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Form 990-EZ

SCANNED MAR 2.6 2014

Short Form

Return of Organization Exempt From Income Tax

Under section 501(d), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung benefit trust or private foundation)

Sponsoring organizations, and crintrolling organizations as defined in section 512(b)(13) must file Form

990 All other organizations with gross receipts less than \$100,000 and total assets leas than \$250,000 at the

0808 Open to Public

	Department of the Treasury Internal Revenue Service The organization may have				ing of the year may use this form.					Inspection	
7-2-				or tax year beginni		September 1	, 2007, and en		August	31	, 20 08
	Check If a		Ploass	C Name of organization		1					dification number
Ĵ	Address o	hange .	use IRS label or	Miliburn Short HI	lis F	ourth of July Committ	ee Inc.		22		2618646
٦	Name cha	-	print or			box, if mall is not delivered		Room/suite	E Telephon	e nui	mber
4	Initial retui	1	type. Sec	P.O. Box 4			}	- 1	(973)		652-2891
╡	Amended		Specific	City or town, state of	OF CON	ntry, and ZIP + 4			F Group Ex	emp	tion
j		n pending	instruc- tions.	Short Hills, New	,				Number	•	
_	• Section	on 501(c)(3)	organiz.			exempt charitable trusts	s must attach	Q Acco	unting metho	d.	Z Cash Accrual
				npleted Schedule A			_	Other	(specify) ▶		
~								H Checi	k ▶ 🔲 if t	he o	rganization
1	Websit	te: D www	.mshlu	ily4th.com					required to		
J								dule B (Form	990,	990-EZ, or 990-PF).	
K	Check ▶	☐ If the ord	anızatlo	n is not a section 509)(a)(i)	supporting organization a	ind its gross recei	pts are non	mally not mo	re tha	an \$25,000. A return is
						um, be sure to file a comp					
L	Add line					elpts, if \$100,000 or more, f				\$	
P	art l	Revenue,	Expe	nses, and Chan	ges	in Net Assets or Fu	ind Balances	(See pag	e 55 of the	e ins	structions.)
	1	Contribution	ns, gifts	, grants, and similar	anno	ounts received , ,	TRS 1	20 L'd			18,250
	2					nment fees and contra	cts 0314	2014	2	2	24,009
	3	_		and assessments			0309	2019	ئار) _	
	4	Investment	Incom	e , , , , , ,	. }				4		
	5а	Gross amo	unt fro	m sale of assets of	ther t	than inventory					
	b	Less: cost	or other	er basis and sales o	expe	nses: , , , , , ,	<u>5</u> b				
a	C	Gain or (loss	e) <u>.</u> 5	<u> </u>							
Ž	6	Special eve	ents and	l activities (attach so	cheldu	ule). If any amount is fro	m gaming, chec	k here 🕨			
Revenue	8	Gross reve	nue (ne	ot including \$	\- -	of contribu					
ď	1	reported of			.		<u>6a</u>				
	b	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a									
	C									C	
	7a										
	þ	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a									
	1									C	
	8 9					ic, 7c, and 8					42,259
_								-	1	<u>-</u>	42,238
	10	RECEI							1		
s	11									_	
ŝ	12	Salaries, other compensation, and errolloyee benefits Professional fees and other payments to independent contractors								3	
ě	13	Professional fees and other payments to independent contractors								4	
Expenses	14	Printing, publications, postage, and shipping								5	4,395
	16	Other expenses (describe Firewarks display, children's rides, DJ, insurance etc.								6	54,485
	17			Add lines 10 through						_	58,880
S	18									_	(16,621)
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9									
æ	'	end-of-vea	r figure	reported on prior	/ear	r's (return)	,, ooia,,,,, (, v,) (mast agre	1	9	32,213
<u>ड</u>	20	Other char	nges in	net assets or fund	bala	nc'es (attach explanatio	on) (no		20	0	
_	21	Net assets	or fun	d balances at end	<u>bi ye</u>	ar. Combine lines 18 ti	hrough 20		. > 2		15,592
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ									f Form 990-EZ.		
			(S	ee page 60 of the	nstri	uctions)		(A) Beg	nning of year	\perp	(B) End of year
22	2 Cast	h, savings, a	and Inv	estments ,					32,213	22	15,592
23		and buildly								23	
24				>						24	
25	Tota	. steres i						<u> </u>	32,213		15,592
26	Tota	i liabilities (describ	De ►		(D))			26	0
27 For	Priva-	4 Act and P-	und DB	k Reduction Asta	חטוסי	nn (B) must agree with	line 21)		32,213	27	15,592
		, ~~ and FE	IDOLANO!	r venneriou vet No	HCB, S	soo the separate instruc	tions.	Cat. No 1	06421		Form 990-EZ (2007) 1

Form	990-EZ (2007)							Р	2 egs	
	A III Statement of Program Service A	cccim	plishments (See page 60	of the Instruction	ns.)		Exper			
Wha	at is the organization's primary exempt purpo	se'i 1	To run annual township 4th of July festivities				(Required for 501(c)(3) and (4) organizations			
Des	cribe what was achieved in carrying out the or	roahlz	anization's exempt purposes. In a clear and concise manner, strenefited, or other relevant information for each program title.				and 4947(a)(1) trusts; optional for others.)			
	Evening program consisting of DJ, firework			innation for each p	rogram uno.	J Opin	J. 101		"	
28 .	evening program consisting of po, mework	in Pili	JW CLC.							
•						1	1			
	Grants \$) If this amour	nt Ircl	udes foreign grants, check	here	. ▶ □	28a		31	,447	
29 -	Morning/daytime program consisting of chi	ldren	's games, rides, softball g	ame etc.		1 1	ļ			
	***************************************					1 1				
7	Grants \$) If this amour		udes foreign grants, check	horo	. • 🗅	29a	l	27	3,429	
	Administrative expenses including insuran	CEL DO	ivertisina etc.	11010		200			,420	
50 .	V. C.									
_	**									
	Grants \$) If this amour	nt Incl	udes foreign grants, check			30a	-	4	,004	
	Other program services (attach schedule) .	· 		1 · · · · · ·		000				
	Grants \$) If this amount of the program service expenses. Add lines	28e ti	udes foreign grants, check	nere . , . ,	. 🕨 📮	31a 32		58	3.880	
	List of Officers, Directors, Trustees, and	liey	Employees (List each one ave	n if not compensate	d. See page 6		e instru			
	(A) Name and address		(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Comributio		(E)	Expension an		
		 	devated to position	enter -0)	deferred comper	isation	other	allowan		
Pet	er Eakley- President	-} • -	5		-	-	-			
Ed	Langley- Treasurer	 		0		_0			0	
.,77		· ••	2	0		0			0	
Ch	ris Swanson - Secretary		'				_ 			
		-	2	0		0			0	
	**************************************	ļ <i>-</i>			}	}				
Pa	rt V Other Information (Note the stal	timer	t requirement in Genera	I Instruction V.)				Yes	No	
33	Did the organization make a change in its a				es " attach a		T	703		
-	detailed statement of each change		sa bi iliottious oi conquetti				33_		/	
34	Were any changes made to the organizing	r gov	erning documents but not	reported to the IF	RS7 If "Yes,"			}		
	attach a conformed copy of the changes						34		<u> </u>	
35	If the organization had income from business act reported on Form 990-T, attach a statement expire					not				
A	Did the organization have unrelated business					and			الكومي	
_	proxy tax requirements?	. 9.00		o or occopy notice	, reporting,		35a		1	
b	if "Yes," has it filed a tax return on Form 90	0-T f	or this year?				35b			
36	Was there a liquidation, dissolution, termina	tion, c	r substantial contraction d	uring the year? If	"Yes," attac	ha	1	1		
270	statement		the second secon				36		<u> </u>	
	Enter amount of political expenditures, direction of the organization file Form 1120-POL for						37b			
	Did the organization borrow from, or make it									
	any such loans made in a prior year and etil	unpa	aid at the start of the period	d covered by this	return? .		38a		✓	
þ	If "Yes," attach the schedule specified in	ne line	38 instructions and enter	the amount	1					
20					<u> </u>		-			
39 a	501(c)(7) organizations. Enter: Initiation fees and capital contributions inclu-	ded o	n line 9							
_ <u>b</u>	Gross receipts, included on line 9, for public	use	of club facilities							
						Fo	m 990	-EZ	(2007)	

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Form 9	390-EZ (2007)	Page 3							
Par	t V Other Information (Note the staten	rent requirement in General Instruction V.) (Continued)							
	501(c)(3) organizations. Enter amount of tax im	posed on the organization during the year under: 2 ▶; section 4955 ▶							
		engage in any section 4958 excess benefit transaction during the ransaction from a prior year? If "Yes," attach an explanation							
	Enter amount of tax imposed on organization the year under sections 4912, 4955, and 4958	(· · ·) · · · · · · · · · · · · · · ·							
ď	Enter amount of tax on line 40c reimbursed by	by the organization							
Ð	All organizations At any time during the tax ye	ar, was the organization a party to a prohibited tax shelter							
	List the states with which a copy of this return is								
42a	The books are in care of R. Wells Ferdinal	Telephone no. ► (973) 376-3240							
	Located at > 56 Walnut Ave. Millburn, New	ZIP + 4 ▶ 07041							
b	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)?								
	If "Yes," enter the name of the foreign country	rly; >							
	See the instructions for exceptions and filing re	requirements for Form TD F 90-22.1.							
		organization maintain an office outside of the U.S.?							
	If "Yes," enter the name of the foreign counting								
43	Section 4947(a)(1) nonexempt charitable trusts	filing Form 990-EZ in lieu of Form 1041—Check here							
	Under penalties of perjury, I declare that I have a seand belief, it is true, correct paid complete. Digits	gruned this return, including accompanying schedules and statements, and to the best of my knowledge tration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Pleas		> '							
Sign	I W SIGNATURE DI ORICAT								
Here	R. Wells Ferdinand - current Treasu								
	Type or print name and title.	4 01							
Paid	Preparer's signature	Date Check if Preparer's SSN or PTIN (See Gen. Inst. X)							
Prepa		employed ▶ ☐							
Use O	INIY if self-employed), address, and ZiP + 4	Phone no. > (
		Form 990-EZ (2007)							