Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491239001170

2019

OMB No 1545-0052

## **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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 07-01-20	)19 , aı	nd en	ding 06-30-	2020	
		indation 1 & CAROLE A MILLER			A Employer Id	entification numbe	r
		DUNDATION			31-1153159		
		street (or P O box number if mail is not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)
2	PRESTI	GE PLACE RM/STE 230			(937) 293-0900		·
		, state or province, country, and ZIP or foreign postal code G, OH 45342			, ,	application is pendin	a check here
MIAI	11300K	G, On 43342			C II exemption	application is perialli	<b>&gt;</b>
G Ch	neck al		former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🗌
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co	
		Address change Name change			•	undation status was t	
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
			e private foundation				
		rom Part II sol (s)	✓ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), ched	
		Toth Part II, col (c),  ▶ \$ 2,451,182    Other (specify)     (Part I, column (d) must	be on cash basis )				
			I	T		<u> </u>	len n
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) I	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)					
	2	Check  if the foundation is <b>not</b> required to attach					
	3	Sch B	3,285	5	3,285		
	4	Dividends and interest from securities	57,547		57,547		
	5a	Gross rents					
	ь	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10	-9,910				
Revenue	b	Gross sales price for all assets on line 6a3,844,117					
Re.	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	50,922	2	60,832		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ē	16a	Legal fees (attach schedule)	<b>66.1</b> 4.700		050		05/
Х	b	Accounting fees (attach schedule)	1,700		850		850
Şe	С.	Other professional fees (attach schedule)	22,322	-	22,322		
ati	17	Interest	<b>96-1</b> 200	<u> </u>			
<u> </u>	18	Taxes (attach schedule) (see instructions)	200	<u> </u>			
≣	19	Depreciation (attach schedule) and depletion					
Adı	20	Occupancy	49	<u> </u>			49
ם	21	Travel, conferences, and meetings	49	<u>'</u>			45
Operating and Administrative Expenses	22	Other expenses (attach schedule)	1,051	_			1,051
<u>E</u>		Total operating and administrative expenses.	1,031	1			1,03
era	24	Add lines 13 through 23	25,322		23,172		1,950
o	25	Contributions, gifts, grants paid	120,800	_	25,172		120,800
	26	Total expenses and disbursements. Add lines 24 and					122,300
		25	146,122	2	23,172		122,750
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-95,200				
	ь	Net investment income (if negative, enter -0-)	-93,200	1	37,660		
	c	Adjusted net income (If negative, enter -0-)		1	37,000		
E = 1	Dans:	work Deduction Act Notice are instructions	<u> </u>			<del></del>	000 PF (2010

Form 990-PF (2019) Page 2 Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year Part II should be for end-of-year amounts only (See instructions ) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash—non-interest-bearing 5,187 8.296 8,296 2 Savings and temporary cash investments . . . . . . 8,783 100,972 100,972 3 Accounts receivable Less allowance for doubtful accounts ▶ Pledges receivable Less allowance for doubtful accounts ▶

593,531

2.327.106

2,327,106

2,327,106

2,327,106

1,033,734

685,871

1,137,940

2.231.198

2,231,198

2,231,198

2,231,198

2,327,106

2,231,906

2,231,198 Form **990-PF** (2019)

708

-95,200

1

2

3

4

5

6

983,990

1,322,698

1,019,216

2.451.182

	4
	5 6
	7
Assets	8 9 10a
	Ь
	٠,

b

C 11

12

13

14

15

16

17 18

19 20

21

22 23

24

25

28

29

30

Part III

2

3

Liabilities

Balances

Fund

ŏ 26

Assets 27

Net

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe >\_

Grants payable

Prepaid expenses and deferred charges . . . .

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule) . . . . . .

Less accumulated depreciation (attach schedule) ▶ \_\_\_\_\_

Accounts payable and accrued expenses . . . . . .

Foundations that follow FASB ASC 958, check here ▶

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

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) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

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

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

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) > \_\_\_

Enter amount from Part I, line 27a

Receivables due from officers, directors, trustees, and other

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule)

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

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

Less accumulated depreciation (attach schedule) ▶

	ee the kind(s) of property sold (e g , arehouse, or common stock, 200 shs		nase	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1 a PUBLICLY TRADED STOC	CKS	Р			
ь					
С С					
d					
e					
	(f)	(g)		(	h)
(e) Gross sales price	Depreciation allowed	Cost or other basis		Gain o	r (loss)
<u> </u>	(or allowable)	plus expense of sale			) mınus (g)
a 3,84	14,117	3,8	54,027		-9,910
b					
с					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/31/69	)	(	I)
(i)	(j)	(k)			h) gain minus
FMV as of 12/31/69	Adjusted basis as of 12/31/69	Excess of col (1)			less than -0-) <b>or</b> om col (h))
	as of 12/31/09	over col (j), ıf any		203363 (114	-9,910
a					-9,910
b					
d					
<u>e</u>		If gain, also enter in Part I, line 7		<del></del>	
•	gain or (loss) as defined in sections : irt I, line 8, column (c) (see instructi	ons) If (loss), enter -0-	. }	3	-9,910
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investme	ent Inc	 come	
	private foundations subject to the sec				
	•	,		,	
If section 4940(d)(2) applies, le	eave this part blank				
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	· ·	period?	, ∐ Ye	es 🗹 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before making any	entrie:		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		( <b>d)</b> Distribution rati (col (b) divided by c	
2018	134,245	2,478,41	5		0 054166
2017	147,778	2,656,26	2		0 055634
2016	130,834	2,554,60	0		0 051215
2015	149,530	2,530,24	7		0 059097
2014	146,217	2,597,98	4		0 056281
2 Total of line 1, column (	d)		2		0 276393
3 Average distribution ratio	o for the 5-year base period—divide	the total on line 2 by 5 0, or by the			
	ndation has been in existence if less		3		0 055279
	oncharitable-use assets for 2019 fron	•	4	<del>                                     </del>	2,441,628
5 Multiply line 4 by line 3	(40) (50 ) (41)		5		134,971
	ent income (1% of Part I, line 27b)		6		377
			7		135,348
	ions from Part XII, line 4 ,		8		122,750
instructions	eater than line 7, check the box in Pa	art v1, line 10, and complete that p	art usin	ya 1% tax rate Se	e the Part VI

Page **6** 

Pal	IT ATT-B	Statements Regard	ııng	Activities for Which	Form 4720 May Be	: <b>Requirea</b> (C	ontinue	ea)				
5a	During the	year did the foundation p	oay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes	<b>V</b>	No			
	(2) Influe	nce the outcome of any sp	ecifi	c public election (see sect	ion 4955), or to carry	-	c3	ت	110			
	on, dır	ectly or indirectly, any vo	ter re	egistration drive?		[	Yes	<b>✓</b>	No			
	(3) Provid	e a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Ť	Yes		No			
		e a grant to an organizati ion 4945(d)(4)(A)? See ir		•	, -	d		_	140			
	(5) Provid	e for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	· · L	☐ Yes					
		ional purposes, or for the		,			_ ∣Yes	✓	No			
Ь		wer is "Yes" to 5a(1)-(5),					bed in					
	-	s section 53 4945 or in a						٠		5b		
	-	ons relying on a current n										
С		ver is "Yes" to question 5										
		se it maintained expenditu ttach the statement requi					Yes		No			
6a	Did the for	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
	a personal	benefit contract?				. [	Yes		No			
b		undation, during the year, 6b, file Form 8870	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	res		NO	6b		No
7a		e during the tax year, wa	s the	foundation a party to a r	rohibited tax shelter tra	nsaction? [	_	<b>□</b>				
b		d the foundation receive				L	Yes	<b>✓</b>	No	7b		
8		idation subject to the sect		•				•				
Ū		achute payment during th				III Tellialierado						
	· · · · · · · · · · · · · · · · · · ·					• • •	_ Yes	_	110			
Pai		Information About ( and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, Hig	niy Pai	Ia Ei	mpio	yees,	,	
1	List all off	icers, directors, truste	es, fo	oundation managers ar	d their compensation	. See instructi	ons					
	<b>(a)</b> Na	me and address	(	<b>b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred cor	efit plan:	s and			nse acco	
See /	Additional D	ata Table			- /				T			
			1									
									1			
			1									
									+-			
			1									
						-			+			
			-									
		ation of five highest-pa						T.C	<u> </u>		NONE	"
	Compensa	ition of five nignest-pa	ıa en	npioyees (other than ti	nose included on line .				ne, e	nter	NUNE.	
(a)		ddress of each employee ore than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contri employed plans and comper	benefit deferre	:			se acco	
NON						comper						
11011	<u> </u>			1								
					+	1						
				1								
						-						
				-								
Tota	I number of	other employees paid ov	er \$5	0,000		<u> </u>	<u> </u>					
									For	m <b>99</b>	0-PF (	2019)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation do <b>1</b> N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form <b>990-PF</b> (2019)

Amounts set aside for specific charitable projects that satisfy the

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

3a

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

3h

4

5

122,750

122.750

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**b** Total for prior years

**b** From 2015. . . . c From 2016. .

**d** From 2017. . . .

e From 2018. . . . .

From 2014. . . . .

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121,328

Form 990-PF (2019)

Form 990-PF (20	019)
Part XIII	Und

PF (20	019)		
• • •	Undistributed Income	(see	instructions)

19.249 23,309

6.580

16.291 11,706

23.309 6,580

16.291

11,706

1.422

(a)

Corpus

77.135

1.422

78,557

19.249

59,308

(b)

Years prior to 2018

(c)

2018

1111 330 11 (20	,10,
Part XIII	Undistributed Income (see instruct

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

**b** Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

e Excess from 2019. .

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 —see instructions . . . . . . . . . e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, 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). . . . . . . . .

MIAMISBURG, OH 45342 (937) 293-0900 b The form in which applications should be submitted and information and materials they should include

SUITE 230

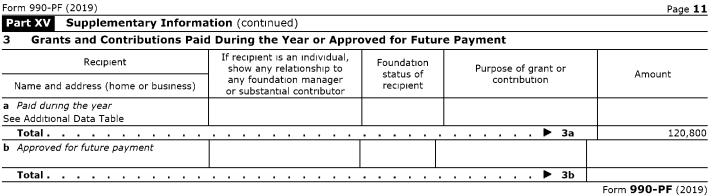
factors

WHY ARE THE FUNDS NEEDED? HOW FUNDED IN THE PAST? c Any submission deadlines

APRIL 15TH OF EACH YEAR

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

SUPPORT OF CHARITABLE, ELEEMOSANARY, EDUCATIONAL & LITERARY ORGANIZATIONS



nter gros	s amounts unless otherwise indicated		isiness income	Excluded by section	512, 513, or 514	(e) Related or exemple
<b>L</b> Progran	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees	and contracts from government agencies ership dues and assessments					
Interes investr	st on savings and temporary cash nents			14	3,285	
Divide	nds and interest from securities			14	57,547	
	ntal income or (loss) from real estate					
	-financed property.					
	lebt-financed property					
	ntal income or (loss) from personal property nvestment income.					
	r (loss) from sales of assets other than					0.01
	come or (loss) from special events					-9,91
	profit or (loss) from sales of inventory					
	revenue a					
	<u> </u>					
с						
е						
Subtot	al Add columns (b), (d), and (e).				60,832	· · · · · · · · · · · · · · · · · · ·
Total.	Add line 12, columns (b), (d), and (e)			13	60,832 <b>3</b>	· · · · · · · · · · · · · · · · · · ·
<b>Total.</b> (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See wart XV) ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu    Relationship of Activities to th  Explain below how each activity for which	lations ) le Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See wart XV) ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	<u> </u>
Total. (See w art XV ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See wart XV) ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See wart XV) ne No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Total. (See w art XV ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calculars  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second s	lations ) le Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	-9,91 50,922

,	•
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
: XVII	Exempt Organizations

Part	XVII	Information Re Exempt Organia		rans	fers To a	and Transact	tioi	ns and Relatio	nships With No	ncharit	able		
		ganization directly or in than section 501(c)(3)	directly enga							ion 501		Yes	No
<b>a</b> Tran	sfers t	from the reporting foun	dation to a n	oncha	ırıtable exe	empt organızatı	on (	of					
(1) Cash											1a(1)		No
(2) Other assets											1a(2)		No
		sactions											
		of assets to a nonchari	•	_							1b(1)		No
		ases of assets from a n									1b(2)		No
		al of facilities, equipmer	•							• •	1b(3)		No
٠,		bursement arrangemen s or loan guarantees.								.	1b(4) 1b(5)		No No
		mance of services or m								' '	1b(5)		No
٠.		facilities, equipment, n	·		_					1	1c		No
	-	ver to any of the above										<u> </u>	110
of tl	ne goo	ds, other assets, or ser	vices given b	y the	reporting	foundation If the	he f	oundation receive	ed less than fair mai	rket valu	е		
ın a	ny trar	nsaction or sharing arra	ngement, sh	ow in	column (d	<b>1)</b> the value of t	the	goods, other asse	ets, or services rece	ived			
(a) Line	No	(b) Amount involved	(c) Name of	nonch	arıtable exei	mpt organization	1	(d) Description of	transfers, transactions	s, and shar	ıng arra	ngemer	nts
						-			·				
							-						
-													
-													
-													
							-						
<b>2a</b> Is th	ne four	ndation directly or indire	ectly affiliate	d with	, or relate	d to, one or mo	re t	ax-exempt organ	ızatıons				
		in section 501(c) (other	•		•					′es 🔽	No		
		omplete the following so		,	, , , , ,								
		(a) Name of organization			(E	<b>b)</b> Type of organiz	atio	n	(c) Description	n of relatio	nship		
	Unde	er penalties of perjury,	I doclare tha	t I ba	V0.0V2min	and this roturn	ın eli	uding accompany	ing echodulos and c	tatomont	c and	to the	host
		y knowledge and belief											
۵.	whic	h preparer has any kno	wledge			1							
Sign		*****				2020-07-31		*****		May th return	ie IRS di	scuss th	าเร
Here	_							\		with th	ne prepa	rer show	wn
	<b>,</b>	Signature of officer or to	rustee			Date		Title		below		<b>7</b> -	, I
		-								(see in	ıstr ) 🔽	∐ Yes └	J No
		Print/Type preparer's	name	Prep	arer's Sıgr	nature		Date		PTIN			
									Check if self-		P00236	5804	
		JOHN C BENSMAN	CPA					2020-08-26	employed ▶ 🗹		1 00250	7004	
Paid								2020 00 20					
Prep			NING & ASS	OCIAT	ES CPAS L	LLC				Firm's El	[N <b>&gt;</b> 21	-00840	200
Use (	Only									1 II II I S EJ	IIV MOT	-05040	,,,,
		Firm's address ► PC	BOX 13449										
		DA	YTON, OH	45413	0449					Phone no	937	) 898-	3167

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week (e) other allowances not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation CAROLE A MILLER **PRESIDENT** ٥ 0 50 2 PRESTIGE PLACE **SUITE 230** MIAMISBURG, OH 45324 VICE-PRES MATTHEW T MILLER 0 50 2 PRESTIGE PLACE **SUITE 230** MIAMISBURG, OH 45324 KATHY A AI PETER **TREASURER** 1 00 2 PRESTIGE PLACE SUITE 230 MIAMISBURG, OH 45324 LAURIE MILLER-D'ARCANGELO **SECRETARY** ٥ 0 75 2 PRESTIGE PLACE **SUITE 230** MIAMISBURG, OH 45324 CHRISTINE MILLER TRUSTEE 1 00 2 PRESTIGE PLACE SUITE 230 MIAMISBURG, OH 45324 DAVID E ALPETER TRUSTEE 0 25 2 PRESTIGE PLACE **SUITE 230** MIAMISBURG, OH 45324 GERALD M MILLER TRUSTEE 0 0 75 2 PRESTIGE PLACE

SUITE 230

MIAMISBURG, OH 45324

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the year

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Purpose of grant or contribution

Amount

BASCOM PALMER EYE INSTITUTE 900 NW 17TH STREET STE 6 MIAMI, FL 33136	NONE	50% PC	INTERNATIONAL PEDIATRIC GLAUCOMA PRO	5,000
BISHOPS FAITH APPEALP O BOX 1958	NONE	50% PC	OPERATING EXP	1,000

BISHOPS FAITH APPEALP O BOX 1958 VENICE, FL 342849907	NONE	50% PC	OPERATING EXP	1,000
BOCA GRANDE ART ALLIANCE PO BOX 979 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXP	500

Total .

120,800

▶ 3a

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				
BOCA GRANDE CHILD CARE CENTER	NONE	50% PC	OPERATING EXP	400

BOCA GRANDE, FL 33921				
BOCA GRANDE HEALTH CLINIC PO BOX 517 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXPENSE	5,000

BOCA GRANDE HEALTH CLINIC PO BOX 517 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXPENSE	5,000
CATHOLIC CHARITIES OF VENICE FL PO BOX 2116 VENICE, FL 34284	NONE	50% PC	OPERATING EXP	200

PO BOX 517 BOCA GRANDE, FL 33921				
CATHOLIC CHARITIES OF VENICE FL PO BOX 2116 VENICE, FL 34284	NONE	50% PC	OPERATING EXP	200

Total .

BOCA GRANDE, FL 33921				
CATHOLIC CHARITIES OF VENICE FL PO BOX 2116 VENICE, FL 34284	NONE	50% PC	OPERATING EXP	200

120,800

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

Name and address (home or business)

Total .

·	or substantial contributor			
a Paid during the year				
CARINGBRIDGE 1715 YANKEE DOODLE ROAD	NONE	50% PC	OPERATING EXPENSES	300

recipient

120,800

EAGAN, MN 551211616				
CHAMINADE COLLEGE PREP SCHOOL 425 S LINDBURGH BLVD ST LOUIS, MO 631312799	NONE	50% PC	SCHOLARSHIP FUND	!

CHAMINADE COLLEGE PREP SCHOOL 425 S LINDBURGH BLVD ST LOUIS, MO 631312799	NONE	50% PC	SCHOLARSHIP FUND	500
CHATFIELD COLLEGE	NONE	50% PC	OPERATING EXPENSES	1,000

ST LOUIS, MO 631312799				
CHATFIELD COLLEGE 20918 STATE ROUTE 251 ST MARTIN. OH 45118	NONE	50% PC	OPERATING EXPENSES	1,000

ST LOUIS, MO 631312799				
CHATFIELD COLLEGE 20918 STATE ROUTE 251 ST MARTIN, OH 45118	NONE	50% PC	OPERATING EXPENSES	1,000

20918 STATE ROUTE 251 ST MARTIN, OH 45118		

Recipient If recipient is an individual, Purpose of grant or 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				
CISE100 E EIGHTH STREET CINCINNATI, OH 45202	NONE	50% PC	OPERATING EXPENSES	1,500

CINC	INNATI, OH 45202				,
1105	DREN'S HUNGER ALLIANCE SCHROCK ROAD STE505	NONE	50% PC	OPERATING EXPENSES	5,500

CNEWA1011 FIRST AVENUE	NONE	50% PC	OPERATING EXPENSE	200
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD STE505 COLUMBUS, OH 43229	NONE	50% PC	OPERATING EXPENSES	5,500

COLUMBUS, OH 43229				
CNEWA1011 FIRST AVENUE NEW YORK, NY 100224195	NONE	50% PC	OPERATING EXPENSE	200

602011000, 011 43223				
CNEWA1011 FIRST AVENUE NEW YORK, NY 100224195	NONE	50% PC	OPERATING EXPENSE	2

,				
CNEWA1011 FIRST AVENUE NEW YORK, NY 100224195	NONE	50% PC	OPERATING EXPENSE	200

NEW YORK, NY 100224195	NONE	30 70 1 C	OF ENATING EXITERSE	20
Total			▶ 3a	120,800

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
DAYTON FOUNDATION 500 KETTERING TOWER DAYTON, OH 45423	NONE	50% PC	OPERATING EXP	1,000

21111011,011				
DAYTON METRO LIBRARY 215 EAST THIRD STREET DAYTON, OH 45402	NONE	50% PC	SUMMER READING PROGRAM	5,000

215 EAST THIRD STREET DAYTON, OH 45402				·
ELIZABETH'S NEW LIFE CENTER 359 FOREST AVENUE STE 203 DAYTON, OH 45405	NONE	50% PC	OPERATING EXP	200

120,800

215 EAST THIRD STREET DAYTON, OH 45402	NONE	30 % FC	SOMMEN NEADING PROGRAM	3,0
ELIZABETH'S NEW LIFE CENTER 359 FOREST AVENUE STE 203 DAYTON, OH 45405	NONE	50% PC	OPERATING EXP	2

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

any foundation manager

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
FIRST RESPONDERS BRIDGE	NONE	50% PC	MENTAL HEAKTH TREATMENT	4,000

recipient

WESTERVILLE, OH 43802				
FORDHAM PREPARATORY SCHOOL 441 EAST FORDHAM ROAD BRONX, NY 104585175	NONE	50% PC	OPERATING EXPENSE	1,500

FORDHAM PREPARATORY SCHOOL 441 EAST FORDHAM ROAD BRONX, NY 104585175	NONE	50% PC	OPERATING EXPENSE	1,500
FRIENDS OF BOCA GRANDE CO P O BOX 1222 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXP	200

Total			▶ 3a	120,800
FRIENDS OF BOCA GRANDE CO P O BOX 1222 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXP	200
441 EAST FORDHAM ROAD BRONX, NY 104585175				

Recipient Purpose of grant or 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 GASPARILLA MARITIME MUSEUM NONE 50% PC OPERATING EXP 1,500

DAYTON, OH 45402

Total . .

P O BOX 100 BOCA GRANDE, FL 33921				
GICIAP O BOX 446 BOCA GRANDE, FL 33921	NONE	50% PC	OPERATING EXPENSES	4,500
GOODWILL INDUSTRIES 660 SOUTH MAIN STREET	NONE	50% PC	OPERATING EXP	5,000

120,800

▶ 3a

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 GREATER DAYTON PRO-LIFE FDN NONE 50% PC OPERATING EXP 5,000 425 N FINDLAY STREET

DAYTON, OH 45404				
HOMEFUL 829 SOUTH GETTYSBURG AVEN DAYTON, OH 45417	NONE	50% PC	HOUSING FOR THE HOMELESS	3,000
ISPACE100 SCARLET OAKS DRIVE	NONE	50% PC	OPERATING EXP	1.000

120,800

▶ 3a

CINCINNATI, OH 45241

Total . . . . . . .

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 KETTERING MEDICAL CENTER NONE 50% PC OPERATING EXP 1,000 3535 SOUTHERN BLVD KETTERING, OH 45429

LLC FOUNDATION & ALUMNI ASSOCIATION 200 SOUTH 14TH STREET PARSONS, KS 67357	NONE	50% PC	OPERATING EXP	5,000
MISSION PARTNERS GUATAMALA 3 FDR WALK	NONE	50% PC	OPERATING EXP	300

Total			▶ 3a	120.800
MISSION PARTNERS GUATAMALA 3 FDR WALK CINCINNATI, OH 452181500	NONE	50% PC	OPERATING EXP	300
PARSONS, KS 67357				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient 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 NONE 50% PC SCHOLARSHIP FUND 3,000 MONTGOMERY CO SCHOLARSHIP 300 COLLEGE DADK DDIVE

DAYTON, OH 454691624				
NEWARK CATHOLIC HS FOUND 1 GREEN WAY DRIVE NEWARK, OH 43055	NONE	50% PC	OPERATING EXP	2,000
ONE MORE SOUL1846 N MAIN STREET	NONE	50% PC	OPERATING EXP	3,000

120,800

▶ 3a

DAYTON, OH 45405

Total . . . . . . .

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 recipient Name and address (home or business) or substantial contributor

NONE	50% PC	OPERATING EXP	3,000
N	IONE	IONE 50% PC	IONE 50% PC OPERATING EXP

00/10/10/10/2/12 000022				
ETIREMENT FUND FOR THE RELIGIOU 211 FOURTH STREET NE /ASHINGTON, DC 200171194	NONE	50% PC	OPERATING EXP	500
T ALBERT THE GREAT	NONE	50% PC	OPERATING EXP	-1,000

WASHINGTON, DC 200171194				
ST ALBERT THE GREAT 3033 FAR HILLS AVENUE KETTERING, OH 45429	NONE	50% PC	OPERATING EXP	-1,000

120,800

ST ALBERT THE GREAT	NONE	50% PC	OPERATING EXP	-1,00
3033 FAR HILLS AVENUE				
KETTERING, OH 45429				

Total .

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

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ST JOHN CATHOLIC CHURCH 1986 POST ROAD	NONE	50% PC	OPERATING EXP	1,500

recipient

DARIEN, CT 06820				
ST MARY DEVELOPMENT CORPORATION 2160 EAST 5TH STREET DAYTON, OH 45403	NONE	50% PC	LOW INCOME PROGRAMS	1,000

ST MARY DEVELOPMENT CORPORATION 2160 EAST 5TH STREET DAYTON, OH 45403	NONE	50% PC	LOW INCOME PROGRAMS	1,000
ST MICHALE'S YOUTH FROUP 469 NORTH STREET GREENWICH.CT 06830	NONE	50% PC	OUTREACH PROGRAM FOR YOUTH	1,000

	2160 EAST 5TH STREET DAYTON, OH 45403				
ı	ST MICHALE'S YOUTH FROUP 469 NORTH STREET GREENWICH, CT 06830	NONE	50% PC	OUTREACH PROGRAM FOR YOUTH	1,000
1					1

DAYTON, OH 45403				
ST MICHALE'S YOUTH FROUP 469 NORTH STREET GREENWICH, CT 06830	NONE	50% PC	OUTREACH PROGRAM FOR YOUTH	1,000
Total			▶ 3a	120,800

Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient
Amount
Show any relationship to any foundation manager or substantial contributor

Recipient
Foundation status of recipient
Foundation status of recipient status of recipient

ST PAUL CHAPEL700 WEST MAUMEE ST ANGOLA, IN 46703	NONE	50% PC	MAINTENANCE FUND	1,000
ST VINCENT DEPAUL 124 W APPLE STREET DAYTON, OH 45402	NONE	50% PC	FUNDING FOR HOMELESS	3,000

124 W APPLE STREET DAYTON, OH 45402				
UNITED REHABILITATION SERVICES 4710 OLD TROY PIKE DAYTON, OH 45424	NONE	50% PC	PRESCHOOL SUPPORT	5,000

Total .

120,800

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 UNIVERSITY OF DAYTON - MEMORIAL NONE 50% PC OPERATING EXP 35,000

FUN 300 COLLEGE PARK DR DAYTON, OH 45469	NONE	30 /0 / C	of ENATING EX	33,000
UNIVERSITY OF DAYTON ANNUAL FUND 300 COLLEGE PARK DR	NONE	50% PC	OPERATING EXP	2,000

300 COLLEGE PARK DR DAYTON, OH 45469	NONE	50% PC	OPERATING EXP	2,000
VILLANOVA UNIVERSITY MINORITY FUND 800 LANCASTER AVE	NONE	50% PC	SCHOLARSHIP FUND	1,500

VILLANOVA UNIVERSITY MINORITY FUND 800 LANCASTER AVE VILLANOVA, PA 19085	NONE	50% PC	SCHOLARSHIP FUND	1,50
Total			▶ 3a	120,800

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -	a - DLN: 93491239001170		
TY 2019 Accounting Fe	es Sche	edule			
	Name:	GERALD M &	CAROLE A MIL	LER	
	FAMILY FOUNDATION				
<b>EIN:</b> 31-1153159					
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

850

850

1,700

MANNING & ASSOCIATES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491239001170
TY 2019 Investments Corporat	e Bonds Sche	dule

Name: GERALD M & CAROLE A MILLER

FAMILY FOUNDATION

I AMILLI I OUNDA

**EIN:** 31-1153159

<b>21.11</b> 01 1100107					
Investments Corporate Bonds Schedule					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			
ISHARES IBOXX INVESTMENT	24,679	25,555			
ISHARES 20+ YEAR TREASURY	6,350	7,377			
ISHARES BARCLAYS 7-10 YEARS	160,016	164,525			
ISHARES SHORT TREASURY	121,060	121,260			
ISHARES 1 TO 3 YEAR TREASURY	111,735	114,325			
ISHARES 3 TO 7 YEAR TREASURY	486,041	510,619			
ISHARE SHORT-TERM CORPORATE	74,109	75,555			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491239001170
TY 2019 Investments Corporat	e Stock Sche	dule	
Name: (	GERALD M & CAR	OLE A MILLER	
F	AMILY FOUNDAT	TON	

EIN:	31-1153159

EIN

Investments Corporation Stock Schedule				
Name of Stock		End of Year Book Value	End of Year Fair Market Value	
CORPORATE		834,769	1,021,563	
EQUITIES		278,270	274,291	
ALTERNATIVE INVESTMENTS		24,901	26,844	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349123900	1170	
TY 2019 Other Decreases Schedule					
Name:	GERALD M & C	CAROLE A MILLER			
	FAMILY FOUND	DATION			
EIN:	31-1153159				
De	escription		Amount		
FEDERAL EXCISE TAX				708	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491239001170		
TY 2019 Other Expenses Schedule						
Name:	GERALD M & CA	AROLE A MILLER				
	FAMILY FOUND	ATION				
EIN:	31-1153159					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
MEMBERSHIP DUES	750			750		
MISCELLANEOUS	301			301		

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DL	N: 93491239001170	
TY 2019 Other Professional Fees Schedule					
Name: GERALD M & CAROLE A MILLER FAMILY FOUNDATION					
_					
<b>EIN:</b> 31-1153159					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
JAMES INVESTMENTS	17,383	17,383			
PNC BANK	4,939	4,939			

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	-	DLI	N: 93491239001170
TY 2019 Taxes Schedule				_
Na	ame: GERALD M 8	A CAROLE A MILLE	R	
	FAMILY FOU	NDATION		
 	<b>EIN:</b> 31-1153159	ı		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO FILING FEE	200			