EXTENDED TO MAY 17, 2021.

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

Do not enter social security members on this form as it mude be made public.

			Open to Public Inspection			
1, 2015	, and ending	<u> </u>				
		24 255525	•			
add 655)	Hoonivalite	1 '	606			
postal code	· · · · · · · · · · · · · · · · · · ·	_	् च्छि			
			_			
	former public charity	D 1. Foreign organization	ns, check here			
		2. Foreign organizations i	meeting the 85% test,			
	lation Off					
	Accrual					
umn (d), mustbe on cash bas	SIS.)					
(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
		777	(cash basis only)			
, = ,			:			
17,104.	17,104.		कुरमण शरासर ।			
			1 *			
•						
- · · · ·	0.		¥*			
•						
		·	- t			
			-: =			
2.493.135.	17.104.	<del></del>				
0.	0.		0.			
		<u>.</u>	· · · · · · · · · · · · · · · · · · ·			
L	יבייבייים	7				
	- <del>- 1 - 5   7 - 5   7</del>					
181	ED 1 0 2004		<del>                                     </del>			
1	LD I O ZUZI					
	<u>GDEN, UT I</u>					
***************************************		<u> </u>				
0.	0.		0.			
0.			0.			
0.	0.		0.			
2 402 125						
Z,493,135.	17 104		(			
	I/,IU4.	N/A				
	ATION, INC.  In address)  I postal code  Initial return of a Amended return Name change exempt private foundation Other taxable private found othing method:  I a) Revenue and expenses per books 2,476,031.  17,104.	ATION, INC.  In address)    Postal code	A Employer identification and address)  A Employer identification and address)  A Employer identification and address)  B Telephone number 404-256-1  C if exemption application is 10 the reach the and attach other (specify) and expenses per books  2,476,031.  17,104.  17,104.  17,104.  17,104.  A Employer identification and address and address and attach of the content of the co			

LHA For Paperwork Reduction Act Notice, see instructions.

F	orm 9	990-PF (2019) THE PRESCOTT MILLER FO			3656359 Pag
F	Păr.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
_	T .	<u>`</u>	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		17,104.	17,104
	2				
	3				<u> </u>
	1.	Less: allowance for doubtful accounts		22	,
	4		<u> </u>	<del></del>	<u></u>
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			, 
		disqualified persons			
	7	••••	<u> </u>		
	1	Less: allowance for doubtful accounts			
9	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ž	10:	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 2	0.	2,476,031.	1,344,913.
	(	Investments - corporate bonds			
	111	Investments - knd, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment; basis	- 1		
	١	Less accumulated depreciation			in an <u>in</u> in the state of the second section of the section of
	15	Other assets (describe			
	1	Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, item I)	0.	2.493.135.	1,362,017.
_	17	Accounts pounds and accrued expanses	<del>                                     </del>	2,133,133.	1/302/01/1
		Overthe annual la	<del></del>		
	140	Deferred revenue	<del></del>	······································	🛂
es	19	•••••••••••••••••••••••••••••••••••••••	<del></del>	<del></del>	. T
E E		Loans from officers, directors, trustees, and other disqualified persons	<del>   </del>		a na <del>wata</del> walayan ito d <del>a</del>
Ę.		Mortgages and other notes payable			
_	22	Other liabilities (describe			
	00	Table link illains (add lines 17 through 22)	0.	0.	
4	23	Total liabilities (add lines 17 through 22)	0.1		
		Foundations that follow FASB ASC 958, check here			
s	• •	and complete lines 24, 25, 29, and 30.	{		
崩		Net assets without donor restrictions	<del></del>		
ğ	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here			
2)		and complete lines 26 through 30.		0	
٧ ا		Capital stock, trust principal, or current funds	0.	0.	
18		Paid-ın or capıtal surplus, or land, bldg., and equipment fund	0.	0.	
7		Retained earnings, accumulated income, endowment, or other funds	0.	2,493,135.	
5	29	Total net assets or fund balances	0.	2,493,135.	
길				0 400 405	
_	30	Total liabilities and net assets/fund balances	0.[	2,493,135.	
p.	īrtļi	Analysis of Changes in Net Assets or Fund Ba	alances		
_			20		
		net assets or fund balances at beginning of year - Part II, column (a), line	43		Λ
-		agree with end-of-year figure reported on prior year's return)		11	2,493,135.
		amount from Part I, line 27a		. 2	
		increases not included in line 2 (itemize)	<del></del>	3	0.
		nes 1, 2, and 3		4	2,493,135.
		ases not included in line 2 (itemize)	du (h.) 1		0.
_]	otal i	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), Ine 29	6	2,493,135.
					Form <b>990-PF</b> (2019)

Form 990-PF (2019) THE	PRESCOTT MILLER	FOUNI	DATION, I	NC	<u> </u>	84-365	<u>6359</u>	Page
(a) List and describe	and Losses for Tax on In the kind(s) of property sold (for exa	mple, real es		(b)	How acquired - Purchase	(c) Date acquired	(d) Dat	
<del></del>	arehouse; or common stock, 200 sh	s. MLC Co.)	<del></del>	+	D - Donation	(mo., day, yr.)	(mo., da	ıy, yr.) ———
b NC	NE			+	<del></del>			
С								
<u>d</u>	<del>_</del>			+				
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale			(h) Gain or (loss) ((e) plus (f) minus (	a))	
a	<u> </u>					((-)		
b								
d		<u> </u>						
e				_				
	g gain in column (h) and owned by t	he foundatio	n on 12/31/69.			) Gains (CoL (h) gain i		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any		CO	l. (k), but not less than Losses (from col. (h		
<u>a</u>					· · · · · · · · · · · · · · · · · · ·	<del></del>		
<u>c</u>				$\dashv$				
d								
e		·		↲				
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-			}	2			
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		d (6):						
If (loss), enter -0- in Part I, line 8   Part V   Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inco	me		
For optional use by domestic private	foundations subject to the section 49	940(a) tax ол	net investment inc	come.	)		N/A	
f section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the secti f "Yes," the foundation doesn't qualify	on 4942 tax on the distributable amo		•	od?	•• •	[	Yes [	□ No
	ach column for each year; see the ins			tries.				
(a) Base period years Calendar year (or tax year beginnin	g m) Adjusted qualifying distr	ibutions	Net value of no	(c) nchari	table-use assets	Distribut (col. (b) divid	d) non ratio ed by col. (c	))
2018								
2017					<del></del>	<del> </del>		
2016 2015					· · · · · · · · · · · · · · · · · · ·			
2014								
Total of line 1, column (d)  Average distribution ratio for the 5.	year base period - divide the total on	 line 2 hv 5 (		rofve		2		
the foundation has been in existent		inic E by 5.c		. UI <b>y</b> C	μS	3		
Enter the net value of noncharitable	e-use assets for 2019 from Part X, lin	e 5				4		
Multiply line 4 by line 3						5		
Enter 1% of net investment income	(1% of Part I, line 27b)					6		
Add lines 5 and 6						7		
Enter qualifying distributions from t	Part YII line 1					8		
Enter qualifying distributions from f If line 8 is equal to or greater than I See the Part VI instructions.	rart XII, line 4 ine 7, check the box in Part VI, line 1	b, and compl	ete that part using	 a 1%	tax rate.	<u> </u>		
3521 12-17-19						Forr	990-PF	(2019)

_	orm 990-PF (2019) THE PRESCOTT MILLER FOUNDATION		INC.	1010/	84-	<u>-3656359</u>	9 Page 4
_	Partiving Excise Tax Based on Investment Income (Section 494)				1948 -	- see instru	ictions)
	1a Exempt operating foundations described in section 4940(d)(2), check here   and e					H ,	
	Date of ruling or determination letter: (attach copy of letter if ne				<u> </u>	4	
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶∟	and en	ter 1%	1	7	342.
	of Part I, line 27b					,	
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49			12, col. (b) ノ	<b>-</b>	<u> </u>	
	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers,	enter -0-)		2_	<del></del>	0.
•	3 Add lines 1 and 2				3	<del> </del>	342.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers,	, enter -0-)	•	4	<del>                                      </del>	0.
	Tax based on investment income. Subtract line 4 from fine 3. If zero or less, enter -0-			••	_ 5		342.
	G Credits/Payments:	1 -	1	•			,
	a 2019 estimated tax payments and 2018 overpayment credited to 2019	68	_	0.			1.
	b Exempt foreign organizations - tax withheld at source	61	_	0.			
	c Tax paid with application for extension of time to file (Form 8868)	60	_	<u> </u>	-		
	d Backup withholding erroneously withheld	60	<u>1                                    </u>	<u> </u>	,		
7	Total credits and payments. Add lines 6a through 6d				7	<del> </del>	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attained to the standard standard tax and the standard standard tax and the standard standard tax at the standard standard standard tax at the standard standard standard tax at the standard st	ched		. :	8		0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			🟲	9		342.
10			•	<b>.</b>	10		
	Enter the amount of line 10 to be; Credited to 2020 estimated tax  artivilian Statements Regarding Activities			Refunded	11		
							Voc No
1	a During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation	or and it p	articipate or intervene	ın		Yes No
	any political campaign?					1a	X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				ition	. 1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	it any i	materials (	oublished or			
	distributed by the foundation in connection with the activities.						7,
	Did the foundation file Form 1120-POL for this year?	•	•••			1c	X
(	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	-		^			
	(1) On the foundation. > \$ (2) On foundation managers.			0.		1	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditum anagers.   \$ 0.	ure tax	x imposed	on foundation			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	62					X
-	If "Yes," attach a detailed description of the activities.	3:	• ••	• • • •		· · ·	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	etrum	ent article	s of incornoration or		1	
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Suulik	ciii, ai licit	s or micorporation, or		3	X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•	•		4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•	•		N/		<del>-   ^-</del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		••••	417	5	X
	If "Yes," attach the statement required by General Instruction T.	•		•			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	er.					
•	By language in the governing instrument, or	и.					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory of</li> </ul>	directi	ons that c	onflict with the state I	2W/		
	remain in the governing instrument?	u., 00t.	iono mar c	onmot with the state i	444	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complet	te Par	til col (c	) and Part XV	••	7	X
-			, (	,, a , a ,			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions	. ▶				,	
-	GA						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rnev (	General (o	r designate)			
	of such chita as required by Occasion and October 18 Sala Pattack evaluation			- coorginato;		8b	X
	Is the foundation claiming status as a private operating foundation within the meaning of section	 on 49	42(1)(3) ni		Iar	OU I	
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comple			יסיבנוא(ט)וטו נמומוונ	لاية	9	<del>- 12</del> 2
	Did any persons become substantial contributors during the tax year? If "yes," attach a schedule li			and addresses Gr	rmt i	• +	$\frac{x}{x}$
_	Solita is a state of the state	y t	Harles i	aduresses	<u></u>	Form <b>990-</b>	
							(2010)

	a disqu	ialified person?	Yes	X No
	(3) Furnish	n goods, services, or facilities to (or accept them from) a disqualified person?	. 🔲 Yes	X No
	(4) Pay cor	mpensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	X No
	(5) Transfe	er any income or assets to a disqualified person (or make any of either available		
	for the l	benefit or use of a disqualified person)?	Yes	X No
	(6) Agree to	o pay money or property to a government official? (Exception. Check "No"		
	If the fo	oundation agreed to make a grant to or to employ the official for a period after		
	termina	ation of government service, if terminating within 90 days.)	. Tyes	X No
b	If any answe	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53.4	1941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
	Organization	is relying on a current notice regarding disaster assistance, check here		
C	Did the found	dation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corr	ected	
	before the fir	rst day of the tax year beginning in 2019?	•	
2	Taxes on fail	lure to distribute income (section 4942) (does not apply for years the foundation was a private operating fo	undation	
	defined in se	ection 4942(j)(3) or 4942(j)(5)):		
a	At the end of	f tax year 2019, did the foundation have any undistributed income (Part XIII, lines		
	6d and 6e) fo	or tax year(s) beginning before 2019?	Yes	X No
	If "Yes," list th	he years <b>&gt;</b>		
b	Are there any	y years listed in 2a for which the foundation is <mark>not</mark> applying the provisions of section 4942(a)(2) (relating to	incorrect	
	valuation of a	assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" a	and attach	
	statement - s	see instructions.)		N/A
C	If the provision	ons of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
	▶			
3a	Did the found	dation hold more than a 2% direct or indirect interest in any business enterprise at any time		

b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Schedule C. to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

3b

1b

2b

Yes X No

N/A

X

Total number of other employees paid over \$50,000

0560113 134435 234577 08

Form 990-PF (20		84	-3656359	Page 7
PartiVIII)	Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly		
3 Five highes	t-paid independent contractors for professional services. If none, enter "NONE	n		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) (	Compensation
NO	DNE			
		<del></del>		
		· · · · · · · · · · · · · · · · · · ·		<del> </del>
Total number of	others receiving over \$50,000 for professional services		<b>D</b>	0
	Summary of Direct Charitable Activities	<del></del>	<del></del>	<u> </u>
number of organ	on's four largest direct charitable activities during the tax year. Include relevant statistical infor izations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expens	ses
1 <u>N/</u>	A		_	
2			<del></del>	
			7	
3			-	
			<del> </del>	
·			1	
	Summary of Program-Related Investments largest program-related investments made by the foundation during the tax year on lines 1 and			<del></del>
N/2		12.	Amoun	
			<u> </u>	
?			<del> </del>	
			1	
All other program	-related investments. See instructions.		]	
			}	
			}	
otal Add lines	1 through 2		<del> </del>	0.

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

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

# Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI,			والمستحددة المستحددة المستحددة	
line 7		,		46,969.
2 Undistributed income, if any, as of the end of 2019	·	1		
a Enter amount for 2018 only			0.	
b Total for prior years:				
	<u>.</u>	0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
¢ From 2016 . d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from		+		
Part XII, line 4: ► \$ 0 .				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.		•	
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	0.			
b Prior years' undistributed income. Subtract				:
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	***	Ţ
d Subtract line 6c from line 6b. Taxable	•		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line	- 1			
4a from line 2a. Taxable amount - see instr.		ė.	0.	,
f Undistributed income for 2019, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				46,969.
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.		di anno a di	·
B 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	0.	- L. T. L.		
O Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017	1			
d Excess from 2018		in the second		
e Excess from 2019	1			Form 990-PF (2010)

		ER FOUNDATION		84-3	656359 Page
PartiXIV Private Operating	oundations (see	instructions and Part	/II-A, question 9)	'N/A	·
1 a If the foundation has received a ruling		• •	9		
foundation, and the ruling is effective f	•	· · · · · · · · · · · · · · · · · · ·	▶ ∟		
b Check box to indicate whether the foun		ting foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	42,0040	Prior 3 years	14) 0040	
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed		<del> </del>			/
<b>b</b> 85% of line 2a	ļ	<del>-</del>	<del></del>		<del> </del>
c Qualifying distributions from Part XII,			1		}
line 4, for each year listed		<u> </u>			
d Amounts included in line 2c not					
used directly for active conduct of			į		
exempt activities	<u> </u>	<del> </del>	<del> </del>	<i>_</i>	<del> </del>
e Qualifying distributions made directly	1	}			1
for active conduct of exempt activities.	<b>[</b>			1	
Subtract line 2d from line 2c	<u> </u>	<del> </del>			<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:				1	
a "Assets" alternative test - enter:	Ì	}		1	]
(1) Value of all assets		<del> </del>		<u> </u>	<u> </u>
(2) Value of assets qualifying		Í			
under section 4942(j)(3)(B)(i)				<u> </u>	<u> </u>
b "Endowment" alternative test - enter 2/3 of minimum investment return				j	
shown in Part X, line 6, for each year			}	,	
listed				<del></del>	
c "Support" alternative test - enter:			i		
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on			1		)
securities loans (section					ł
512(a)(5)), or royalties)					ļ <u>.</u>
(2) Support from general public		ĺ			
and 5 or more exempt organizations as provided in				1	
section 4942(j)(3)(B)(ii)					
(3) Largest amount of support from		1	ł		
an exempt organization .				ļ	
(4) Gross investment income			<u></u>	<u> </u>	<u></u>
Part XV Supplementary Infor			the foundation	had \$5,000 or mor	e in assets
at any time during th	e year-see instri	<u> </u>	_ <del></del>		
1 Information Regarding Foundation	•				
a List any managers of the foundation who			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	ore man \$5,000). (See se	cuon 507(a)(2).)			
JAMES B. MILLER JR		<del></del>	<del></del>		<del></del>
b List any managers of the foundation who			or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation has	a 10% or greater interes	L.			
NONE		<del></del>			
2 Information Regarding Contribution					
Check here 🕨 🗶 if the foundation on					sts for funds. If
the foundation makes gifts, grants, etc., to	o individuals or organizat	tions under other condition	ons, complete items 2a, t	, c, and d.	
a The name, address, and telephone number	er or email address of the	person to whom applica	tions should be addresse	ed:	
b The form in which applications should be	submitted and informati	on and materials they sho	ould include		
<del></del>					
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields k	inds of institutions, or o	her factors:	
,		_,			

Total

٥.

PartiXVIFA1	Analysis	of Incom	ne-Producing	Activities
-------------	----------	----------	--------------	------------

	Hardet J.	INCOME AND ADDRESS OF THE PARTY	т-		<del>,</del>
Enter gross amounts unless otherwise indicated.		usiness income (b)	(c) Exclu-	(d)	(e) Related or exempt
4.0	(a) Business	Amount	sion	Amount	function income
1 Program service revenue:	code		Lade	7.11.04.11	141102011111001110
<u> </u>	-		+-		
b	-	<del></del>	+		
<u> </u>			+	<u> </u>	
d	-		┼╌		
e	-	<del></del>	+	<del></del>	
- Con and contracts from any comment against	-		+		
g Fees and contracts from government agencies	<del></del>		+		
2 Membership dues and assessments			┼╌┤	<u> </u>	<del></del>
3 Interest on savings and temporary cash			1 1		
investments 4 Dividends and interest from securities	<del> </del>	<del></del>	14	17,104.	
				17,104.	
5 Net rental income or (loss) from real estate:	L	<u> </u>	1		
a Debt-financed property			<del>-  </del>	<del></del>	
b Not debt-financed property	<del> </del>		+		
6 Net rental income or (loss) from personal	] i		] ]	ì	
property	<b>-</b>		$\vdash$		
7 Other investment income	<del> </del>		┾╌┼		
8 Gain or (loss) from sales of assets other	1 1		1 1		
than inventory	<del> </del>		-+		
9 Net income or (loss) from special events			<del>{                                    </del>		
Office of Gross profit or (loss) from sales of inventory	-		+		
1 Other revenue:	1		} }	j	
a	· <del> </del>		╂──┼		
b	·		$\vdash$		
<u>c</u>	·		-		
d	· <del>   </del>				
C Subtatal Add columns (b) (d) and (a)		0.		17,104.	0.
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)			_الجيدا	13	
See worksheet in line 13 instructions to verify calculations.)			•••	. 13	17,104.
Relationship of Activities t  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	ome is reported in colu	mn (e) of Part XVI-A			lishment of
the foundation's exempt purposes (other than	by providing funds for	such purposes).			<del></del>
		<del> </del>			· · · · · · · · · · · · · · · · · · ·

# 19) THE PRESCOTT MILLER FOUNDATION, INC. 84-3656359 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2019)

1 Did	the organization directly or inc	directly engage in ai	ny of the follov	ving with any other organiz	zation described in se	ection 501(c)		Yes	s No
(oth	er than section 501(c)(3) orga	inizations) or in sec	tion 527, relat	ing to political organization	ns?				
a Tran	sfers from the reporting found	dation to a nonchar	rtable exempt o	organization of:			<u>L</u>		il_
(1)	Cash			••			1a	(1)	X
(2)	Other assets	•••					. 1 <u>a</u>	(2)	X
<b>b</b> Othe	r transactions:								
(1)	Sales of assets to a noncharit	able exempt organi:	zation				160	(1)	X
	Purchases of assets from a no				·		16		X
	Rental of facilities, equipment		J	•	•	•••	160		X
	Reimbursement arrangements		• • • • • • • • • • • • • • • • • • • •		• •		1b(		X
• • •	oans or loan guarantees	,		• • • • • • • • • • • • • • • • • • • •	••		1b(		X
	Performance of services or mi		 raicina calicitat				10(		X
						••	· —		X
	ng of facilities, equipment, ma						. <u>[ ]</u>		<u> </u>
	answer to any of the above is								
	rvices given by the reporting f				alue in any transactio	on or snaring ærrang	jement, snow in		
	nn (d) the value of the goods,				1 (0				
(a)Line no	(b) Amount involved	(c) Name		le exempt organization	(d) Descripti	on of transfers, transac	tions, and sharing	arrangeme	nts
		<del> </del>	N/A						
		<u> </u>				<del></del>			
		<u> </u>	<del></del>						
	<del></del>		<del></del>						
		<del></del>	<del></del>	<del> </del>	<del></del>	<del></del>	<del></del>		
						<u>-</u>			
		<del></del>					<del></del>		<u> </u>
		<del></del>							
1									_
2a Is the	foundation directly or indirect	ly affiliated with, or	related to, one	e or more tax-exempt organ	nizations described				
ın sect	ion 501(c) (other than section	1 501(c)(3)) or in s	ection 527?		•••		Yes	X	No
b If "Yes	complete the following sche	dule.							
	(a) Name of orga	anization		(b) Type of organization		(c) Description of r	elationship		
	N/A								
	· <u></u> -	<del>,</del>	-		1				
	· · · · · · · · · · · · · · · · · · ·	<del></del> -			<del> </del>				
Un	der penalties of perjury, I declare th	at I have examined this	return, including	accompanying schedules and s	statements, and to the be	st of my knowledge			
Sign an	d belief, it is true, correct, and comp		parer (other than	taxpayer) is based on all informa	ation of which preparer ha	as any knowledge	May the IRS return with the	e preparer	•
Here	June 3. 1	hiller	(/5-	162621	DIRECT	IOB	shown below		1
2	range true of officer or true too				DINBCI	OK	_ X Yes	•	No
	ignature of officer or trustee		Dean-se-t-	Date	Title	Chark Life	DTIN		
	Print/Type preparer's nan	ite	Preparer's si	gnature	Date	Check if	PTIN		
D-:-			L			self- employed			
Paid	BRAD ZAUMSE		BRAD Z	AUMSEIL	01/13/21	<u>,                                      </u>	P01271		
Prepare		LLER LLC				Firm's EIN ► 5	8-06735	24	
Jse Onl	*								
	Firm's address ► 780	JOHNSON	FERRY	RD., NE, SU	ITE 325				
		ANTA, GA				Phone no. (4	04) 256	<u>-1</u> 60	6
							Form 99		

# Schedule B

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

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

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

<u></u>	HE PRESCOTT MILLER FOUNDATION, INC.	<u>84-3656359</u>					
Organization type (check	one).						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charable trust not treated as a private foundation						
	527 political organization						
Form 990-PF X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ one contributor. Complete Parts Land II. See instructions for determining a contributor's t						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tes and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	16b, and that received from					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any exclusively for religious, charitable, etc., purposes, but no such contributions totaled more here the total contributions that were received during the year for an exclusively religious, complete any of the parts unless the General Rule applies to this organization because it received, etc., contributions totaling \$5,000 or more during the year	than \$1,000. If this box hantable, etc.,					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form he 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number THE PRESCOTT MILLER FOUNDATION, INC. 84-3656359 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 JAMES B MILLER JR Person **Payroll** 1956 RIVER FOREST ROAD NW 2,476,031. Noncash (Complete Part II for ATLANTA, GA 30327 noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (b) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (b) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person

923452 11-06-19

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

Payroll Noncash (Complete Part II for noncash contributions) Name of organization

Employer identification number

#### THE PRESCOTT MILLER FOUNDATION, INC.

84-3656359

Part III	Noncash Property (see instructions). Use duplicate copies of Part II i		1-3030333
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	57,012 SH AMERIS BANKCORP	\$ <u>2,476,031.</u>	12/20/19
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		**************************************	
(a) No. rom art 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
—   ·		\$	
o. m rt 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** THE PRESCOTT MILLER FOUNDATION 84-3656359 Partill 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

923454 11-06-19

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
AMERIS BANK	17,104.	0.	17,104.	17,104.	
TO PART I, LINE 4	17,104.	0.	17,104.	17,104.	

FORM 990-PF CORPORATE STOCK	CORPORATE STOCK	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERIS BANKCORP	2,476,031.	1,344,913.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,476,031.	1,344,913.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3
NAME OF CONTRIBUTOR	ADDRESS	
JAMES B MILLER JR	1956 RIVER FOREST ROAD NW ATLANTA, GA 30327	