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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)

OMB No 1545-0047 Open to Public Inspection

Form **990** (2008)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2008 calendar year, or tax year beginning and ending MILLVILLE SR HIGH SCHOOL CLASS OF Please Check if applicable C Name of organization Employer identification number use IRS 65 SCHOLARSHIP FUND INC. Address change label or 22-3769364 Doing Business As Name change print or Number and street (or P O box if mail is not delivered to street address) Telephone number type. Room/suite Initial return See PO BOX 180 Specific Termination 644 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-NEW HOPE PA 18938 Amended return F Name and address of principal officer H(a) Is this a group return for Application pending PHILIP L. RUSSO affiliates? Are all affiliates included? 6145 GREENHILL ROAD NEW HOPE PA 18938 if "No," attach a list. (see instructions) X 501(c) Tax-exempt status 4947(a)(1) or 527 ◀ (insert no) Website: ► N/A H(c) Group exemption number ▶ Type of organization X Corporation Year of formation 2000 NJ Association M State of legal domicile Summary Part I Bnefly describe the organization's mission or most significant activities The Organization was formed to provide scholarships to worthy graduates Millville Senior High School in order to further their formal educat jun 1 8 higher institutions of learning. Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a STATUTES RECEIVED **b** Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Contributions and grants (Part VIII, line 1h) JUN 22 7015 Program service revenue (Part VIII, line 2g) 1,147 644 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 ACOUNT MANAGEMENT 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,147 644 750 500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 25 25 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 775 525 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 21,823 927 21 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 14 809 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block 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 officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer PHILIP RUSSO TREASURER Type or print name and title Preparer's identifying number Check if Preparer's Paid signature P00448689 employed Preparer's Zaman & Company, C.P.A 23-2631972 EIN Firm's name (or yours, ് Use Only 260 Knowles Ave Ste 334 if self-employed) Phone address, and ZIP + 4 Southampton, PA 215-357-2250 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		MILLVILLE SK HI			22-3/69364			Page 2
<u> </u>		tatement of Program Sente the organization's mission:	ervice Accompile	snments (see instru	ictions)			
		anization was fo	ormed to pr	ovide schola	rships to	worthv	graduates	of
		le Senior High						
		institutions of						•
					·			
2	Did the orga	nization undertake any significat	nt program services d	unng the year which were	not listed on		_	_
	the prior For	m 990 or 990-EZ?					Yes	X No
		cribe these new services on Scl						
3		nization cease conducting, or m	ake significant change	es in how it conducts, any	program			
	services?						∐ Yes	X No
		cribe these changes on Schedu						
4		e exempt purpose achievements						
		(c)(3) and 501(c)(4) organization				grants and		
	allocations	o others, the total expenses, and	revenue, ir any, ior e	ach program service repo	ortea			
42	(Code) (Expenses \$	ınc	luding grants of \$) (Revenue	<u> </u>	
	(0000) (Expended ϕ		rading granto or ψ		, (iterende	•	,
						•		
4b	(Code) (Expenses \$	inc	luding grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$	inc	luding grants of \$) (Revenue	\$)
				,				
	•			•				
								•
	Other progr	am services (Describe in Sched	lule O)					
-u	(Expenses		including grants of \$	500) (Revenue \$)	
40		am service expenses > \$			K, Line 25, column (E	3))		
	. can progr	am control organious		1aor oquar r urt iz	.,o, ooidiiii (L		r 0	90 (2008)

Part IV ' Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X	х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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? If "Yes," complete			
•	Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		<u> </u>
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		x	
12	Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return	11	^	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	• • • •	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	- 1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	4	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	\rightarrow	X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21 22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
-0	Schedule J	23	İ	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 questions		1	
	24b-24d and complete Schedule K. If "No," go to question 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				4=
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	3.		x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27]	х
	cassianiai commission, or to a person related to saon air individual. II 103, complete objectule L, F ait III		000	

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? 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 contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 7701-39 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, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		_X_
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		X

Form 990 (2008)

Pa	rt V ' Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				х
20	gaming (gambling) winnings to prize winners?	1 1	İ	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	0			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2a_	<u> </u>	2b		ĺ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			20		<u> </u>
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				ĺ
	this return?	,		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	опту				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk				
	and Financial Accounts.					ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ار		5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			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 provide goods or services in exchange for any quid pro quo contribution of more tha \$75?	ın		70		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.5		
•	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a		1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers					
	benefit contract?			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	ion				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	ring				
_	organization, have excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	الممدا	İ			
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				I
ь 11	Section 501(c)(12) organizations. Enter	100	L	 -{		l
a	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110				I
~	amounts due or received from them)	11ь				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	·	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		`		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
					Y	es	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	ie				ļ	
	circumstances, processes, or changes in Schedule O. See instructions.	1	1 _	l			
1a	Enter the number of voting members of the governing body	1a_	5				
b	Enter the number of voting members that are independent	1b	5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th				-	
	any other officer, director, trustee, or key employee?			2			X
3	Did the organization delegate control over management duties customanly performed by or under the dir	ect					
	supervision of officers, directors or trustees, or key employees to a management company or other personal supervision of officers.	on?		3		\Box	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	990 wa	s filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			_5	l_		X
6	Does the organization have members or stockholders?			_ 6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers					
	of the governing body?			7	a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	37		7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ng					
	the year by the following						
а	The governing body?			8	a 2	x [
b	Each committee with authority to act on behalf of the governing body?		~	8	ь 2	X	
9a	Does the organization have local chapters, branches, or affiliates?			9	a	T	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such char	ters.					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			9	ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organi	zation	S			\neg	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			1	اه		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed at			\top	\dashv	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			1	1		X
Sec	tion B. Policies						
					_	es	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			1:	2a 2	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	ive					
	rise to conflicts?			1:	2b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,					
	describe in Schedule O how this is done			1:	2c		X
13	Does the organization have a written whistleblower policy?			[_1	3		X
14	Does the organization have a written document retention and destruction policy?			1	4		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 d	ecisior	1			I	
а	The organization's CEO, Executive Director, or top management official?			1:	5a	Ī	X
b	Other officers or key employees of the organization?			1:	5b	\neg	X
	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	t				I	
	with a taxable entity during the year?			140	Sa	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	<u>.</u>					
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu					ı	
	the organization's exempt status with respect to such arrangements?			1,	_{БЬ}	Ť	
Sec	etion C. Disclosure				<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed None						_
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply.	. (0)(0	,				
	Own website X Another's website X Upon request						
10		المؤجد	ntoroo*				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conf	IICL OT I	nerest				
20	policy, and financial statements available to the public		-64				
20	State the name, physical address, and telephone number of the person who possesses the books and re	ecords	or the				
3.77	organization ▶ PHILIP RUSSO PO BOX 180) 7A 1	0030				
N.	EW HOPE	A	L8938				

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the or			(6	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	individual trustee of or director		Officer	_	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PHILIP RUSSO								_	_	_
TREASURER			├	X	L-			0	0	0
JAMES W. LAN PRESIDENT	GSDORF			x				o	o	o
YVONNE REITZ		-	┢	₽				0		<u> </u>
SECRETARY	1			x				0	o	0
		+	-							
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Par	rt ¥II Section A	. Officers, Directors, Trus	tees	, Ke	y En	ploy	yees	, an	d Highest Compensated E	mployees (continued)	
	(A) (B) (C) Name and title Average Position (check all that						(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
								_			
	·										
								Ĺ			
1b 2		viduals (including those in 1	a) wl	ho re	ceiv	ed m	nore i	than	\$100,000 in reportable con	l npensation from the	
	organization ► 0										Yes No
3 4 5	employee on line 1a' For any individual lis the organization and individual Did any person listed	? If "Yes," complete Schedu ted on line 1a, is the sum of	le J repo er th	for sortab an \$ ompe	uch i le co 150,0 ensat	ndivi impe 000? ion fi	idual ensat lf "Y rom a	ion 'es,"			3 X X 5 X
Sect 1	tion B. Independent Complete this table f		nsate	ed inc	dene	nder	nt coi	ntrac	ctors that received more that	n \$100,000 of	
	compensation from t	the organization (A) Name and business address						Γ		(B) otion of services	(C) Compensation
		Walle and business dedicas			-				2000.	NOTIFIC THE STATE OF THE STATE	Compensation
		, , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , _ ,									
2	Total number of inde	ependent contractors (includent the organization ►	ling t	hose	e in 1) wh	o red	eive	ed more than \$100,000 in		0
DAA											Form 990 (2008

Pa	rt V	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
άα	12	Federated campaigns 1a			revenue		512, 513, or 514
aut	h.u	Membership dues 1b					
₽Ë	c	Fundraising events 1c					
Program Service Revenue Contributions, gifts, grants	d	Related organizations 1d					
S, C		Government grants (contributions)					
isi	f	All other contributions, gifts, grants,					
至	-	and similar amounts not included above					
E B	g	Noncash contributions included in lines 1a-1f \$					
ပင်း	h	Total. Add lines 1a-1f	>				
9			Busn Code				
Ē	2a						
2	b			-			
<u> Ş</u>	c						
Sel	d						
a	е						
ğ	f	All other program service revenue					
<u>-</u>	g	Total. Add lines 2a–2f					
	3	Investment income (including dividends, interest	i, and				
		other similar amounts)	•	644	644		
	4	Income from investment of tax-exempt bond pro	ceeds 🕨				
	5	Royalties	<u></u>				
	_	· · · · · · · · · · · · · · · · · · ·	ersonal				
	6a	Gross Rents					
	D	Less rental exps					
	Ç	Rental inc or (loss)	•				
	d 7a	Net rental income or (loss) Gross amount from (i) Securities (ii)	Other				
		sales of assets	Other				
	b	other than inventory Less cost or other					
	b	basis & sales exps					
	С	Gain or (loss)					
	d	Net gain or (loss)	•			•	
		Gross income from fundraising events					
줮		(not including \$					
-ju		of contributions reported on line 1c)					
æ		See Part IV, line 18 a					
Other Revenue	b	Less direct expenses b					
ᅙ	С	Net income or (loss) from fundraising events	>				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		Less direct expenses b					
		Net income or (loss) from gaming activities	<u> </u>				
	10a	Gross sales of inventory, less	1				
		returns and allowances a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	D 0.4.				
	4.4	Miscellaneous Revenue	Busn. Code		ŧ		
	11a		<u> </u>		 		
	b		 				
	۲ C	All other revenue			 		
	d e	Total. Add lines 11a–11d					
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d	•				
	' -	9c, 10c, and 11e	i, oc, ▶	644	644	0	lo
				<u> </u>			

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	500	500		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				_
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	- · · ·			
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance				······
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	NJ ANNUAL CORP. REPORT	25		25	-
b					
С					
d					
9	All all an arrange				
f	All other expenses	525	500	25	
25	Total functional expenses. Add lines 1 through 24f	525	500	25	
26	Joint Costs. Check here I If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs			,	
	from a combined educational campaign and fundraising solicitation				

Form 990 (2008)

P	art)	K Balance Sheet							
		,			(A) Beginning of year		(B) End of y		
	1	Cash—non-interest bearing			3,314	1		3,40	2
	2	Savings and temporary cash investments				2	-		
	3	Pledges and grants receivable, net			-	3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, tru	stees,	key					
		employees, or other related parties. Complete Part II of Sci		=		5			
	6	Receivables from other disqualified persons (as defined un	der se	ection					
		4958(f)(1)) and persons described in section 4958(c)(3)(B)	Com	plete					
		Part II of Schedule L				6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			_
AS	9	Prepaid expenses and deferred charges	,			9			
	10a	Land, buildings, and equipment cost basis	10a						
	b	Less accumulated depreciation Complete				1			
		Part VI of Schedule D	10b			10c			_
	11	Investments—publicly traded securities			18,509	11	1	.7,38	
	12	Investments—other securities See Part IV, line 11				12		1,14	<u>0</u>
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets		ļ		14			
	15	Other assets See Part IV, line 11		ļ		15		1 00	_
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,823	16		1,92	<u>'</u>
	17	Accounts payable and accrued expenses			-	17			_
	18	Grants payable				18			_
	19	Deferred revenue	19_			_			
G	20 Tax-exempt bond liabilities 20 21 Engrow account liability. Complete Part IV of Schedule D								_
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		21			_		
	22	Payables to current and former officers, directors, trustees,	•						
		employees, highest compensated employees, and disquali	fied						
_		persons Complete Part II of Schedule L		}		22			_
	23	Secured mortgages and notes payable to unrelated third pa	arties			23			_
	24	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule D		•	14	24			_
	25 26	•			14	25 26			-
<u></u>	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X	and		7.3	-20			-
ces			j anu						
Balano	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			21,809	27	2	21,92	7
3al	28	Temporarily restricted net assets		ŀ	21,005	28		,	ŕ
9	29	Permanently restricted net assets		ł		29			_
Fund		Organizations that do not follow SFAS 117, check here	. • [7					-
F		and complete lines 30 through 34.	י ר	_					
3 or	30	Capital stock or trust principal, or current funds				30			
ett	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd	ľ	· 	31			_
Net Assets	32	Retained earnings, endowment, accumulated income, or o		nds	······································	32			_
t A	33	Total net assets or fund balances		,,,,,,	21,809			21,92	7
ž	34	Total liabilities and net assets/fund balances			21,823			21,92	
P	art)								_
								Yes N	0
1	Ac	counting method used to prepare the Form 990	ash	Accrual Ot	her				
28	a We	ere the organization's financial statements compiled or review	wed by	an independent accountan	t?		2a	X X	[
k		ere the organization's financial statements audited by an inde		•		2b	X	_	
•		Yes" to lines 2a or 2b, does the organization have a committ			oversight of				
		e audit, review, or compilation of its financial statements and			-		2c		
3	a As	a result of a federal award, was the organization required to	unde	go an audit or audits as set	forth in				
	the	e Single Audit Act and OMB Circular A-133?					_3a		<u>.</u>
t	o If "	Yes," did the organization undergo the required audit or audi	ıts?				3b		_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MILLVILLE SR HIGH SCHOOL CLASS OF 65 SCHOLARSHIP FUND INC.

Employer identification number 22–3769364

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type III-Functionally Integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ni) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col organization in col (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes No Yes No

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Schedule A (Form 990 or 990-EZ) 2008

4	Total. Add lines 1-3		:				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	,					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			631	754	644	2,029
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	[]			2,029
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year as	s a section 501(c)(3)	. –
	organization, check this box and stop here		<u> </u>	-			▶ <u> </u>
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	-				
14	Public support percentage for 2008 (line 6,	• • •		(f))		14	%
15	Public support percentage from 2007 Sche	, ,					77.1935 %
16a	33 1/3 % support test—2008. If the organi			3, and line 14 is 33 1	1/3 % or more, che	ck this box	. ┌
	and stop here. The organization qualifies a		-	40 11 47			P [_
b	33 1/3 % support test—2007. If the organi				s 33 1/3 % or more	e, check this	. [7
4-	box and stop here. The organization qualif		••				► X
1/a	10%-facts-and-circumstances test—200	•			•		
	more, and if the organization meets the "fac		·	•	•	V how the	▶ [
	organization meets the "facts-and-circumst		•		•		▶ ∟
b	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "far		·	•	•	V how the	. ┌
	organization meets the "facts-and-circumst Private foundation. If the organization did		•		•		₹ -
18							

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

	(Complete only if you che	cked the box	<u>on line 9 of Pai</u>	<u>t I.) </u>			
Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support	<u> </u>	·		1	<u></u>	<u> </u>
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>				
	and 12)	L	<u> </u>				
14	First five years. If the Form 990 is for the o	-	second, third, fourtl	n, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						▶∟
	tion C. Computation of Public Su					 	1 - · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2008 (line 8,	7.5	•	(f))		_ 15_	%
<u> 16</u>	Public support percentage from 2007 Sche						%
	tion D. Computation of Investme					 	
17 40	Investment income percentage for 2008 (lin		=	olumn (†))		17	%
18 40-	Investment income percentage from 2007 S		•	4 and he = 45	th 00 4/0 °/	18_	%
19a	33 1/3 % support tests—2008. If the organ						
h	17 is not more than 33 1/3 %, check this bo			-	• • •		
b	33 1/3 % support tests—2007. If the organine 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did				• • • •		

Schedule A (Form 990 or 990-EZ) 2008 MILLVILLE SR HIGH SCHOOL CLASS OF 22-3769364

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008 Open to Public Inspection

	of the organization	1	Employe	r identification nu	mber			
	ILLVILLE SR HIGH SCHOOL CLASS OF	22-3769364						
	5 SCHOLARSHIP FUND INC. Int I Organizations Maintaining Donor Advised Fundamental Control of the Control of th	 						
F ¢	ert I Organizations Maintaining Donor Advised Furthern the organization answered "Yes" to Form 990, F		ounts	s. Complete if				
		(a) Donor advised funds	(b)	Funds and other ac	counts			
1	Total number at end of year	- `` - · · · · · · · · · · · · · · · · ·						
2	Aggregate contributions to (during year)							
3	Aggregate grants from (dunng year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised						
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		Yes	☐ No			
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds may be						
	used only for charitable purposes and not for the benefit of the donor or of	donor advisor or other			_			
	ımpermissible private benefit?			Yes	No_			
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 9	<u> }90, P</u> a	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply).						
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically import	tant land	l area				
	Protection of natural habitat	Preservation of certified historic stru	cture					
	Preservation of open space							
2	Complete lines 2a–2d if the organization held a qualified conservation co	ntribution in the form of a conservation easen	nent					
	on the last day of the tax year		······					
				Held at the End	of the Year			
a	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	4-4-7-	2b					
С.	Number of conservation easements on a certified historic structure included the conservation of the structure included the structure inclu		2c					
a	Number of conservation easements included in (c) acquired after 8/17/06		2d					
3	Number of conservation easements modified, transferred, released, extir	nguisned, or terminated by the organization di	unng					
	the taxable year	rated •						
4 5	Number of states where property subject to conservation easement is loc Does the organization have a written policy regarding the periodic monitor							
3	enforcement of the conservation easements it holds?	ming, inspection, violations, and		Yes	□ No			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ea			- -				
8	Does each conservation easement reported on line 2(d) above satisfy the							
•	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes	□ No			
9	In Part XIV, describe how the organization reports conservation easemen	nts in its revenue and expense statement, and	d					
	balance sheet, and include, if applicable, the text of the footnote to the or	•						
	the organization's accounting for conservation easements	·						
Pa	organizations Maintaining Collections of Art,		nilar 🗚	Assets.				
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116, not to report in							
	art, historical treasures, or other similar assets held for public exhibition,	•	c service	е,				
	provide, in Part XIV, the text of the footnote to its financial statements that	at describes triese items						
h	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and halance check works	of art					
ט	historical treasures, or other similar assets held for public exhibition, edu		-					
	provide the following amounts relating to these items	oation, or research in futurerance of public se	· vice,					
	(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 treasures, or o	ther similar assets for financial comparavidad	the	Ф— — —				
2	following amounts required to be reported under SFAS 116 relating to the	• ',	ii ie					
•	Revenues included in Form 990, Part VIII, line 1	coc remo	.	· \$				
a b	Assets included in Form 990, Part X	•	•	*				
	,			<u>*</u>				
For	Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Fo	rm 990) 200			

		SR HIGH SCH			769364	Page 2
Pa	rt III 🕚 Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Asse	ts (continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of the f	following that are a sign	gnificant use of its c	ollection	
а	Public exhibition	d Loan	or exchange program	ns		
b	Scholarly research	e 🗌 Othe				
С	Preservation for future generations	_				-
4	Provide a description of the organization's coll- Part XIV	ections and explain how th	ney further the organia	zation's exempt purp	oose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	ne organization's colle	ection?		Yes No
Pa	Trust, Escrow and Custod Part IV, line 9, or reported a	-	•		red "Yes" to Fo	orm 990,
1a	Is the organization an agent, trustee, custodial	n or other intermediary for	contributions or other	r assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Compl	ete if organization a	nswered "Yes" to	o Form 990, Pa	rt IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years t	back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Investment earnings or losses					
đ	Grants or scholarships					
θ	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end balance held as				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization tha	at are held and admin	stered for the		
	organization by	•				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sche	dule R?			3b
	Describe in Part XIV the intended uses of the					<u> </u>
Pa	rt VI Investments—Land, Buildi	ngs, and Equipmer	t. See Form 990	0, Part X, line 1	0.	
	Description of investment	(a) Cost or other basis	(b) Cost or of		Depreciation	(d) Book value
		(investment)	basis (othe	r)		
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment				1	
	Other		<u> </u>			
	Add lines 1a-1e (Column (d) should equal Fo	orm 990 Part X column (F	3) line 10(c))	1		

Schedule D (Form 990) 2008 MILLVILLE SR HIGH SCHO		22-3769364	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests	1 140		
Other _ UNREALIZED GAIN/LOSS ON INVEST	1,140		
			
		·	
		- · · · · · · · · · · · · · · · · · · ·	
		.	
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,140		
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
			·····
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description	 -	(b) Poo	de control
(a) Description	·	(b) Boo	- value
			
	·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
Federal income taxes			
	 		
	 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV, provide the text of the footnote to the organization's financial statem	nents that reports the organiza	ation's liability for	
uncertain tax positions under FIN 48			

	dule D (Form 990) 2008 MILLVILLE SR HIGH SCHOOL CLASS			54	Page 4
	rt XI · Reconciliation of Change in Net Assets from Form 990 to F	ınan	icial Statements	1	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities		5		
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			10	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 **T XII Reconciliation of Revenue per Audited Financial Statement	to W	ith Payanua par Pat		L
<u> </u>	Total revenue, gains, and other support per audited financial statements	12 AA	itii Kevenue per Kei	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-	
a	Net unrealized gains on investments	2a			
a b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIV)	4b	· · · · · · · · · · · · · · · · · · ·	1	
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Statemer	nts V	Vith Expenses per F	Return)
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	<u></u>		
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
0	Add lines 2a through 2d			2ө	
3	Subtract line 2e from line 1			3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		· · · · · · · · · · · · · · · · · · ·	5	
	rt XIV Supplemental Information				
•	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines		d 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	4b			
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization MILLVILLE SR HIGH SCHOOL CLASS OF 65 SCHOLARSHIP FUND INC.

Employer identification number 22-3769364

Form 990, Part III, Line 4d - All Other Achievements

Scholarship Recipients are chosen by a committee establish

-ed by the Millville (NJ) Public School District Based

upon the criteria established by the entity's Board of

Directors.