

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

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**For calendar year 2022 or tax year beginning** \_\_\_\_\_, **2022, and ending** \_\_\_\_\_, **20**

Name of foundation <b>The Miley Foundation</b>		<b>A Employer identification number</b> 20-2007116
Number and street (or P.O. box number if mail is not delivered to street address) 3468 NW 85th Terrace	Room/suite	<b>B Telephone number (see instructions)</b> 3523682863
City or town, state or province, country, and ZIP or foreign postal code Ocala FL 34482		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 3,509,666.	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	67,662.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	116,252.	116,252.		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	41,508.	L-6a Stmt		
	<b>b</b> Gross sales price for all assets on line 6a 968,477.				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	225,422.	116,252.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule) L-16a Stmt	800.			800.
	<b>b</b> Accounting fees (attach schedule) L-16b Stmt	1,200.			1,200.
	<b>c</b> Other professional fees (attach schedule) L-16c Stmt	11,536.	11,536.		
	<b>17</b> Interest	231.	231.		
	<b>18</b> Taxes (attach schedule) (see instructions) See Stmt	5,006.	5,006.		
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule) See Stmt	262.			262.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	19,035.	16,773.		2,262.
	<b>25</b> Contributions, gifts, grants paid	164,930.			164,930.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	183,965.	16,773.		167,192.	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	41,457.				
<b>b Net investment income</b> (if negative, enter -0-)		99,479.			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,951.	13,863.	13,863.
	<b>2</b> Savings and temporary cash investments . . . . .	225,776.	41,933.	41,933.
	<b>3</b> Accounts receivable Less: allowance for doubtful accounts			
	<b>4</b> Pledges receivable Less: allowance for doubtful accounts			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) L-13 Stmt . . . . .	3,890,392.	3,453,870.	3,453,870.
	<b>14</b> Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)			
<b>15</b> Other assets (describe _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	4,118,119.	3,509,666.	3,509,666.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0.	100.	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0.	100.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <input type="checkbox"/>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <input checked="" type="checkbox"/>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	4,118,119.	3,509,566.	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	4,118,119.	3,509,566.		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	4,118,119.	3,509,666.		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	4,118,119.
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	41,457.
<b>3</b> Other increases not included in line 2 (itemize) <u>Unrealized gain on investments</u> . . . . .		<b>3</b>	0.
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	4,159,576.
<b>5</b> Decreases not included in line 2 (itemize) <u>Unrealized loss on investments</u> . . . . .		<b>5</b>	650,010.
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .		<b>6</b>	3,509,566.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		1	1,383.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3	Add lines 1 and 2		3	1,383.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,383.
6	Credits/Payments:			
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a		2,870.
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		0.
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	2,870.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	11.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	1,476.
11	Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 1,476. <b>Refunded</b>		11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ _____ <b>(2)</b> On foundation managers. \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ME		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	X	
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	X	
<b>14</b> The books are in care of <u>David Miley</u> Telephone no. <u>(352) 368-2863</u> Located at <u>3468 NW 85th Terrace Ocala FL</u> ZIP+4 <u>34482</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b> At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<b>1a(1)</b>	X
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<b>1a(2)</b>	X
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<b>1a(3)</b>	X
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<b>1a(4)</b>	X
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<b>1a(5)</b>	X
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<b>1a(6)</b>	X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here . . . . . <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? . . . . .	<b>1d</b>	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? . . . . .	<b>2a</b>	X
If "Yes," list the years 20 ____ , 20 ____ , 20 ____ , 20 ____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. 20 ____ , 20 ____ , 20 ____ , 20 ____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) . . . . .	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<b>4a</b>	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? . . . . .	<b>4b</b>	X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?		X
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
David Miley 3468 NW 85th Terrace Ocala FL 34482	President 2.00	0.	0.	0.
Brenda Miley 3468 NW 85th Terrace Ocala FL 34482	Director 0.50	0.	0.	0.
John Miley 886 Shore Road Cape Elizabeth ME 04107	Director 0.50	0.	0.	0.
Ben Miley 886 Shore Road Cape Elizabeth ME 04107	Director 0.50	0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

**Total** number of other employees paid over \$50,000 . . . . . 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None -----		
-----		
-----		
-----		
-----		
-----		

**Total** number of others receiving over \$50,000 for professional services . . . . . 0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A ----- -----	0.
2 ----- -----	
3 ----- -----	
4 ----- -----	

**Part VIII-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A ----- -----	0.
2 ----- -----	
3 All other program-related investments. See instructions. ----- -----	
<b>Total.</b> Add lines 1 through 3 . . . . .	0.

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	3,522,311.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	112,319.
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	3,634,630.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	3,634,630.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	54,519.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	3,580,111.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 . . . . .	<b>6</b>	179,006.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6 . . . . .	<b>1</b>	179,006.
<b>2a</b>	Tax on investment income for 2022 from Part V, line 5 . . . . .	<b>2a</b>	1,383.
<b>b</b>	Income tax for 2022. (This does not include the tax from Part V.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	1,383.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	177,623.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	177,623.
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 . . . . .	<b>7</b>	177,623.

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	167,192.
<b>b</b>	Program-related investments—total from Part VIII-B . . . . .	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .	<b>4</b>	167,192.



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7				177,623.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only . . . . .			148,424.	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 . . . . .				0.
<b>b</b> From 2018 . . . . .				0.
<b>c</b> From 2019 . . . . .				0.
<b>d</b> From 2020 . . . . .				0.
<b>e</b> From 2021 . . . . .				0.
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	0.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ 167,192.				
<b>a</b> Applied to 2021, but not more than line 2a . . . . .			148,424.	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2022 distributable amount . . . . .				18,768.
<b>e</b> Remaining amount distributed out of corpus . . . . .	0.			
<b>5</b> Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0.		
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0.		
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 . . . . .				158,855.
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . . . .	0.			
<b>9</b> <b>Excess distributions carryover to 2023.</b> Subtract lines 7 and 8 from line 6a . . . . .	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 . . . . .				0.
<b>b</b> Excess from 2019 . . . . .				0.
<b>c</b> Excess from 2020 . . . . .				0.
<b>d</b> Excess from 2021 . . . . .				0.
<b>e</b> Excess from 2022 . . . . .				0.

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .					
<b>b</b> 85% (0.85) of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part IX, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

David and Brenda Miley

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

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

**Part XIV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
Big Brothers Big Sisters 625 Main Street Westbrook ME 04092		Public Charity	General Support	5,000.
Boys & Girls Club 277 Cumberland Avenue Portland ME 04101		Public Charity	General Support	1,000.
Cape Elizabeth Land Trust 330 Ocean House Road Cape Elizabeth ME 04107		Public Charity	General Support	100.
Cheverus High School 267 Ocean Avenue Portland ME 04103		Public Charity	General Support	2,000.
Fort Williams Foundation P.O. Box 6260 Cape Elizabeth ME 04107		Public Charity	General Support	100.
Friends of Casco Bay 43 Slocum Drive South Portland ME 04106		Public Charity	General Support	100.
Good Shepard Food Bank P.O. Box 1807 Auburn ME 04211		Public Charity	General Support	1,000.
Maine Vitae Society 2 Great Falls Plaza #6 Auburn ME 04210		Public Charity	General Support	2,000.
Northern Light Mercy Hospital Foundation 144 State Street Portland ME 04101		Public Charity	Annual campaign General Support	10,000.
See Statement				143,630.
<b>Total</b>				<b>3a</b> 164,930.
<b>b Approved for future payment</b>				
<b>Total</b>				<b>3b</b>

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

**Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- |   | Yes | No |
|---|-----|----|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:   |     |    |
| <b>(1)</b> Cash . . . . .   |     | X  |
| <b>(2)</b> Other assets . . . . .   |     | X  |
| <b>b</b> Other transactions:  |     |    |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization . . . . .   |     | X  |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization . . . . .   |     | X  |
| <b>(3)</b> Rental of facilities, equipment, or other assets . . . . .   |     | X  |
| <b>(4)</b> Reimbursement arrangements . . . . .   |     | X  |
| <b>(5)</b> Loans or loan guarantees . . . . .   |     | X  |
| <b>(6)</b> Performance of services or membership or fundraising solicitations . . . . .   |     | X  |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .   |     | X  |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |     |    |

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: 11/15/2023 Title: President

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Cheryl Greenleaf CPA</u>	Preparer's signature <u>Cheryl Greenleaf CPA</u>	Date <u>11/15/2023</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P01379101</u>
	Firm's name <u>CHERYL GREENLEAF CPA</u>	Firm's EIN			
	Firm's address <u>PO Box 1025 SCARBOROUGH ME 04070</u>	Phone no. <u>(207) 671-5510</u>			

**Form 990-PF: Return of Private Foundation****Part XV, Line 3a: Grants and Contributions Paid During the Year****Continuation Statement**

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a. Paid during the year</i>				
Northern Light Mercy Hospital Foundation 144 State Street Portland, ME 04101		Public Charity	Restricted Fund	100,000.
Project Grace P.O. Box 6846 Scarborough, ME 04074		Public Charity	General Support	5,000.
Salvation Army 297 Cumberland Avenue Portland, ME 04104		Public Charity	General Support	3,000.
Smile Train 41 Madison Avenue 28th Floor New York, NY 10010		Public Charity	General Support	1,000.
Thomas Memorial Library Foundation 6 Scott Dyer Road Cape Elizabeth, ME 04107		Public Charity	General Support	100.
Wentworth Institute of Technology 550 Huntington Avenue Boston, MA 02115		Public Charity	General Support	1,000.
YMCA Camp Belknap 172 Governor Wentworth Highway Wolfeboro, NH 03894		Public Charity	General Support	1,500.
Saco River Theatre P.O. Box 661 Bar Mills, ME 04004		Public Charity	General Support	2,500.
Maine Farmland Trust 97 Main Street Belfast, ME 04915		Public Charity	General Support	100.
Clongowes Wood College Foundation U.S. 19 Cross Street Medfield, MA 02052		Public Charity	General Support	2,000.
Capuchin Province of Mid-America 3613 Wyandot Street Denver, CO 80211		Public Charity	General Support	750.
Dempsey Center P.O. Box 277 Auburn, ME 04212		Public Charity	General Support	400.
Shepard's Lighthouse 5930 SE Robinson Road Bellevue, FL 34420		Public Charity	General Support	1,000.
CAF America Suite 150 1800 Diagonal Road Alexandria, VA 22314		Public Charity	National Sailing Academy General Support	3,780.
Blessed Trinity 5 S.E. 17th Street Ocala, FL 34471		Public Charity	Village School	12,000.

**Form 990-PF: Return of Private Foundation****Part XV, Line 3a: Grants and Contributions Paid During the Year****Continuation Statement**

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a. Paid during the year</i>				
Saving Mercy Blessed Trinity 5 S.E. 17th Street Ocala, FL 34471		Public Charity	Tiny House Homelessness Project	7,500.
Wayside Soup Kitchen PO Box 1278 Portland, ME 04104		Public Charity	General Support	1,000.
UBS Optimus Foundation Fund 165 Township Line Road, Suite 1200 Jenkintown, PA 19046		Foundation Advised Fund NPT	Ukraine Relief Fund	1,000.
Mercy Ecology Inc. 15 Highland View Road Cumberland, RI 02864		Public Charity	General Support	500.
Peace Ridge Sanctuary 1111 Littlefield Road Brooks, ME 04921		Public Charity	Restricted Northeast Equine Sanctuary	500.
University of Dublin Fund Eighty Pine Street New York, NY 10005		Public Charity	check did not clear	-1,000.
				<b>143,630.</b>

## Additional Information From Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

#### Taxes

#### Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
IRS Federal Taxes	5,006.	5,006.		
<b>Total</b>	5,006.	5,006.		

### Form 990-PF: Return of Private Foundation

#### Other Expenses

#### Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Annual report expense	85.			85.
Postage	9.			9.
Software/supplies	153.			153.
Bank charges	15.			15.
<b>Total</b>	262.			262.



Name The Miley Foundation	Employer Identification No. 20-2007116
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**Asset Information:**

Description of Property . . . . . Investment equity securities with Charles Schwab Brokerage  
 Business Code \_\_\_\_\_ Exclusion Code . . . 18 \_\_\_\_\_  
 Date Acquired . . . . . various How Acquired . Purchased \_\_\_\_\_  
 Date Sold . . . . . various Name of Buyer . n/a Miley Foundation normal course of investing  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 948,686 Cost or other basis (do not reduce by depreciation) . . . . . 926,541  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . 22,145 Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . Investment equity securities with UBS Financial Services  
 Business Code \_\_\_\_\_ Exclusion Code . . . 18 \_\_\_\_\_  
 Date Acquired . . . . . 10/06/08 How Acquired . Purchased \_\_\_\_\_  
 Date Sold . . . . . 11/17/22 Name of Buyer . n/a Miley Foundation normal course of investing  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 19,791 Cost or other basis (do not reduce by depreciation) . . . . . 428  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . 19,363 Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . \_\_\_\_\_ How Acquired . \_\_\_\_\_  
 Date Sold . . . . . \_\_\_\_\_ Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . . . \_\_\_\_\_  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . \_\_\_\_\_ Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . \_\_\_\_\_ How Acquired . \_\_\_\_\_  
 Date Sold . . . . . \_\_\_\_\_ Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . . . \_\_\_\_\_  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . \_\_\_\_\_ Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . \_\_\_\_\_ How Acquired . \_\_\_\_\_  
 Date Sold . . . . . \_\_\_\_\_ Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . . . \_\_\_\_\_  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . \_\_\_\_\_ Accumulated Depreciation . . . . . \_\_\_\_\_

**Totals:**

Total Gain (Loss) of all assets . . . . . 41,508  
 Gross Sales Price of all assets . . . . . 968,477  
 Unrelated Business Income . . . . . \_\_\_\_\_ Business Code . \_\_\_\_\_  
 Excluded by section 512, 513, 514 . . . . . 41,508 Exclusion Code . 18  
 Related/Exempt Function Income . . . . . \_\_\_\_\_

**QuickZoom** here to Form 990-PF, Page 1. . . . . ►  
**QuickZoom** here to Form 990-PF, Page 12. . . . . ►

Name  
The Miley Foundation

Employer Identification No.  
20-2007116

**Line 16a - Legal Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Drummond Woodsum	Endowment agreement	800.			800.
<b>Total to Form 990-PF, Part I, Line 16a</b>		800.			800.

**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Cheryl Greenleaf CPA	Tax return and accounting	1,200.			1,200.
<b>Total to Form 990-PF, Part I, Line 16b</b>		1,200.			1,200.

**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS	Investment Asset Management	175.	175.		
Charles Schwab	Investment Asset Management	11,361.	11,361.		
<b>Total to Form 990-PF, Part I, Line 16c</b>		11,536.	11,536.		

Name The Miley Foundation	Employer Identification No. 20-2007116
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Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
<b>Tot to Fm 990-PF, Pt II, Ln 10a</b>				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
<b>Totals to Form 990-PF, Part II, Line 10b</b>		

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
<b>Totals to Form 990-PF, Part II, Line 10c</b>		

Line 12 - Investments - Mortgage loans:	End of Year	
	Book Value	Fair Market Value
<b>Totals to Form 990-PF, Part II, Line 12</b>		

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Equities at UBS	497,644.	497,644.
Fixed Income at UBS	142,294.	142,294.
Mutual Funds at UBS	1,494,747.	1,494,747.
See L-13 Stmt	1,319,185.	1,319,185.
<b>Totals to Form 990-PF, Part II, Line 13</b>	<b>3,453,870.</b>	<b>3,453,870.</b>

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (The Miley Foundation) and Employer identification number (20-2007116)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: 501(c)( ) (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization
Form 990-PF: 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization The Miley Foundation	Employer identification number 20-2007116
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David and Brenda Miley 3468 NW 85th Terrace Ocala FL 34482	\$ 67,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Miley Foundation</b>	Employer identification number <b>20-2007116</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	Stocks	\$ 192,177.	12/13/2022
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization <b>The Miley Foundation</b>	Employer identification number <b>20-2007116</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 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 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 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 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
----- ----- -----	----- ----- -----

Department of the Treasury  
Internal Revenue Service

Attach to the corporation's tax return.  
Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2022**

Name <b>The Miley Foundation</b>	Employer identification number <b>20-2007116</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions)		<b>1</b>	1,383.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions)	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty		<b>3</b>	1,383.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		<b>4</b>	2,078.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		<b>5</b>	1,383.

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	<b>9</b>	05/15/22	06/15/22	09/15/22	12/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	<b>10</b>	345.	346.	346.	346.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	<b>11</b>	370.			2,500.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	<b>12</b>		25.		
13 Add lines 11 and 12	<b>13</b>		25.		2,500.
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>			321.	667.
15 Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	370.	25.	0.	1,833.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	<b>16</b>		0.	321.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	<b>17</b>		321.	346.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	<b>18</b>	25.			

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

REV 05/17/23 PRO

Form **2220** (2022)



**Part IV Figuring the Penalty**

		(a)	(b)	(c)	(d)
<b>19</b>	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .	19	See Stmt		
<b>20</b>	Number of days from due date of installment on line 9 to the date shown on line 19 . . . . .	20			
<b>21</b>	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
<b>22</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	22	\$	\$	\$
<b>23</b>	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
<b>24</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	24	\$	\$	\$
<b>25</b>	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
<b>26</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 25}}{365} \times 6\% (0.06)$	26	\$	\$	\$
<b>27</b>	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
<b>28</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 27}}{365} \times 7\% (0.07)$	28	\$	\$	\$
<b>29</b>	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
<b>30</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 29}}{365} \times *%$	30	\$	\$	\$
<b>31</b>	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
<b>32</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 31}}{365} \times *%$	32	\$	\$	\$
<b>33</b>	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
<b>34</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 33}}{365} \times *%$	34	\$	\$	\$
<b>35</b>	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
<b>36</b>	Underpayment on line 17 × $\frac{\text{Number of days on line 35}}{366} \times *%$	36	\$	\$	\$
<b>37</b>	Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	37	\$	\$	\$
<b>38</b>	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns. . . . .	<b>38</b>	\$		11.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b>	Enter taxable income for the following periods.				
<b>a</b>	Tax year beginning in 2019 . . . . .	<b>1a</b>			
<b>b</b>	Tax year beginning in 2020 . . . . .	<b>1b</b>			
<b>c</b>	Tax year beginning in 2021 . . . . .	<b>1c</b>			
<b>2</b>	Enter taxable income for each period for the tax year beginning in 2022. See the instructions for the treatment of extraordinary items	<b>2</b>			
<b>3</b>	Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
<b>a</b>	Tax year beginning in 2019 . . . . .	<b>3a</b>			
<b>b</b>	Tax year beginning in 2020 . . . . .	<b>3b</b>			
<b>c</b>	Tax year beginning in 2021 . . . . .	<b>3c</b>			
<b>4</b>	Divide the amount in each column on line 1a by the amount in column (d) on line 3a . . . . .	<b>4</b>			
<b>5</b>	Divide the amount in each column on line 1b by the amount in column (d) on line 3b . . . . .	<b>5</b>			
<b>6</b>	Divide the amount in each column on line 1c by the amount in column (d) on line 3c . . . . .	<b>6</b>			
<b>7</b>	Add lines 4 through 6 . . . . .	<b>7</b>			
<b>8</b>	Divide line 7 by 3.0 . . . . .	<b>8</b>			
<b>9a</b>	Divide line 2 by line 8 . . . . .	<b>9a</b>			
<b>b</b>	Extraordinary items (see instructions) . . . . .	<b>9b</b>			
<b>c</b>	Add lines 9a and 9b . . . . .	<b>9c</b>			
<b>10</b>	Figure the tax on the amount on line 9c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return . . . . .	<b>10</b>			
<b>11a</b>	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a . . . . .	<b>11a</b>			
<b>b</b>	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b . . . . .	<b>11b</b>			
<b>c</b>	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c . . . . .	<b>11c</b>			
<b>12</b>	Add lines 11a through 11c . . . . .	<b>12</b>			
<b>13</b>	Divide line 12 by 3.0 . . . . .	<b>13</b>			
<b>14</b>	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) . . . . .	<b>14</b>			
<b>15</b>	Enter any alternative minimum tax (trusts only) for each payment period. See instructions . . . . .	<b>15</b>			
<b>16</b>	Enter any other taxes for each payment period. See instructions . . . . .	<b>16</b>			
<b>17</b>	Add lines 14 through 16 . . . . .	<b>17</b>			
<b>18</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .	<b>18</b>			
<b>19</b>	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- . . . . .	<b>19</b>			

**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First _____ months	First _____ months	First _____ months	First _____ months
<b>20</b>	Annualization periods (see instructions) . . . . .	<b>20</b>			
<b>21</b>	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items . . . . .	<b>21</b>			
<b>22</b>	Annualization amounts (see instructions) . . . . .	<b>22</b>			
<b>23a</b>	Annualized taxable income. Multiply line 21 by line 22 . . . . .	<b>23a</b>			
<b>b</b>	Extraordinary items (see instructions) . . . . .	<b>23b</b>			
<b>c</b>	Add lines 23a and 23b . . . . .	<b>23c</b>			
<b>24</b>	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return . . . . .	<b>24</b>			
<b>25</b>	Enter any alternative minimum tax (trusts only) for each payment period (see instructions) . . . . .	<b>25</b>			
<b>26</b>	Enter any other taxes for each payment period. See instructions . . . . .	<b>26</b>			
<b>27</b>	Total tax. Add lines 24 through 26 . . . . .	<b>27</b>			
<b>28</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .	<b>28</b>			
<b>29</b>	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>			
<b>30</b>	Applicable percentage . . . . .	<b>30</b>	25%	50%	75%
<b>31</b>	Multiply line 29 by line 30 . . . . .	<b>31</b>			

**Part III Required Installments**

		1st	2nd	3rd	4th
		installment	installment	installment	installment
	<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.				
<b>32</b>	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 . . . . .	<b>32</b>			
<b>33</b>	Add the amounts in all preceding columns of line 38. See instructions . . . . .	<b>33</b>			
<b>34</b>	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- . . . . .	<b>34</b>			
<b>35</b>	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter . . . . .	<b>35</b>			
<b>36</b>	Subtract line 38 of the preceding column from line 37 of the preceding column . . . . .	<b>36</b>			
<b>37</b>	Add lines 35 and 36 . . . . .	<b>37</b>			
<b>38</b>	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions . . . . .	<b>38</b>			

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <u>The Miley Foundation</u>	EIN or SSN <u>20-2007116</u>
Name and title of officer or person subject to tax <u>David Miley, President</u>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b <u>1,383.</u>
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize CHERYL GREENLEAF CPA to enter my PIN 

3	6	4	9	5
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11/15/2023

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0	1	0	9	1	1	5	2	2	2	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11/15/2023

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



**Additional Information From 2022 Federal Exempt Tax Return****Form 990-PF Part II Line 10, 12 and 13 Investments****L-13 Stmt****Continuation Statement**

<b>Line 13 Description</b>	<b>Line 13 Book</b>	<b>Line 13 FMV</b>
Closed End Funds & Exchange traded products at UBS	2,608.	2,608.
Exchange-traded products at Charles Schwab	1,316,577.	1,316,577.
<b>Total</b>	<b>1,319,185.</b>	<b>1,319,185.</b>

Additional Information For Tax Return

The Miley Foundation

20-2007116

Form 990-PF, p4: Line 10 Yes

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David & Brenda Miley  
3468 NW 85th Terrace  
Ocala, FL 34482

Sole contributor to the foundation in the amount of \$67,662. David and Brenda are also noted on Schedule B.  
David and Brenda are officers of this private foundation.