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Form	<u>990</u>

Department of the Treasury Internal Revenue Service

Τ.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

B Charme of organization D Employer identification number A. Milton Miller Memorial Fund, Inc. A. Milton Miller Memorial Fund, Inc. 95–2960607 Demg Busness A. Disability Rights Legal Center 95–2960607 Mamper and street (0 F.0. box if mails not deleved to street address) from rumber Mamper and street (0 F.0. box if mails not deleved to street address) from rumber Mamper and street (0 F.0. box if mails not deleved to street address) from rumber Mamper address of pronopal officer Michael McDonough from rumber Mamper address of pronopal officer Michael McDonough H(a) is this a group return for affattess fructions? Mamper address of pronopal officer Michael McDonough H(b) Acal affattes inductor? Yes [X] No Mamper address of pronopal officer Michael McDonough H(b) Acal affattes inductor? Yes [X] No Mamper address of pronopal officer Michael McDonough H(b) Acal affattes inductor? Yes [X] No Mamper address of pronopal officer Michael McDonough H(b) Acal affattes inductor? Yes [X] No Fart I Summary Instrument of address of pronopal officer Michael McDonough H(c) Group exemption number A turber of independence of the governing body (Part VI, Ine ta) Assocation M(c) Her Stress address of monopalofficer Michael McDonoug	AF	or the	e 2012 calendar year, or tax year beginning ar	ıd ending			
A. Millton Millter Memorial Func. Inc. 95-2960607 Diverse Number and street (or P.O. box (mails in delivered to stret address) Room/suite Felgephone number Memorie 800 S. Figueroa Street, Suite 1120 Carcencepts 2, 936, 570. Heine Hom and street (or P.O. box (mails in delivered to stret address) G Grean recepts 2, 936, 570. Heine Name and address of principal officer Michael McDonough G Grean recepts 2, 936, 570. Heine Name and address of principal officer Michael McDonough How (A cell affidiates mclued?) Yes X No. I Taxexempt status: X [501(c)(3) [501(c) (] (metrin) [4927(a)(1) 0r [527] Yes (A cell affidiates mclued?) Yes (A cell affidiates mclued?) Y Website: http://www.disabilityrightslegalcenter.org/ He (B roup exemption number) K form of granazation: X [Coporation] Trust [Assocation] Other) L Year of formation: 1980 M State of legal domcle: CA Part II Summary 1 Brefy describe the organization is mission or most significant activities: The D is abilityr Rights Legal 20 4 Number of individuals employed in calandar year 2012 (Part V, line 1a) 3 200 5 Total number of individuals employed in calandar year 2012 (Part V, line 2a) 5 566 6 T75 778 883.1 <	B Cl at	heck if	C Name of organization		D Employer identifi	cation number	
Description Description Description 95-2960607 Instrume Store Reserved Reserved 213-736-1031 Instrume Store 2,936,570. Handling Reserved 2,936,570. Instrume Ios Angeles, CA 90017 H(a) is this group return ror affiliates? Yes No Instrume F Name and address of principal officer Michael McDonough Michael Michael McDonough If No, 'attach a list. (see instructions) I Tax-exempt status: IX Silo(3) Sol(6) Image as C above Yes No Michael Michael McDonough I Tax-exempt status: IX Silo(3) Sol(6) Image as C above Yes No Michael Michael Michael McDonough I Tax-exempt status: IX Silo(3) Sol(6) Image as C above Yes Mode Wichael Michael Michael Michael McDonough I Tax-exempt status: IX Silo(3) Sol(6) Image as C above Wichael Michael		Addre	A. Milton Miller Memorial Fund, Inc.				
Number and steret (or P.O. box if mails and delivered to street address) Room/suite E Telephone number Term Sol D S. Figueroa Street, Suite 1120 Cass-736-1031 Chy, town, or post office, state, and ZIP code G. Cross-meeters 2,936,570. Instruction High are address of pancipal officer Michael McDonough For affiliates include? Yes X No I Tax-exempt status: X S01(c)(3) 501(c)(2) I (nsert no.) 4947(a)(1) or 527 Website- http://www.disabilityrightslegalcenter.org/ High are al affiliates include? Yes X No Website- http://www.disabilityrightslegalcenter.org/ High are al affiliates include? Yes X Vesset Nomber of organization's mission or most significant activities: The Disabilityr Rights Legal Center is a cross-disability civil rights organization championing 2 Check this box > if the organization discontinue dits operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) is 20 A controlutions and grants (Part VIII, line 1a) is 20 Solid number of independent voting members of the governing body (Part VI, line 2a) <td col<="" td=""><td></td><td></td><td>Doing Business As Disability Rights Legal C</td><td>enter</td><td>95-2</td><td>960607</td></td>	<td></td> <td></td> <td>Doing Business As Disability Rights Legal C</td> <td>enter</td> <td>95-2</td> <td>960607</td>			Doing Business As Disability Rights Legal C	enter	95-2	960607
300 S. Figueroa Street, Suite 1120 213-736-1031 Chy. town, or post office, state, and ZP code G Coss recepts 4 2,936,570. Female Los Angeles, CA 90017 H(a) Is this a group return for affiliates? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Tax-exempt status: [X] S01(c)(1) ((metrino) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes X No I Total number of nogenzation's mission or most significant activities: The Disability Rights Legal Center is a Cross-disability civil rights Pacelon 1 I Total number of nodividuals employed in calendar year 2012 (Part V, Ine 1a)		Initial					
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Same as C above H(b) Are all affiliates included? \ves \Ne 1 Taxexempt status: X 501(c)(3 501(c)() ◀ (insert no.) 4947(a)(1) or 527 Website: http://www.disabilityrightslegalcenter.org/H(b) Group exemption number > K Form of organization: X Corporation Trust Association Other > L Year of formation: 1980 M State of legal domicie: CA Part I Summary I Binefly describe the organization's mission or most significant activities: The Disability Rights Legal 2 Check this box > I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 20 5 Total number of induviduals employed in calendar year 2012 (Part V, line 2a) 5 56 6 Total number of induviduals employed in calendar year 2012 (Part V, line 2a) 5 566 7 a Total number of norunduals employed in calendar year 2012 (Part V, line 2a) 5 1757 8 Contributions and grants (Part VIII, column (O), line 12 7a 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 578, 883.1, 589, 566. 1, 578, 883.2, 1, 589, 566. 10 Investiment income (Part VIII, col							
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9 Program service revenue (Part VIII, line 2g) 1,578,883. 1,589,566. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,906. 15,575. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e) 263,979. 247,051. 12 Total revenue - add lines 8 through 1+ mitst equal Part(VIII, column (A), line 12) 2,808,908. 2,860,760. 13 Grants and similar amounts paid (Part K, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part X, column (A), line 4) 0. 0. 0. 15 Salares, other compensation, employee benefits (Part IX, column (A), line 5-10) 2,170,485. 2,035,950. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e/14e/17e/20e) 188,591. 562,269. 613,188. 18 Total expenses Add lines 13-17(must equal Part IX, column (A), line 25) 2,732,754. 2,649,138. 19 Revenue less expenses. Subtract line 18 from line 12 76,154. 211,622. 20 Total assets (Part X, line 16) 2,336,984. 2,251,882. 21							
12 Total revenue - add lines 8 through ++ (must equal Part VIII, column (A), line 12) 2,808,908. 2,860,760. 13 Grants and similar amounts paid (Part Column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part X, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 5.10) 2,170,485. 2,035,950. 16a Professional fundraising fees (Part IX, column (A), line 25) 188,591. 0. 0. 17 Other expenses (Part IX, column (A), line 12 562,269. 613,188. 2,732,754. 2,649,138. 19 Revenue less expenses. Subtract line 18 from line 12 76,154. 211,622. 20 Total assets (Part X, line 16) 2,336,984. 2,251,882. 21 Total liabilities (Part X, line 26) 860,145. 516,675. 22 Net assets or fund balances. Subtract line 21 from line 20 1,476,839. 1,735,207. Part II Signature Block 1,476,839. 1,735,207.	e	8	Contributions and grants (Part VIII, line 1h)				
12 Total revenue - add lines 8 through ++ (must equal Part VIII, column (A), line 12) 2,808,908. 2,860,760. 13 Grants and similar amounts paid (Part Column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part X, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 5.10) 2,170,485. 2,035,950. 16a Professional fundraising fees (Part IX, column (A), line 25) 188,591. 0. 0. 17 Other expenses (Part IX, column (A), line 12 562,269. 613,188. 2,732,754. 2,649,138. 19 Revenue less expenses. Subtract line 18 from line 12 76,154. 211,622. 20 Total assets (Part X, line 16) 2,336,984. 2,251,882. 21 Total liabilities (Part X, line 26) 860,145. 516,675. 22 Net assets or fund balances. Subtract line 21 from line 20 1,476,839. 1,735,207. Part II Signature Block 1,476,839. 1,735,207.	en.	9	•				
12 Total revenue - add lines 8 through ++ (must equal Part VIII, column (A), line 12) 2,808,908. 2,860,760. 13 Grants and similar amounts paid (Part Column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part X, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 5.10) 2,170,485. 2,035,950. 16a Professional fundraising fees (Part IX, column (A), line 25) 188,591. 0. 0. 17 Other expenses (Part IX, column (A), line 12 562,269. 613,188. 2,732,754. 2,649,138. 19 Revenue less expenses. Subtract line 18 from line 12 76,154. 211,622. 20 Total assets (Part X, line 16) 2,336,984. 2,251,882. 21 Total liabilities (Part X, line 26) 860,145. 516,675. 22 Net assets or fund balances. Subtract line 21 from line 20 1,476,839. 1,735,207. Part II Signature Block 1,476,839. 1,735,207.	Rev	10					
13Grants and similar amounts paid (Park), column (A) lines + (a)14Benefits paid to or for members (Part IX, column (A), line 4)15Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)16aProfessional fundraising fees (Part IX, column (A), line 11e)17Other expenses (Part IX, column (A), line (Tri 24a)18Total expenses (Part IX, column (A), line (Tri 24a)19Revenue less expenses. Subtract line 18 from line 1219Total assets (Part X, line 16)20Total labilities (Part X, line 16)21Total labilities (Part X, line 26)22Net assets or fund balances. Subtract line 21 from line 20Part IISignature Block	5	11					
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				ules and state	ments, and to the best of m	v knowledge and helief it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. -7

Sign Here	Signature of Afficer Michael McDonough, Board Preside
	Type or print name and title
	Print/Type preparer's name Prepareries segnatu
Paid	Carmen D. Mosley, CPA
Preparer	Firm's name - Harrington Group CRAS, I
Use Only	Firm's address 234 East Colorado Blvd.,
	Pasadena, CA 91101
May the I	RS discuss this return with the preparer shown above? (see instruct
232001 12-1	10-12 I HA For Paperwork Reduction Act Notice, see the senal

See Schedule O for Organization Mis

	990 ⁷ (2012) <u>A. Milton Miller Memorial Fund</u> , Inc. 95-2960607 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Brefly describe the organization's mission
•	The Disability Rights Legal Center is a cross-disability civil rights
	organization championing the rights of people with disabilities
	through education, advocacy and litigation.
	chrough calcation, advocacy and ritigation.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the pror Form 990 or 990 EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$1, 223, 040. including grants of \$) (Revenue \$)
	The Organization's Civil Rights Programs include the Civil Rights
	Litigation Program, Education Advocacy Program, Community Advocacy
	Program and the Inland Empire Program. Our programs provide free legal
	representation and advocacy services to underserved populations of
	people with all types of disabilities who are encountering
	discrimination in violation of their civil rights.
	The Civil Rights Litigation Program's services include litigation of
	impact cases to establish legal principals or to benefit large groups
	of people with disabilities, as well as cases of high visibility to
	raise public awareness of both the disability rights at issue and the
	Organization's commitment to the enforcement of those rights.
4b	
	The Cancer Legal Resource Center has provided free and confidential
	information and resources on cancer-related legal issues to people
	coping with cancer, caregivers, employers, health care professionals,
	and others. It was established as a direct response to both the
	frequency of legal problems encountered by many cancer patients in the
	wake of their diagnosis, and the severe lack of availability to
	accessible and affordable legal resources to assist in the resolution
	of legal issues that may pose psychosocial and medical threats to an
	individual's survivorship. These legal issues relate to insurance,
	access to quality care, government benefits, estate planning, financial
	management, and employment.
40	(Code) (Expenses \$171,148. including grants of \$) (Revenue \$)
	Our other Programs Include:
	The Community Outreach Program provides disability rights related
	trainings to the public and private sectors. It provides general and
	customized training for non-profit organizations, consumer groups,
	businesses, educational institutions, and government agencies on the
	following topics: Self-Advocacy, Disability Awareness, Rights and
	Responsibilities under the Americans with Disabilities Act, California
	Disability Rights Law, Fair Housing Act, and Special Education Law.
	The Community Outreach Program also organizes and participates in
	community outreach activities in Los Angeles, Orange, Riverside and San
	Bernardino counties to ensure that people know about the services
	provided by the Disability Rights Legal Center and other disability
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ≥ 2,100,245.
	Form 990 (2012)

	990 (2012) A. Milton Miller Memorial Fund, Inc. 95-2960 t IV Checklist of Required Schedules	<u>607</u>	P	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	<u>12a</u>	X	──
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	<u>14b</u>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ł	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	x	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	A	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		v
<u> </u>	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>19</u> 20a	<u> </u>	X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	<u> </u>	⊢ ≏
<u>a</u>		1 2.00		<u> </u>

Form 990 (2012)

	990 (2012) A. Milton Miller Memorial Fund, Inc. 95-2960 t IV Checklist of Required Schedules (continued)	<u>607</u>	P	age 4
L			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			[
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ľ		ľ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ĺ		į –
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ľ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	1990	(2012)

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Form	990 (2012) A. Milton Miller Memorial Fund, Inc. 95-2960 t V Statements Regarding Other IRS Filings and Tax Compliance	607	P;	age 5
L	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return _ 2a 56			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ł
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	_X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u>N/</u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u>N/</u>	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${f N}/{f A}$			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders . N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			├──
а	•	<u>13a</u>		──
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		İ	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	1

Form 990 (2012)

	990 (2012) A. Milton Miller Memorial Fund, Inc. 95-2960 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a		Pasoon	age 6
<u> </u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		55000	
_	Check if Schedule O contains a response to any question in this Part Vi			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> X </u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		<u>^</u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-	
U	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	·	
	A. Milton Miller Memorial Fund, Inc (213) 736-1031			
	800 S. Figueroa Street, Suite 1120, Los Angeles, CA 90017			

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A. Milton Miller Memorial Fund, Inc. 95

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	sitior) than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	arson	is bot	h an	compensation	compensation	amount of
	week	-	ceran	dac	lirecto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	Tuste	l) trus		ee	mpen	İ	(***2/1099***130)		organization and related
	below	dual	Institutional trustee	5	land	stco	5			organizations
	line)	N Pul	Instit	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) Matthew Oster, Esq.	0.00				1-					
President		x						0.	ο.	0.
(2) Christopher Heck, Esq.	0.00		-						<u></u>	
Vice President	· · · · · · · · ·	x						o.	0.	0.
(3) Michael McDonough, Esq.	0.00					1	1			
Vice President		x						o.	ο.	0.
(4) Harvey Saferstein, Esq.	0.00				 					
Vice President		x						0.	0.	0.
(5) Deborah P. Felt, Esq.	0.00									
Treasurer		x						0.	0.	0.
(6) Elizabeth M. Matthias, Esq.	0.00	1					1			
Secretary		X						0.	0.	0.
(7) Grant P. Alexander, Esq.	0.00									
Board Member		X						0.	0.	0.
(8) Saralea Altman, RN, MPA	0.00									
Board Member		X						0.	0.	0.
(9) Chris Amantea, Esq.	0.00									
Board Member		X						0.	0.	0.
(10) Robyn Bladow, Esq.	0.00									
Board Member		X	_					0.	0.	0.
(11) Anthony Borrego, Esq.	0.00									
Board Member		X						0.	0.	0.
(12) Ed Burg, Esq.	0.00									
Board Member		X						0.	0.	0.
(13) Charles Cox, Esq.	0.00									
Board Member		X						0.	0.	0.
(14) Raquelle de la Rocha, Esq.	0.00									
Board Member		X						0.	0.	0.
(15) Michael A. Geibelson, Esq.	0.00									
Board Member		X						0.	0.	0.
(16) Wilmer Harris, Esq.	0.00				1					
Board Member		X						0.	0.	0.
(17) Jody Johnson, Esq.	0.00									
Board Member		X						0.	0.	0.
232007 12-10-12										Form 990 (2012)

232007 12-10-12

Form 990 (2012)

Form 990'(2012) A. Milto	<u>n Mille</u> r	<u>r 1</u>	ſen	າດງ	ria	<u>al</u>	F۱	und, Inc.	95-2960	607	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	an	d Hi	ighe	<u>st C</u>	Compensated Employees (con	tinued)		
(A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average	(do		Pos) than	one	Reportable R	leportable	Estu	mated
	hours per	box	, unle:	ss pe	rson	is bot	h an	1 · · ·	mpensation		unt of
	week (list any							1 1	om related		ther
	hours for	direct				-		1 1	ganizations 2/1099-MISC)	•	ensation n the
	related	te or	istee			nsate		(W-2/1099-MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nization
	organizations	l trus	nal tre		oyee	de o				and	related
	below	individual trustee or director	Institutional trustee	Officer	empi	Highest compensated employee	Former			organ	izations
	line)	Ē	Ins	E	Xey.	불통	2	··· · · · · · · · · · · · · · · · · ·			
(18) Neal Roberts, Esq.	0.00										•
Board Member	0.00	X			<u> </u>	-	·	0.	0.		0.
(19) Neil M. Soltman, Esq.	0.00	x						0.	ο.		0
Board Member	0.00	<u> </u>				-	<u> </u>	0.	0.		0.
(20) Betty Wilson, M.A	0.00	x						0.	ο.		0.
Board Member	50.00	^						V .			<u> </u>
(21) Paula Pearlman Executive Director	50.00	1		x				61,983.	ο.	q	<u>,297.</u>
(22) Marianne Brazer	50.00	┢		~				01,503.			, 4 5 7 4
Director of Administration	50.00			x	Ì			96,182.	ο.	28	,855.
(23) Randi Sunshine	50.00							30/2021			10001
Director of Development				x				96,181.	0.	28	,854.
(24) Jen Flory	50.00										<u> </u>
CLRC Director				x				46,487.	ο.	13	,946.
(25) Michelle Uzeta	50.00										•
Legal Director				Х				87,305.	0.	26	,192.
				L							
1b Sub-total								388,138.	0.	107	,144.
c Total from continuation sheets to Part V	II, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								388,138.	0.	107	,144.
2 Total number of individuals (including but	not limited to th	iose	liste	ed a	bov	e) wl	ho r	eceived more than \$100,000 o	f reportable		•
compensation from the organization											0 (es No
			- 1					highest same seated small.			ies no
3 Did the organization list any former officer			е, ке	ey er	прю	oyee	, or	nignest compensated employe	e on		v
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the s					-tio.		d+	ber componenties from the ere	apization	3	<u> </u>
and related organizations greater than \$15									anization	4	x
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes," cor					-		Ciu			5	x
Section B. Independent Contractors	<u>, piolo 00110000</u>		0, 0,	4011	<u>por</u> .	00,11			<u></u>		
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	cont	racto	ors t	that received more than \$100.0		ation fro	 m
the organization. Report compensation for											
(A)								(B)		(C)	
Name and busines	s address	N	ONI	Ξ				Description of services	s C	ompens	sation
							_				
2 Total number of independent contractors	 (including but r		mite	d to	the	ise li	ster	above) who received more th			
\$100,000 of compensation from the organ						0					

	990 (<u>ler Memo</u>	<u>rial Fund,</u>	Inc.	95-2960)607 Page 9
Pa	t VII	Statement of Rever	านอ					
<u> </u>		Check if Schedule O cont	ains a response	to any question		<u> </u>	<u>.</u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					1
or a	b	Membership dues	1b					
Am (с	Fundraising events	1c					
lar İlar	d	Related organizations	. <u>1d</u>					
, in the second s		Government grants (contribut		56,525.				
er (f	All other contributions, gifts, gran		050 040				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	·	952,043.				
5 P	-	Noncash contributions included in lines	: 1a-1f \$		1,008,568.			
0.0	<u>n</u>	Total. Add lines 1a-1f		Business Code				
ø	2 a	<u>Legal fees</u>			1,589,566.	1.589.566.		
ŝ	b	20942 2005		011100		270097000		
Sel Sel	c							-
e ve	d							
Program Service Revenue	е							
2	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1,589,566.			
-	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		. 🕨	15,575.			15,575.
	4	Income from investment of ta	x-exempt bond p	proceeds	·		· · · · · ·	
	5	Royalties						
	•	Oraca vanta	(I) Real	(II) Personal	-			
	6a	Gross rents Less: rental expenses			-			
	b c	Rental income or (loss)			1			
	-	Net rental income or (loss)		•	-			
		Gross amount from sales of	(I) Securities	(III) Other				· · · · ·
		assets other than inventory						
	b	Less' cost or other basis						
		and sales expenses						
	С	Gain or (loss)			-			
		Net gain or (loss)		▶				
Other Revenue	8 a	Gross income from fundraisin including \$	g events (not of					
Sev		contributions reported on line						
ler		Part IV, line 18	a	239,416.	-			
oth		Less: direct expenses		75,810.	1.62.606			1.02 000
		Net income or (loss) from fund Gross income from gaming ad	-		163,606.			163,606.
	9 а							
	F	Part IV, line 19 Less direct expenses	a b		1			
		Net income or (loss) from gam		L	1			1
		Gross sales of inventory, less		E				
		and allowances	. a					
	b	Less. cost of goods sold	b	1]			
		Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	le	Business Code				
	11 a	<u>Other income</u>		900099	83,445.			83,445.
	b			ļ				
	c	A 11 - 11						
	d	All other revenue		L	83,445.			1
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			<u>83,445.</u> 2,860,760.	1 589 566	0	. 262,626.
	14	IVIAL LEVENUE. OCC MOUNDINS.			<u></u>			<u></u>

ectic	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check If Schedule O contains a respons			(C)	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	405 202	270 245	125 027	
	trustees, and key employees	495,282.	370,245.	125,037.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,251,685.	922,870.	187,981.	140,834
	Other salaries and wages	1,451,005.	922,070.	107,901.	140,034
8	Pension plan accruais and contributions (include				
~	section 401(k) and 403(b) employer contributions)	148,637.	129,773.	1,153.	17,711
	Other employee benefits Payroll taxes	140,346.	105,264.	24,004.	11,078
0	· · · · · · · · · · · · · · · · · · ·	140,340.	105,204.	24,004.	11,070
1	Fees for services (non-employees)				
-	Management				
b	Legal Accounting	23,728.	23,728.		
	Lobbying		25,720.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,			fire	
g	column (A) amount, list line 11g expenses on Sch 0.)	10,357.	8,610.		1,747
2	Advertising and promotion	10/00/1	0/0101		
13	Office expenses	120,201.	87,980.	18,530.	13,691
14	Information technology				
15	Royalties				
16	Occupancy	60,025.	55,223.	3,001.	1,801
17	Travel	22,437.	22,254.		183
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,545.	44,622.		923
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,761.	1,761.		
23	Insurance	13,275.	13,275.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Litigation support	174,272.	174,272.		
	Outreach	114,234.	114,132.		102
	Manula and history	12,635.	12,436.	596.	<397
d	Education and training	7,421.	6,503.		918
	All other expenses	7,297.	7,297.		
25	Total functional expenses. Add lines 1 through 24e	2,649,138.	2,100,245.	360,302.	188,591
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2012)

Form 990 (2012)

Assets

Liabilities

Net Assets or Fund Balances

31 32

33

34

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Part X Balance Sheet

Α

		Check if Schedule O contains a response to any	questio	on in this Part X			
	_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,723.	1	130,521.
	2	Savings and temporary cash investments			184,340.	2	82,235.
	3	Pledges and grants receivable, net			<u>48,370.</u>	3	
	4	Accounts receivable, net			1,351,319.	4	1,243,792.
	5	Loans and other receivables from current and for	rmer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
	_	employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
	7	Notes and loans receivable, net		· · · -		7	
	8	Inventories for sale or use		··· ·	6,746.	8	14 224
	9	Prepaid expenses and deferred charges		•• -	0,/40.	9	14,224.
	10a	Land, buildings, and equipment: cost or other	10-	11,839.			
1	b	basis. Complete Part VI of Schedule D Less. accumulated depreciation	10a 10b	10,811.	2,789.	10c	1 028
	11	Investments - publicly traded securities		10,011.	718,697.	11	<u>1,028.</u> 780,082.
	12	Investments - other securities See Part IV, line 1	1	F	/10,09/1	12	100,0021
	13	Investments - program related See Part IV, line		• • •		13	
	14	Intangible assets		· · ·		14	
	15	Other assets. See Part IV, line 11		•		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34	4)	2,336,984.	16	2,251,882.
	17	Accounts payable and accrued expenses			260,145.	17	256,675.
	18	Grants payable		. [18	
	19	Deferred revenue		[5,000.	19	140,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
	22	Loans and other payables to current and former	officers	s, directors, trustees,			
		key employees, highest compensated employee	es, and o	disqualified persons			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			595,000.	23	120,000.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	i 17-24)	Complete Part X of			
		Schedule D		· · -	860,145.	25	
	26	Total liabilities. Add lines 17 through 25	· - I I	k here ▶ X and	860,145.	26	516,675.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X			
	07	complete lines 27 through 29, and lines 33 an	a 34.		415,028.	07	1,005,574.
	27 28	Unrestricted net assets Temporarily restricted net assets		F	1,061,811.	<u>27</u> 28	729,633.
	28 29	Permanently restricted net assets		· +		28 29	143,033.
	23	Organizations that do not follow SFAS 117 (A	SC 959) check here		29	
		and complete lines 30 through 34.					
ļ	30	Capital stock or trust principal, or current funds				30	
		supra, or our of the principal, or our off funds	•	· · · · ·			

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

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31

32

33

34

1,735,207.

2,251,882.

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1,476,839. 2,336,984.

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<u>Form</u>	990'(2012) A. Milton Miller Memorial Fund, Inc.	95-296	50607	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,64		
3	Revenue less expenses. Subtract line 2 from line 1	3	21	1,6	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,47	6,8	39.
5	Net unrealized gains (losses) on investments	5	4	6,7	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,73	5,2	06.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	ə O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.				1
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	he audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?	·	2c	х	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				ĺ
	Act and OMB Circular A-133?	0	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	 uired audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
				000	

Form **990** (2012)

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Department of	O or 990-EZ)	Z) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						OMB No 1545-0047 2012 Open to Public		
Internal Reven	nue Service	► Att	tach to Form 990 or For	rm 990-E2	Z. 🕨 See	separate	instructio	ons.		Inspection
Name of t	he organizati							E	mployer	identification number
		<u>A. Milt</u>	<u>on Miller Me</u>	<u>moria</u>	<u>l Fun</u>	<u>d, In</u>	с.		9	<u>5-2960607</u>
Part I	Reason	for Public Chari	ty Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.		
The organi	ization is not a	private foundation l	because it is: (For lines 1	through 1	1, check o	only one b	ox)			
1	A church, cor	vention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)	•		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
з 🛄	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state	e:								
5	An organizati	on operated for the l	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	t descnb	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).			
7 X	An organizati	on that normally reco	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8 🛄	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)					
9 📖	An organizati	on that normally rec	eives [.] (1) more than 33 1	/3% of its	support f	rom contri	butions, m	nembershij	p fees, a	nd gross receipts from
	activities relation	ted to its exempt fur	ictions · subject to certa	iin exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 30, 1975
	See section	509(a)(2). (Complete	Part III)							
10	+	• ·	perated exclusively to tes	•	-			-		
11 📖	An organizati	on organized and op	erated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes of one or
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	on 509(a)(2). See sec	ction 509(a	a)(3). Ch	eck the box that
			organization and comple	ete lines 11	1e through	n 11h.		_		
	a 🛄 Type I	b └── Ту	/pe∥ c∟Ty	/pe III - Fui	nctionally	integrated	c	і 🛄 Тур	e III - No	n-functionally integrated
e	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other than
	foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	nt it is a Ty	ре I, Туре	ll, or Type	e III		
	supporting or	rganization, check th	is box							
g	-		rganization accepted an			-				
			rectly controls, either al	one or tog	ether with	persons d	escribed	ın (II) and (I	III) below	
	-		upported organization?							11g(i)
			n described in (i) above?		_					11g(ii)
	• •	•	person described in (i) o	• •						11g(iii)
h	Provide the fe	ollowing information	about the supported org	ganization((s)					
		··- · · · · · · · · · · · · · · · · · ·	· · · ·					6.01-	46 -	
••	e of supported anization	(ii) EIN		(iv) is the o in col. (i) he governing (sted in your		ion in col.	organizatio	ed in the	(vii) Amount of monetary support
(see instructions))										
				Yes	No	Yes	No	Yes	No	· · · · · · · · · · · · · · · · · · ·
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 A. Milton Miller Memorial Fund, Inc. 95-2960607 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 								
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 					n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
 b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 		••	-					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	Ł			-		line 15 is 33 1/3%	or more, check th	
 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 	-						·	
and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	17:	•	•			e 13, 16a, or 16b. a	and line 14 is 10%	or more,
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the		-					3	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	ł		-		• • • • •	-	17a, and line 15 is 1	10% or
		· •						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	-		-				

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	► <u>(a)</u> 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot 🛛					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	e					
3 Gross receipts from activities that		· · · · · · · ·				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
furnished by a governmental unit	to					
the organization without charge						
•						
6 Total. Add lines 1 through 5	·					
7a Amounts included on lines 1, 2, ai						
3 received from disqualified perso	ns					
b Amounts included on lines 2 and 3 received from other than disgualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	·	4				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			,		·	
Section B. Total Support	· · · · · · · · · · · · · · · · · · ·	1	1	I		
Calendar year (or fiscal year beginning in)	► <u>(a) 2008</u>	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated busine activities not included in line 10b. 	SS					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain	1					
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 1	2)					
14 First five years. If the Form 990 ts	for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pu	ublic Support Pe	ercentage				
15 Public support percentage for 201	2 (line 8, column (f) d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2	011 Schedule A, Par	t III, line_15	•		16	%
Section D. Computation of In	vestment Incom	ne Percentage	l			
17 Investment income percentage fo	r 2012 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage fro	om 2011 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If			on line 14, and line	e 15 is more than	· · ·	
more than 33 1/3%, check this bo						▶□
b 33 1/3% support tests - 2011. If		-				and
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz		•			-	
232023 12-04-12					hedule A (Form 99	0 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE D

Department of the Treasury

Internal Revenue Service

`(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.



Nam	of the organization A. Milton Miller M	Iemorial Fund, Inc.	Employer identification number
Par		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Im		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(4)
2	Aggregate contributions to (during year)	· · · · · · · · · · · · · · · · · · ·	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised :	funde
5	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a	•	
U	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Pa		roanization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
'	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
č	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
-	year 🕨		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements durin	ig the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(-	4)(B)(I)
	and section 170(h)(4)(B)(ii)?		. 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	d balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amount
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		. 🕨 💲

Schedule D (Form 990) 2012

Sche		on Miller	Memo	rial F	und, I	nc.	g	95-29	60607	Page 2
Par										
3	Using the organization's acquisition, accessi									
	(check all that apply):						-			
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other	••••					
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 990.	Part IV.		
	reported an amount on Form 990, Par			.			,	,		
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	ns or other as	sets not	t included			
	on Form 990, Part X?								Yes	
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	table:	•			. —		
-									Amount	
с	Beginning balance						1c		- unount	
	Additions during the year	• •	•			•	1d			
	Distributions during the year	•				• •	1e			
f	Ending balance						1f			
-	Did the organization include an amount on Fe	orm 990 Part X line	212			•			Yes	No
	If "Yes," explain the arrangement in Part XIII.			In has heen		Part XIII	•	L	_ 163	
Par							10			
L		(a) Current year		rior year	(c) Two yea		(d) Three ye	ars hack	(e) Four ye	are back
1a	Beginning of year balance	(a) ounone year		noi year		13 DUCK				
b	Contributions									
-	Net investment earnings, gains, and losses		·							
	Grants or scholarships							=		
	Other expenditures for facilities						<u> </u>			
e										
	and programs									
f	Administrative expenses									
g	End of year balance		- ()		<u> </u>					
2	Provide the estimated percentage of the curl	rent year end baland		g, column (a	a)) neid as.					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-	-4 41							
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ind administe	erea for t	ine organiza	ation		
	by.									es No
	(i) unrelated organizations			•			•		<u>3a(i)</u>	
	(ii) related organizations		<u>.</u>		•			•	3a(ii)	
	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm						<u></u>			
Fai										
	Description of property	(a) Cost or o			t or other		ccumulate	d	(d) Book v	alue
		basis (investr	nent)	Dasis	(other)	de	preciation			
	Land	· · · ·		ļ						
	Buildings								·	
	Leasehold improvements			<u> </u>	1 000		10.00			
	Equipment			11	1,839.		10,81	L 1 .	1	,028.
	Other					L				
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)				1	,028.

Schedule D (Form 990) 2012

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on. Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			····
(E)			
F)		·	
<u>G)</u>			
(H)			
(I)		•	
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► art VIII Investments - Program Related. See	Earm 000, Dart X, Isaa		
(a) Description of investment type	(b) Book value		on. Cost or end-of-year market value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
10)			
al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets. See Form 990, Part X, line 1			
	escription		(b) Book value
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(7)			
(8)	· · ·	···· ··· ·· ··· ··· ···	
(9)			
10)			
al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
art X Other Liabilities. See Form 990, Part X, IIr	ne 25.		
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
11)	25.)		

Schedule D (Form 990) 2012 A. Milton Miller Memorial	Fund Inc.	95-2960607 Page 4
Part XI Reconciliation of Revenue per Audited Financial States		
1 Total revenue, gains, and other support per audited financial statements		1 4,514,920.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a 46,745.	
b Donated services and use of facilities	2b 1,607,415.	
c Recoveries of prior year grants	. 2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e 1,654,160.
3 Subtract line 2e from line 1		3 2,860,760.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 2,860,760.
Part XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per	
1 Total expenses and losses per audited financial statements		1 4,256,552.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 ⁻		
a Donated services and use of facilities	2a 1,607,415.	
b Prior year adjustments	_2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e 1,607,415.
3 Subtract line 2e from line 1		3 2,649,137.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	_4b	<u> </u>
c Add lines 4a and 4b		4c 0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> 5 2,649,137.</u>
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III, lines 1a and 4, Part IV, lines 1	1b and 2b, Part V, line 4; Part
X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par	-	
Part X, Line 2: DRLC is exempt from taxation	on under Internal	Revenue
Code Section 501(c)(3) and California Rever	<u>nue and Taxation (</u>	Code Section
000014		
<u>23701d.</u>		
		. <u> </u>
Comparelly accounted accounting principles a	arida accounting	and digaloguna
Generally accepted accounting principles pr	rovide accounting	and disclosure
guidange about negitions taken by an ergani	ightion in its the	r moturns that
guidance about positions taken by an organi	Ization in its tax	k recurns chac
might be uncertain. Management has consider	and its tay masit	iona and
might be uncertain. Management has consider	Let its tax positi	
believes that all of the positions taken by	, DRLC in its fade	aral and state
NETTOVES that all of the positions taken by	DILL IN ICS LEUK	Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 A. Milton Miller Memorial Fund, Inc. 95-2960607 Page 5 Part XIII Supplemental Information (continued)
exempt organization tax returns are more likely than not to be sustained
upon examination. DRLC's returns are subject to examination by federal and
state taxing authorities, generally for three or four years, respectively,
after they are filed.

SCHEDULE G		Supplemental Inform	nati	ion	Regarding		OMB No 1545-0047
(Form 990 or 990-EZ)		Fundraising or Ga					2012
Department of the Treasury Internal Revenue Service	or if t	f the organization answered "Yes" he organization entered more thar Attach to Form 990 or Form 990-E	n \$15,0	100 OC	Form 990-EZ, line	6a.	Open To Public Inspection
Name of the organizatio							identification number
		<u>on Miller Memorial</u>					60607
Part I Fundrais required to	sing Activities. complete this part	 Complete if the organization answe t. 	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not
a Aail solicita b Internet and c Phone solic d In-person so	tions I email solicitations itations blicitations		tion of tion of fundra	non-g gover lising (overnment grants nment grants events		
-		art VII) or entity in connection with p	•	-			Yes 🗌 No
• • •		ividuals or entities (fundraisers) purs			-		
	east \$5,000 by the			0			
(i) Name and addres or entity (fun		(ii) Activity	(iii) fundi have c or cor contrib	aiser	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
			Yes	No	•		
	· · · · - · - · - · · · · · · · · · · ·						
			1				
				5			
Total	· · · · · · · · ·	<u> </u>					
 List all states in whore or licensing. 	nich the organizatio	on is registered or licensed to solicit	contrit	oution	s or has been notifie	d it is exempt fro	om registration
	· · · · · · · · · · · · · · · · · · ·						
			-			·····	
		· · · · · · · · · · · · · · · · · · ·					

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990 EZ) 2012 A. Milton Miller Memorial Fund, Inc. 95-2960607 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising events. Complete in the organization answered res to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gre		LZ, lines I and OD. Date	vents with gross recei	bis greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events			
			Annual		None	(d) Total events		
			Dinner			(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
ne			(even type)					
Revenue			220 416			220 410		
Ве	1	Gross receipts	239,416.		<u> </u>	239,416.		
	2	Less [.] Contributions						
			000 416			000 446		
	3	Gross income (line 1 minus line 2)	239,416.			239,416.		
	4	Cash prizes						
~	5	Noncash prizes						
Direct Expenses								
per	6	Rent/facility costs						
ŭ								
ect	7	Food and beverages						
۵								
	8	Entertainment						
	9	Other direct expenses	75,810.			75,810.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			(75,810)		
	11	Net income summary. Combine line 3, colum	n (d), and line 10	·	▶	163,606.		
Pa	art I	II Gaming. Complete if the organization a		990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.						
•			() D	(b) Pull tabs/instant		(d) Total gaming (add		
nu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))		
Revenue								
ď	1	Gross revenue						
	!							
	2	Cash prizes						
ses	2					+		
Sen	3	Noncash pazes						
Direct Expenses	3	Noncash prizes						
ğ		Pont (facility acata						
ă	4	Rent/facility costs						
	5	Other direct expenses			<u> </u>			
			Yes%	└── Yes %	└── Yes%			
	6	Volunteer labor	No	No	No No			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)	•				
	8	Net gaming income summary. Combine line 1	I, column d, and line 7					
9								
á	Ist	the organization licensed to operate gaming ac		Yes No				
t) If "	No," explain:						
	_							
10a	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
		"Yes," explain						
		·						

Sch	edute G (Form 990 or 990 EZ) 2012 A. Milton Miller Memorial Fund, Inc. 95-2960607 Page 3
	Does the organization operate gaming activities with nonmembers?
	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	a The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
F	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
	of gaming revenue retained by the third party \triangleright \$
	b if "Yes," enter name and address of the third party:
	Name
	Address 🕨
16	Gaming manager information.
	Name N
	Gaming manager compensation 🕨 \$
	Director/officer Employee Independent contractor
47	
17	Mandatory distributions [.] a Is the organization required under state law to make charitable distributions from the gaming proceeds to
G	retain the state gaming license?
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
-	organization's own exempt activities during the tax year > \$
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

	••		
SC	HEC	JUL	ΕO

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Name of the organization

Employer identification number 95-2960607

Form 990, Part I, Line 1, Description of Organization Mission:

the rights of people with disabilities through education, advocacy and

A. Milton Miller Memorial Fund, Inc.

litigation.

Form 990, Part III, Line 4a, Program Service Accomplishments:

The Education Advocacy Program litigates systemic reform cases on

behalf of students with disabilities to ensure that they receive the

special education and related services to which they are entitled under

federal and state law. The EAP also offers a range of services

including direct representation, pro bono referrals, brief service

consultations, outreach and self-advocacy training to low-income

parents of students with disabilities.

The Community Advocacy Program conducts legal intakes, provides self help resources, as well as offers limited representation on brief service matters to callers contacting the Organization for assistance.

The Inland Empire Program's services include direct legal representation to clients in individual special education matters, and litigates systemic reform cases on a variety of disability rights issues in the counties of Riverside and San Bernardino.

Form 990, Part III, Line 4c, Program Service Accomplishments:

resources in their communities.

Schedule O (Form 990 or 990 EZ) (2012)	Page 2					
Name of the organization A. Milton Miller Memorial Fund, Inc.	Employer identification number 95-2960607					
Pro Bono Program: DRLC's Pro Bono Program recruits, trains and supports						
volunteer lawyers who work with all programs. The DRLC co-counsels						
with private volunteer attorneys who are affiliated with major law						
firms as well as solo practioners and new attorneys who work to expand						
their legal knowledge and identifies, cultivates and maintains critical						
relationships with attorneys throughout DRLC's service areas who are						
willing to accept pro bono referrals and undertake less complex						
litigation cases involving discrimination under the ADA and special						
education laws. In addition, the Pro Bono Program coordinates and						
presents continuing legal education programs within the DLRC's areas of						
expertise such as Elimination of Bias in the Legal Profession and						
Special Education Law and Advocacy, as well as Cancer and	the Law.					

Form 990, Part VI, Section B, line 11: No review will be conducted.

Form 990, Part VI, Section B, Line 12c: Conflict statements are completed annually, and if there is a conflict reported the Executive Director and board officers meet with board members to resolve conflict issues.

Form 990, Part VI, Section B, Line 15: Management salaries are reviewed, determined and approved by the board.

All employees salaries are reviewed, determined and approved by the board.

Form 990, Part VI, Section C, Line 19: All documents are available upon request.