ | Less: allowance for doubtful accounts | de 1994 - 10 10 10 10 10 10 10 10 10 10 10 10 10 | * * | ' | | |
| | ۱. | | | | | | |
| | 4 | Pledges receivable > | - | | | | |
| | | Less. allowance for doubtful accounts | | | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons | | | | | |
| | 7 | Other notes and loans receivable | · | | 1 | | |
| | | Less: allowance for doubtful accounts | - | | | | |
| s | 8 | Inventories for sale or use | | | | | |
| Assets | 1 | Prepaid expenses and deferred charges | | | | | |
| As | 1 | Investments - U.S. and state government obligations | | | | | |
| | 1 | | 11,450,050. | 12,590,589. | 12,590,589. | | |
| | 1 | | | | | | |
| | C | Investments - corporate bonds STMT 6 | 557,604. | 619,521. | 619,521. | | |
| | 11 | Investments - land, buildings, and equipment basis | | AMOUNTS COMMING AND ADDRESS AN | | | |
| | | Less accumulated depreciation | | | | | |
| | 12 | Investments - mortgage loans | | | | | |
| | 13 | Investments - other STMT 7 | 319,283. | 321,040. | 321,040. | | |
| | 14 | Land, buildings, and equipment, basis | | | 1 | | |
| | | Less accumulated depreciation | | | | | |
| | 15 | Other assets (describe > | | | | | |
| | 1 | | | | | | |
| | 10 | Total assets (to be completed by all filers - see the | 12,384,919. | 14,153,539. | 14,153,539. | | |
| _ | | instructions. Also, see page 1, item I) | 14,304,313. | 14,133,333. | 14,133,339. | | |
| | | Accounts payable and accrued expenses | | | - | | |
| | 18 | Grants payable | | | | | |
| es | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| ap | 21 | Mortgages and other notes payable | | | 1 | | |
| = | 22 | Other liabilities (describe > | | | | | |
| | i | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | |
| _ | | Foundations that follow FASB ASC 958, check here | | | | | |
| | | and complete lines 24, 25, 29, and 30. | | | | | |
| nces | ١ | · · · · · · · · · · · · · · · · · · · | | | | | |
| an | 24 | Net assets without donor restrictions | | | | | |
| Bal | 25 | Net assets with donor restrictions | | | | | |
| 힏 | | Foundations that do not follow FASB ASC 958, check here ▶ X | : | | | | |
| Net Assets or Fund Bala | | and complete lines 26 through 30. | . 1 | | | | |
| ō | 26 | Capital stock, trust principal, or current funds | 0. | 0. | } | | |
| şţ | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | u · | | |
| SS | 28 | Retained earnings, accumulated income, endowment, or other funds | 12,384,919. | 14,153,539. | | | |
| Ţ | 29 | Total net assets or fund balances | 12,384,919. | 14,153,539. | i | | |
| ž | | | , , | · · · · · · · · · · · · · · · · · · · | | | |
| | 30 | Total liabilities and net assets/fund balances | 12,384,919. | 14,153,539. | | | |
| _ | 100 | · · · · · · · · · · · · · · · · · · · | | 11,133,333. | | | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | | | |
| _ | | | | | | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 1 | 12,384,919. <909,584.> | | |
| 2 | Enter | amount from Part I, line 27a | | 2 | <909,584·> | | |
| 3 | Othe | r increases not included in line 2 (itemize) ASSET VALUA | TION | 3 | 2,678,204. | | |
| | | ines 1, 2, and 3 | , ,,, " ··- | 4 | 14,153,539. | | |
| | | eases not included in line 2 (itemize) | | 5 | 0. | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (h) line 29 | 6 | 14,153,539. | | |
| <u>~</u> | , otal | The access of form balances at end of year time 4 minus line 3) - Falt II, Co | marrin (D); into 25 | | Form 990-PF (2019) | | |
| | | | | | 101111 33 0-1-1 (2013) | | |

| Ľ | Part IV Capital Gains | and Losses for Tax of | n investmen | | | | | |
|------|---|---|--|--------------------------------------|------------------------------------|-------------------------|--|----------------------------------|
| | (a) List and describe 2-story brick wa | the kind(s) of property sold (fo arehouse, or common stock, 20 | r example, real esta 10 shs. MLC Co) | te, | (b) How ac P - Purc D - Dona | quired hase ation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo , day, yr.) |
| 18 | MORGAN STANLEY | #4136 (SEE AT | TACHED) | | | | VARIOUS | 12/31/19 |
| | MORGAN STANLEY | <u>'</u> | TACHED) | | | | VARIOUS | 12/31/19 |
| | MORGAN STANLEY | - | TACHED) | | | | JARIOUS | 12/31/19 |
| _ | d CAPITAL GAINS | DIVIDENDS | | | | | | |
| _ | e | | | | | | | • - |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | · · | (h) Gain or (los ((e) plus (f) minus | |
| _ | a 160,895. | | | 128,784 | 4. | | | 32,111. |
| t | 645,947. | <u> </u> | | 450,467 | 7. | | | 195,480. |
| - | 1,293,158. | | | 853,043 | 3. | | | 440,115. |
| | d 10,041. | | | | | | | 10,041. |
| _ | e | | | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owne | d by the foundation | on 12/31/69. | | | Gains (Col (h) gai | |
| | (ı) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | col. | (k), but not less th Losses (from col | |
| - 2 | a | | | _ | | | | 32,111. |
| t | b | | | | | | | 195,480. |
| _ | C | | | | | | | 440,115. |
| _ | | | | | | | | 10,041. |
| - | | | | | | | | · |
| 2 | Capital gain net income or (net ca | If gain, also | enter in Part I, line ter -0- in Part I, line | 7 7 | } 2 | · | | 677,747. |
| 3 | Net short-term capital gain or (los | • | | | [^] | | | - |
| Ī | If gain, also enter in Part I, line 8, | | (o) and (o). | |) | | | |
| | If (loss), enter -0- in Part I, line 8 | | | | J 3 | | N/2 | A |
| F | Part₊V≝ Qualification U | Inder Section 4940(e) | for Reduced | Tax on Net I | Investn | nent Inco | ome | |
| (Fo | or optional use by domestic private | e foundations subject to the sec | tion 4940(a) tax on | net investment inc | ome.) | | | · |
| | | | | | • | | | |
| II : | section 4940(d)(2) applies, leave t | his part blank. | | | | | | |
| W | as the foundation liable for the sec | tion 4942 tax on the distributab | le amount of any ye | ar in the base perio | od? | | | Yes X No |
| _ | "Yes," the foundation doesn't qualit | | | | | | | |
| 1 | Enter the appropriate amount in | each column for each year, see | the instructions bef | fore making any en | tries. | | | |
| | (a) Base period years | (b) | | | (c) | | Distr | (d) ibution ratio |
| _ | Calendar year (or tax year beginni | | _ | Net value of non | | | (col. (b) d | ivided by col. (c)) |
| _ | 2018 | | 950,993. | | | 8,417 | | .157612 |
| _ | 2017 | | 196,003. | | | 6,024 | | .159177 |
| | 2016 | 1, | 132,706. | | | 3,207 | | .091030 |
| | 2015 | | 549,890. | | | 2,077 | | .044374 |
| | 2014 | | 446,531. | 1 | 11,88 | 9,734 | • | .037556 |
| | | | | | | | | |
| 2 | Total of line 1, column (d) | | | | | | 2 | .489749 |
| 3 | Average distribution ratio for the | 5-year base period - divide the | total on line 2 by 5.0 |), or by the number | of years | | | |
| | the foundation has been in existe | nce if less than 5 years | | | | | 3 | .097950 |
| | | | | | | | | |
| 4 | Enter the net value of noncharitat | ole-use assets for 2019 from Pa | ırt X, line 5 | | | | 4 : | 13,517,648. |
| | | | | | | | | |
| 5 | Multiply line 4 by line 3 | | | | | | 5 | 1,324,054. |
| | | | | | | | | |
| 6 | Enter 1% of net investment incon | ne (1% of Part I, line 27b) | | | | | 6 | 9,212. |
| | | . , | | | | | | |
| 7 | Add lines 5 and 6 | | | | | | 7 | 1,333,266. |
| | | | | | | | | ` |
| 8 | Enter qualifying distributions from | • | | | | | 8 | 1,806,515. |
| | If line 8 is equal to or greater than See the Part VI instructions. | i line 7, check the box in Part V | l, line 1b, and comp | lete that part using | a 1% tax r | ate. | | |

| 2 | | | | | |
|--|--|--------|-----------------|---|--------|
| Form 990-PF (2019) THE ALAN AND JILL MILLER FOUN | DATION | 23-289 | 9896 | Page 4 | 4 |
| Part VI Excise Tax Based on Investment Income (Section 494 | | | | ctions) | - |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and of | | | | | - |
| Date of ruling or determination letter (attach copy of letter if ne | | | | | 1 |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 | | 7,212. | |
| of Part I, line 27b | | | | , | ī |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4 | % of Part L line 12 col. (b) | | | | ì |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, or | | 2 | | 0. | .i |
| 3 Add lines 1 and 2 | and of | 3 | | 7,212. | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, | others enter -0-1 | 4 | | 0. | |
| 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | bullers, enter -o-) | 5 | | 9,212. | |
| · | | | <u>_</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ī |
| 6 Credits/Payments | 6a 17,364. | | | | Ì |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | | - | | | - |
| b Exempt foreign organizations - tax withheld at source | | -l | | | l |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 0. | - I | | | |
| d Backup withholding erroneously withheld | 6d 0. | | | | j |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | 1 | 7,364. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here 🗶 if Form 2220 is att | ached | 8 | | 0. | _ |
| 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 amount overpaid | | 10 | 8 | 3,152. | |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax | 8,152. Refunded► | 11 | | 0. | |
| Part VII-A Statements Regarding Activities | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legi | slation or did it participate or intervene | e in | | Yes No | |
| any political campaign? | | | 1a | X | |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo | oses? See the instructions for the defin | nition | 1b | Х | _ |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies | of any materials published or | | | | Ī |
| distributed by the foundation in connection with the activities. | | | | | 1 |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | X | 1 |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th | e vear: | | | | ī |
| (1) On the foundation. ▶ \$ 0 • (2) On foundation manager | | | * | - | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expend | · · · · · · · · · · · · · · · · · · · | = | | | 1 |
| managers. > \$ 0. | and the second of the second | | | | - |
| 2 Has the foundation engaged in any activities that have not previously been reported to the | IRS? | | 2 | X | ı |
| 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 incorporation | nr. | | ĺ | l |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | mateument, articles of meorporation, | J1 | 3 | $- \overline{x} $ | J. |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year | or? | | 4a | X | - |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | ai r | N/A | 4b | | - |
| • | 2 | N/A | <u> </u> | X | - |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year | • | | 5 | - ^ | - |
| If "Yes," attach the statement required by General Instruction T | | | | | 1 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6 | eitner. | | Î | | |
| By language in the governing instrument, or | | . 1. | | | |
| By state legislation that effectively amends the governing instrument so that no mandato | ry directions that conflict with the state | e iaw | | | J |
| 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," com | plete Part II, col (c), and Part XV | | 7 | Х | -, |
| O. Calcular data to high the foundation of the control of the cont | | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruction DE, PA | ons. ► | | | | |
| 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

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

| 1. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section \$12(3)(13)? If Yes, statisch schedules See instructions \$2.00 the foundation make a determible to a denore advised fund over which the foundation or a dequalified person had advisory privileges? If Yes, attach statement See instructions \$2.00 the foundation make a determible to a denore advised fund over which the foundation or a dequalified person had advisory privileges? If Yes, attach statement See instructions \$2.00 the foundation comely with the public inspection requirements for its annual returns and exemption application? 11 | Pa | rt VII-A | Statements Regarding Activities (continued) | | | |
|--|-----|-------------|--|-------------------|----------|----------------|
| 11. At any time during the year, of the foundation, directly or indirectly, own a controlled entity within the meaning of section \$12(9)(13)? IT Yes's states should be seen should be seen should be seen structions. 12. Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13. It is a control of the statement See instructions. 14. The blooks are one or of ► ALAN B. MILLER 15. Website address. ► N/A 16. The blooks are one or of ► ALAN B. MILLER 17. The blooks are one or of ► ALAN B. MILLER 18. Calland B. MILLER 19. Section 4947(19) thorexerent betrainable trusts filling from 904P-1 help of form 1041-check here and enter the amount of tax exempt interest received or accrued during the year. 16. All any time during clanded vera 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other inflanced account in a foreign country? 16. Section 4947(19) timesterment standards of the foundation have an interest in or a signature or other authority over a bank, securities, or other inflanced account in a foreign country? 18. Section 4947(19) timesterment state of the distributions for exceptions and filling requirements for finCEN Form 114. If Yes, enter the name of the foreign country. 19. Four VII-B. Statements Regarding Activities for Which Form 4720 May Be Required 19. File Form 47201 any Item is checked in the Yes' column, unities an exception applies. 19. Four Part VII-B. Statements Regarding Activities for Which Form 4720 May Be Required 19. File Form 47201 any Item is checked in the Yes' column, unities are exception applies. 19. Four Part VII-B. Statements Regarding Activities for Which Form 4720 May Be Required 19. File Form 47201 any Item is checked in the Yes' column, unities are exception applies. 19. Four Part VII-B. Statements Regarding desired with a disqualified person? 20. File Form 47201 any Item is checked in the Yes' column, unities are exception a | | | | | Yes | No |
| section 512(b)(13)? If 'res', attach schedule Sem instructions 10 did the broadborn make a destination to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 11 The books are in cure of books a | 11 | At any time | during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | _ |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The solosis are in our ear of ► ALAN B. MILLER 15 Telephone no ►610 - 768 - 3300 15 Located at ►57 CROSEY BROWN ROAD, GLADWYNE, PA 16 Located at ►57 CROSEY BROWN ROAD, GLADWYNE, PA 17 Located at ►57 CROSEY BROWN ROAD, GLADWYNE, PA 18 A tray time during calendry yers [10], do the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 18 See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, 'enter the name of the foreign country is required. 19 Telephone no the financial account in a foreign country? 19 See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, 'enter the name of the foreign country. 10 Longities are seen to the financial filing requirements for FinCEN Form 114. If Yes, 'enter the name of the foreign country. 10 Longities are seen the seed or exchange, or lasenge of property with a disqualified person? 10 Longities are the said or exchange, or leasing of property with a disqualified person? 11 Longities are the said or exchange, or leasing of property with a disqualified person? 12 Longities are the said or exchange, or leasing of property with a disqualified person? 13 Financial property to a government sense of a disqualified person? 14 Pey compensation to, or pay or remburse the expenses of, a disqualified person? 15 Financial property to a government sense of the acts and the property of the property of the property of a power property of the proper | | - | | 11 | | Х |
| If Yes, attach statement See instructions 12 | 12 | | | | \vdash | |
| 13 | | | | 12 | 1 | x |
| Website address ► N/A I The books are in care of ► ALAN B. MILLER Located at ► 57 CROSBY BROWN ROAD, GLADWYNE, PA 278+4 ► 19 0 35 - 15 12 Section 4947(a)(1) nonexempt charactella trusts fling form 990+Fin it less of Form 1041 - check here and eater the amount of tax-everage interest received or accrued during the year 16. At any time during calendar year 2019, do the foundation have an interest in or a signature or other authority over a bank, securities, or or her financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes,* enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the discussion of the acceptation of unitedly? (1) File Form 4720 if any item is checked in the discussion of the acceptation of unitedly? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or removers the expenses of, a disqualified person? (5) Transfer any incense or assets to a disqual | 13 | • | | | x | |
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| Located at ▶ 57 CROSBY BROWN ROAD, GLADWYNE, PA 19035-1512 | 14 | | | -768-3 | 300 | |
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| 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.) If any answer is "Yes" to 1a(1)-(6), did any 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 N/A 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 were not corrected before the first day of the tax year beginning in 2019? 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)): a At the end of tax year(s) beginning before 2019? If "Yes," list the years b 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 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. Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If Yes, and the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year and a transfer of the foundation had excess business holdings in 2019, 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-, | | | . , | . | | |
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| | | | | - · · · | | |
| | | | | 4b | | X |

Page 6

| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (continu | ued) | | |
|--|---------------------------------------|-----------------------------|--|-----------|------------------------------|
| 5a During the year, did the foundation pay or incur any amount to | | | | Ye | s No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y6 | es 🗶 No | | |
| (2) Influence the outcome of any specific public election (see section 4955), o | r to carry on, directly or indire | ectly, | | - 1 | |
| any voter registration drive? | | · 🔲 Ye | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 7 | Ye | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 4945(d)(4)(A)? See instructions | | Ye | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | 1 ; |
| the prevention of cruelty to children or animals? | | Ye | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | fer the exceptions described i | ın Regulations | _ | | _ |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | uctions | | N/A | 5b | <u> </u> |
| Organizations relying on a current notice regarding disaster assistance, check h | nere | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | |
| expenditure responsibility for the grant? | N | I/A | es L No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | : | 1 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | | |
| a personal benefit contract? | | Ye | es 🗶 No 📙 | | _ |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6b | X |
| If "Yes" to 6b, file Form 8870. | | - | | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration of | | | | |
| excess parachute payment(s) during the year? | | | es X No | | |
| Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors | ees, Foundation Ma | inagers, Highly | <i>y</i> | | |
| List all officers, directors, trustees, and foundation managers and to | hour componention | | | | |
| List an officers, an ectors, a disees, and foundation managers and to | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) E: | xpense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | accour | xpense nt, other ances |
| | to position | enter 0 ; | compensation | 1 - 41104 | 1411000 |
| | | | | | |
| SEE STATEMENT 8 | | 0. | 0. | | 0. |
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| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) Ex | xpense nt, other |
| (a) Name and address of each employee paid more than \$55,555 | devoted to position | (C) componsuion | and deferred compensation | allow | /ances |
| NONE | | | | | |
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| | | | | <u></u> | |
| Total number of other employees paid over \$50,000 | | | > | | 0 |

| Form 990-PF (2019) THE ALAN AND JILL MILLER FOUNDATION | 23-2 | 899896 | Page 7 |
|--|---------------------|-----------|---------|
| Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued) | anagers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE | | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compe | nsation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services | | • | 0 |
| Part IX-A Summary of Direct Charitable Activities | | • | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | nation such as the | Expenses | |
| 1N/A | | | |
| | | | |
| 2 | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and | d 2 | Amount | |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| All other program-related investments See instructions | | | |
| 3 | | | |
| | | | |
| | | | |
| | - | | |

0.

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations | must c | omplete this pa | rt Foreign four | ndations, | see instructions) |
|----|--|--------------|--------------------|------------------|--------------|-------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charita | ble, etc | purposes. | | | |
| а | Average monthly fair market value of securities | , , | ,, | | 1a | 13,434,017. |
| | b Average of monthly cash balances | | | | | 13,434,017. 289,484. |
| | Fair market value of all other assets | | | ľ | 1c | |
| d | | | | ł | 1d | 13,723,501. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | ľ | | |
| | 1c (attach detailed explanation) | 1 e | | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | ľ | 3 | 13,723,501. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount | nt. see in | structions) | | 4 | 205,853. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and | • | • | l | 5 | 13,517,648. |
| 6 | Minimum investment return. Enter 5% of line 5 | | • | | 6 | 675,882. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) | |) private operatin | g foundations an | d certain | <u> </u> |
| | foreign organizations, check here and do not complete this par | rt.) | | | | |
| 1 | Minimum investment return from Part X, line 6 | | | | 1 | 675,882. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | 2a | | 9,212. | | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) | 2b | | | | |
| C | Add lines 2a and 2b | | | ļ | 2c | 9,212. 666,670. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | | 3 | 666,670. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | ļ | 4 | 0. |
| 5 | Add lines 3 and 4 | | | | 5 | 666,670. |
| 6 | Deduction from distributable amount (see instructions) | | | ļ | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa | rt XIII, lir | ne 1 | | 7 | 666,670. |
| P | art XII Qualifying Distributions (see instructions) | | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pu | urposes: | | | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | | | | 1a | 1,806,515. |
| b | 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 charit | able, etc. | , purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | | |
| а | Suitability test (prior IRS approval required) | | | | 3a | |
| b | Cash distribution test (attach the required schedule) | | | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; | and Part | XIII, line 4 | | 4 | 1,806,515. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv | | | | | <u>-</u> . |
| | income Enter 1% of Part I, line 27b | | | | 5 | 9,212. 1,797,303. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | | | | 6 | 1,797,303. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years | when ca | lculating whether | the foundation q | ualifies for | the section |

Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--|---------------|----------------------------|--|-------------|
| 1 Distributable amount for 2019 from Part XI, line 7 | | | | 666,670. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years | | | | |
| ' ' | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | 11 1 | | Ш | ' |
| a From 2014 | | | | |
| b From 2015 | | | | |
| c From 2016 | | | | |
| dFrom 2017 1,436,907. | | | | |
| eFrom 2018 1,348,658. | 2 705 565 | | | |
| f Total of lines 3a through e | 2,785,565. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ►\$ 1,806,515. | | | 0. | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | 0. | | | 666,670. |
| d Applied to 2019 distributable amount | 1,139,845. | | | 000,070. |
| e Remaining amount distributed out of corpus | 1,139,043. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,925,410. | | | |
| 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) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | ······································ | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2020. | | | | |
| Subtract lines 7 and 8 from line 6a | 3,925,410. | | | |
| 0 Analysis of line 9 | | | | |
| a Excess from 2015 | | | | |
| b Excess from 2016 | | | | |
| c Excess from 2017 1,436,907. | İ | | | |
| dExcess from 2018 1,348,658. | | | | |
| e Excess from 2019 1,139,845. | ļ | | | |

Page 11

Supplementary Information (continued) 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 Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year AMERICAN FRIENDS OF MAGEN DAVID ADOM PUBLIC CHARITY CHARITABLE N/A CONTRIBUTION 352 SEVENTH AVENUE, SUITE 400 NEW YORK, NY 10001 18,000. AMERICAN JEWISH COMMITTEE N/A PUBLIC CHARITY CHARITABLE 165 EAST 56TH STREET CONTRIBUTION NEW YORK, NY 10022 2,500. PUBLIC CHARITY CHARITABLE ANTI-DEFAMATION LEAGUE N/A 1500 MARKET STREET CONTRIBUTION PHILADELPHIA, PA 19102 3,000. PUBLIC CHARITY CHARITABLE BEN FRANKLIN GLOBAL FORUM FUND N/A 1835 MARKET STREET, SUITE 2410 CONTRIBUTION PHILADELPHIA, PA 19103 5,000. BEYOND CELIAC N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 124 SOUTH MAPLE STREET AMBLER, PA 19002 10,000. SEE CONTINUATION SHEET(S) 1,806,515. ▶ 3a Total b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

| | T Unrelated | business income | LEveludor | d by section 512, 513, or 514 | |
|---|---|------------------------|-----------------------|-------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue | code | | code | Attiount | |
| a | | | + | | - |
| b | | | + | | |
| C | _ | . | +-+ | | |
| d | _ | | | | |
| e | | | | | |
| f | | | \perp | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 245,130. | |
| 5 Net rental income or (loss) from real estate | | | | | ! |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 677,747. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | †**** † | | |
| a | i l | | | | |
| b | | | | | |
| c | _ | | | | · · · · · · · · · · · · · · · · · · · |
| d | _ | | 1 | | |
| e | - | | + + | | |
| 12 Subtotal. Add columns (b), (d), and (e) | _ | 0. | . - | 922,877. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | <u> </u> | | 1 | 13 | 922,877. |
| (See worksheet in line 13 instructions to verify calculations | : 1 | | | | <i>2</i> |
| | | | | | |
| Part XVI-B Relationship of Activities | es to the Acco | mplishment of Ex | xempt | Purposes | |
| Line No. Explain below how each activity for which | | | contribut | ed importantly to the accomp | lishment of |
| ▼ the foundation's exempt purposes (other t | han by providing fund | ds for such purposes). | | | |
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| orm 990-PI | _ · | LAN AND C | TPP WT | TPEK LOOM | DA.I.T | .ON | 23- | 2899896 | Pa | age 13 |
|--------------------|---------------------------------------|---------------------------|-------------------|--------------------------|----------|--------------------|-------------------------|--------------------------------|---------------------------|--------|
| Part:XV | II Information Re Exempt Organ | | sfers to a | and Transaction | ns and | d Relations | hips With No | ncharitable | • | |
| 1 Did the | organization directly or indi | rectly engage in any | of the following | ng with any other orga | nızatıon | described in sect | ion 501(c) | | Yes | No |
| (other | than section 501(c)(3) organ | nizations) or in section | on 527, relatin | g to political organizat | ions? | | , | | | |
| a Transfe | ers from the reporting found | ation to a noncharita | able exempt or | ganization of: | | | | , · . <i>,</i> | | |
| (1) Ca | nsh | | | | | | | 1a(1) | | X |
| (2) Ot | her assets | | | | | | | 1a(2) | | X |
| b Other t | ransactions. | | | | | | | ζ, | | |
| (1) Sa | les of assets to a noncharita | ble exempt organiza | tion | | | | | 1b(1) | | X |
| (2) Pı | irchases of assets from a no | ncharitable exempt | organization | | | | | 1b(2) | | X |
| (3) Re | ental of facilities, equipment, | or other assets | | | | | | 1b(3) | | X |
| (4) Re | eimbursement arrangements | | | | | | | 1b(4) | | X |
| | ans or loan guarantees | | | | | | | 1b(5) | | Х |
| | rformance of services or me | mbership or fundrai | sing solicitation | ons | | | | 1b(6) | | X |
| c Sharing | g of facilities, equipment, ma | iling lists, other asse | ets, or paid em | ployees | | | | 1c | | X |
| d If the a | nswer to any of the above is | "Yes," complete the | following sche | edule Column (b) sho | uld alwa | ys show the fair r | narket value of the | goods, other ass | ets, | |
| | ices given by the reporting fo | | | • • | | | | | | |
| columr | (d) the value of the goods, | other assets, or serv | rices received. | | | | | | | |
| (a)Line no | (b) Amount involved | (c) Name o | f noncharitable | e exempt organization | | (d) Description | of transfers, transacti | ons, and sharing ar | rangeme | ents |
| | | | N/A | | | | | | | |
| | | | | | | | | | | |
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| | | | • | | | | | | | |
| 2a Is the f | oundation directly or indirect | tly affiliated with, or i | related to, one | or more tax exempt o | rganizat | tions described | | - | | |
| | on 501(c) (other than section | • | • | • | J | | | Yes | X | No |
| | complete the following sche | | | | | | | | | |
| | (a) Name of org | | | (b) Type of organiza | tion | | (c) Description of r | elationship | | |
| | N/A | | | | | | | - | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | der penalties of perjury, I declare | | | | | | | May the IRS o | iecuee l | hie |
| Sign and | d belief, it is true correct, and con | nplete Deglaration of pr | eparer (other tha | | | | REAS & | return with the shown below | prepar Se <u>e ins</u> | er |
| Here | Man | | $\mathcal{N}_{}$ | (9/3/20 | <u> </u> | DIREC | | X Yes | | J No |
| S | ignature of officer or trustee | | | Date / | | Title | | | | |
| | Print/Type preparer's na | me | Preparer's s | ignature | D | ate | Check if | PTIN | | |
| | | | XIII | akrofes | |] | self- employed | | | |
| Paid | LEE A. PRO | | | W. T. | ! | 5/28/20 | | P00772 | | |
| Prepare Use Onl | | RMAN GROU | P FÁMI | LY OFFICE, | LL: | Ρ . | Firm's EIN ► 4 | 5-47937 | 13 | |
| Joe Oill | Firm's address ▶ 12 | 00 LIBERT | Y RIDG | E DRIVE, S | UIT | E 320 | | | | |
| | | ESTERBROC | | | | | Phone no 61 | 0-889-7 | 300 | |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor DISABLED AMERICAN VETERANS N/A bublic charity charitable 3725 ALEXANDRIA PIKE CONTRIBUTION 250. COLD SPRING, KY 41076 PUBLIC CHARITY CHARITABLE FH FOUNDATION N/A CONTRIBUTION 680 E. COLORADO BLVD, SUITE 180 PASADENA, CA 91101 2,500. FREEDOMS FOUNDATION N/A PUBLIC CHARITY CHARITABLE 1601 VALLEY FORGE ROAD CONTRIBUTION VALLEY FORGE, PA 19481 10,000. GEORGE WASHINGTON'S MOUNT VERNON PUBLIC CHARITY CHARITABLE N/A 3200 MOUNT VERNON MEMORIAL HIGHWAY CONTRIBUTION 100. MOUNT VERNON, VA 22121 GLADWYNE FIRE COMPANY N/A PUBLIC CHARITY CHARITABLE CONTRIBUTION 1044 BLACK ROCK ROAD 500. GLADWYNE, PA 19035 HERB IT FORWARD FOUNDATION N/A PUBLIC CHARITY SCIENTIFIC RESEARCH 100 FRONT STREET, SUITE 300 CONSHOHOCKEN, PA 19428 10,000. HORATIO ALGER ASSOCIATION N/A PUBLIC CHARITY CHARITABLE 99 CANAL CENTER PLAZA #320 CONTRIBUTION ALEXANDRIA, VA 22314 143,070. ISRAEL AIR FORCE CENTER FOUNDATION N/A PUBLIC CHARITY CHARITABLE INC. CONTRIBUTION 269 SOUTH BEVERLY DRIVE, SUITE 1664 BEVERLY HILLS, CA 90212 2,500. JDRF N/A PUBLIC CHARITY CHARITABLE 26 BROADWAY, 14TH FLOOR CONTRIBUTION NEW YORK, NY 10004 5,000. JEWISH FEDERATION OF PALM BEACH N/A CHARITY CHARITABLE COUNTY CONTRIBUTION 4601 COMMUNITY DRIVE 5,000. WEST PALM BEACH, FL 33417 1,768,015. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient JEWISH NATIONAL FUND N/A PUBLIC CHARITY CHARITABLE 78 RANDALL AVENUE CONTRIBUTION ROCKVILLE CENTRE, NY 11570 10,000. JEWISH RELIEF AGENCY N/A PUBLIC CHARITY CHARITABLE 225 E. CITY AVE, SUITE 210 CONTRIBUTION BALA CYNWYD, PA 19004 25,000. MUSEUM OF THE AMERICAN REVOLUTION N/A PUBLIC CHARITY CHARITABLE 101 SOUTH THIRD STREET CONTRIBUTION 1,026,170. PHILADELPHIA, PA 19106 NARBERTH AMBULANCE PUBLIC CHARITY CHARITABLE N/A 101 SIBLEY AVENUE CONTRIBUTION ARDMORE, PA 19003 175. NATIONAL MS SOCIETY N/A PUBLIC CHARITY EDUCATION 30 SOUTH 17TH STREET, SUITE 800 PHILADELPHIA, PA 19103 1,000. PALM BEACH COUNTRY CLUB FOUNDATION N/A CHARITY CHARITABLE 760 N. OCEAN BLVD CONTRIBUTION PALM BEACH, FL 33480 1,000. PALM BEACH UNITED WAY CHARITABLE N/A PUBLIC CHARITY 477 SOUTH ROSEMARY AVE, SUITE 230 CONTRIBUTION WEST PALM BEACH, FL 33401 1,500. PHILADELPHIA RONALD MCDONALD HOUSE N/A PUBLIC CHARITY CHARITABLE 3925 CHESTNUT STREET CONTRIBUTION PHILADELPHIA, PA 19104 275,000. PHILLY FIGHTS CANCER N/A PUBLIC CHARITY CHARITABLE PO BOX 1927 CONTRIBUTION BLUE BELL, PA 19422 30,000. SOUTHAMPTON TOWN PBA N/A PUBLIC CHARITY CHARITABLE 168 OLD COUNTRY RD/P.O. BOX 591 CONTRIBUTION SPEONK, NY 11972 250. Total from continuation sheets

Part XV Supplementary Information

| 3 Grants and Contributions Paid During the | If recipient is an individual, | *** | | |
|--|---|----------------------|----------------------------------|---------|
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | , | | | : |
| THE FELLOWSHIP | N/A | PUBLIC CHARITY | | |
| P.O.BOX 96105 | | | CONTRIBUTION | |
| WASHINGTON, DC 20090 | | | | 1,000 |
| THE INVESTIGATIVE PROJECT ON | N/A | CHARITY | CHARITABLE | |
| TERRORISM FOUNDATION | | | CONTRIBUTION | |
| 5505 CONNECTICUT AVE. NW #341 | | | | |
| WASHINGTON, DC 20015 | | | | 10,000 |
| | | | | |
| THOMAS JEFFERSON UNIVERSITY | N/A | PUBLIC CHARITY | MEDICAL RESEARCH | |
| 125 SOUTH 9TH STREET, SUITE 700 | ["" | | | |
| PHILADELPHIA, PA 19107 | | | | 2,500 |
| | | | | |
| UNITED STATES HOLOCAUST MEMORIAL | N/A | PUBLIC CHARITY | CHARITABLE | |
| MUSEUM | | | CONTRIBUTION | |
| 100 RAOUL WALLENBERG PLACE, SW | | | | 18 000 |
| WASHINGTON, DC 20024 | | | | 18,000 |
| | | | | |
| UNIVERSAL HEALTH SERVICES FOUNDATION | N/A | PUBLIC CHARITY | CHARITABLE | |
| 367 S GULPH ROAD | | | CONTRIBUTION | |
| KING OF PRUSSIA, PA 19406 | | | | 1,000 |
| WILLIAM & MARY ATHLETIC EDUCATION | N/A | PUBLIC CHARITY | CHARITABLE | |
| FOUNDATION | ["," | | CONTRIBUTION | |
| 751 UKROP WAY | | | | |
| WILLIAMSBURG, VA 23185 | | | | 20,000 |
| WILLIAM C MARY RUCTMECC COURSE | 1/2 | DUDI IO CUADITA | | |
| WILLIAM & MARY BUSINESS SCHOOL FOUNDATION | N/A | PUBLIC CHARITY | CONTRIBUTION | |
| MILLER HALL 101 UKROP DRV | | | CONTRIBUTION | |
| WILLIAMSBURG, VA 23186 | | | • | 150,000 |
| | | | | · |
| | | | | |
| WILLIAM & MARY FOUNDATION | N/A | PUBLIC CHARITY | | |
| 5300 DISCOVERY PARK BLVD, 3RD FLOOR | | | CONTRIBUTION | F 000 |
| WILLIAMSBURG, VA 23185 | | ·- | | 5,000 |
| | | | | |
| WOUNDED WARRIOR PROJECT | N/A | PUBLIC CHARITY | CHARITABLE | |
| 4899 BELFORT ROAD, SUITE 300 | | | CONTRIBUTION | |
| JACKSONVILLE, FL 32256 | | | | 9,500 |
| , | | | | |
| YOUNG AMERICA'S FOUNDATION | N/A | PUBLIC CHARITY | CHARITABLE | |
| 110 ELDEN STREET | | | CONTRIBUTION | |
| HERNDON, VA 20170 | | | | 1,000 |
| Total from continuation sheets | • | • | • | • |

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient ZOA N/A PUBLIC CHARITY CHARITABLE 1 BELMONT AVE #601 CONTRIBUTION BALA CAYNWYD, PA 19004 1,000. Total from continuation sheets

Schedule B

3

(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.

THE ALAN AND JILL MILLER FOUNDATION

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No 1545 0047

2019

Name of the organization

Employer identification number

23-2899896

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Organız | ation type (check or | ne) |
|-----------|---|---|
| Filers of | f: | Section: |
| Form 99 | 0 or 990-EZ | 501(c)() (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 99 | 0-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 |
| | nly a section 501(c)(| covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions |
| X | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions |
| Special | Rules | |
| | sections 509(a)(1) a any one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II |
| | year, total contribut | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals Complete Parts I, II, and III |
| | year, contributions is checked, enter h purpose Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., iplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year. |
| | - | It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I, line 2, to |

Name of organization

3

Employer identification number

THE ALAN AND JILL MILLER FOUNDATION

23-2899896 \

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | al space is needed | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>- 1</u> | ALAN MILLER 57 CROSBY BROWN ROAD GLADWYNE, PA 19035 | `\$8,735. | Person X Payroll |
| (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) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

۲.

Employer identification number

THE ALAN AND JILL MILLER FOUNDATION

23-2899896

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed | | | |
|------------------------------|---|--|----------------------|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | \$ | | |
| (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 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 23-2899896 THE ALAN AND JILL MILLER FOUNDATION Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |

| FORM 990-PF DIVIDE | NDS AND INTER | EST FROM SECUR | ITIES S' | FATEMENT 1 |
|---|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| GROSS SOURCE AMOUN | | REVENUE | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| VARIOUS - VANGUARD & MORGAN STANLEY 255,1 | 71. 10,04 | 1. 245,130. | 245,130. | |
| TO PART I, LINE 4 255,1 | 71. 10,04 | 245,130. | 245,130. | |
| FORM 990-PF | ACCOUNTI | NG FEES | S | ГАТЕМЕНТ 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| THE FAIRMAN GROUP | 8,500. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 16 | В 8,500. | 0. | | 0. |
| FORM 990-PF | TAX | ES | S | PATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FÓREIGN TAXES TAXES PAID IN 2019 | 1,658. 22,000. | 1,658. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 23,658. | 1,658. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | FATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| DELAWARE ANNUAL FRANCHISE TAX UNITED CORPORATE SERVICES | 25. 198. | 0. | | 0. |
| DELAWARE CERTIFICATE OF GOO STANDING | D 235. | 0. | | 0. |

| THE ALAN AND JILL MILLER FO | UNDATION | | 23-2899896 |
|---|---------------------|--|--|
| OTHER EXPENSES | 2,065. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 2,523. | 0. | 0. |
| FORM 990-PF | CORPORATE STOCK | | STATEMENT 5 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CARDINAL HEALTH, INC. MCKESSON CORP UNIVERSAL HEALTH REALTY INC. BECTON DICKINSON & COMPANY UNIVERSAL HEALTH SERVICES CLA VANGUARD 500 INDX ADMIRAL VANGUARD INTL GROWTH ADM VANGUARD MID CAP INDEX ADM VANGUARD SMALL CAP INDX ADM TOTAL TO FORM 990-PF, PART II | - | 257,330. 592,259. 5,180,700. 53,660. 1,345,049. 2,062,019. 657,609. 1,333,677. 1,108,286. 12,590,589. | 257,330. 592,259. 5,180,700. 53,660. 1,345,049. 2,062,019. 657,609. 1,333,677. 1,108,286. 12,590,589. |
| FORM 990-PF | CORPORATE BONDS | | STATEMENT 6 |
| DESCRIPTION VANGUARD INTER-TERM BOND INDE | - | BOOK VALUE 619,521. 619,521. | FAIR MARKET VALUE 619,521. 619,521. |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 7 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| VANGUARD EMERGING MARKETS ETF | FMV | 321,040. | 321,040. |
| TOTAL TO FORM 990-PF, PART II | , LINE 13 | 321,040. | 321,040. |

| FORM 990-PF P | | OF OFFICERS, D | | | STATI | EMENT 8 |
|--|-----------------|--------------------------|--------|----|---------------------------------|--------------------|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| ALAN B. MILLER 57 CROSBY BROWN ROA GLADWYNE, PA 19035- | | PRES./TREAS. & | DIREC | 0. | 0. | 0. |
| JILL S. MILLER 57 CROSBY BROWN ROA GLADWYNE, PA 19035- | | SECRETARY & DI 0.00 | RECTOR | 0. | 0. | 0. |
| MARC D. MILLER 838 SUMMIT ROAD PENN VALLEY, PA 190 | 72 | DIRECTOR 0.00 | , | 0. | 0. | 0. |
| MARNI E. SPENCER 235 EAST ST. ANDREW DEERFIELD, IL 60015 | | DIRECTOR 0.00 | | 0. | 0. | 0. |
| ABBY D. KING 130 SOUTH 18TH STRE PHILADELPHIA, PA 19 | | DIRECTOR 0.00 | | 0. | 0. | 0. |
| TOTALS INCLUDED ON | 990-PF, PAGE 6, | PART VIII | | 0. | 0. | 0. |