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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-E7. A See seen

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.						ons.		Open to Public Inspection				
Name of the organization							1 1		tion number			
Joseph Doyle Memorial Scholarship Fund 13 419												
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: (For lines 1 through 11, check only one box.) 1												
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).												
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
5 🔲 An organizatl												
6 A federal, sta	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 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	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 An organization that normally receives: (4) more than 331/5 % 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 331/5 % 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 organizati	on organized a	nd operated exclusiv	ely to tes	t for pub	lic safety	. See see	tion 509	(a)(4).				
11	ion organized a	and operated exclusion	vely for t	he benef	it of, to	perform 1	the funct	ions of, c	or to carry out the			
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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.												
a ☐ Type i]Type II (с 🗆 Тур	e III-Fun	ctionally	integrate	d		Type III-Other			
e U By checking	this box, I cen	tify that the organiza	tion is no	ot control	lled direc	tly or in	directly b	y one or	more disqualified			
persons other	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).											
			ion from	the IDS	that it is	a Time	l Timo II	l ar Tima	. III augandina			
organization,	If the organization received a written determination from the IRS that it is a 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 following persons?											
(i) A person	who directly o	r indirectly controls, o	elther alo	ne or tog	ether wi	th person	is descri	bed in (ii)	Yes No			
and (iii) be	(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?											
		rson described in (i)							11900			
(III) A 35% co	introlled entity	of a person described ation about the supplementation	or in (i) or	(ii) above	17				[11g(面)]			
(i) Name of supported	(iii) EIN	(iii) Type of organization		arrization organization		nu notifi	1 60	h tha	(viii) Amount of			
organization		(described on lines 1-9 above or IRC section	in col. (i) listed in your the organization in			(vi) is the organization in col. (i) organization in the		support				
		(see instructions))	governing	OOCUMENT?		of your port?		sed in the				
			Yes	No	Yes	No	Yes	No				
1			ļ	()				()				
				-								
							 					
					-	-						
			-	 	<u> </u>	 -	 -					
				<u> </u>								
Total			{		}	}	}	1				

_	dule A (Form 990 or 990-EZ) 2009 Support Schedule for Org (Complete only if you check	anizations (Described in	Sections 17	O(b)(1)(A)(iv)	and 170(b)(Page 2 1)(A)(vi)	
Sec	tion A. Public Support	<u></u>	<u> </u>	or or reacti	·/			
Ca	llendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge				:			
4	Total. Add lines 1 through 3		 -				L	
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). Public support, Subtract line 5 from line 4.							
Sec	tion B. Total Support						'	
Ca	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2008	(c) 2007	(d) 2008	(e) 2009	(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							
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 ,		L					
12	Gross receipts from related activities, etc.	<i>.</i>	12					
13	First five years. If the Form 990 is for to organization, check this box and stop her	<u>re</u>	<u> </u>	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)	
Sec	tion C. Computation of Public Sup	port Percei	ntage					
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))						%	
15	Public support percentage from 2008 Sch		15	%				
16a	331/4 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box							

Schedule A (Form 990 or 990-EZ) 2009

33%% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 890 or 990-EZ) 2009

0425867059 Aug. 26, 2010 LTR 2695C 0 R 13-4191567 200912 67 00015647

JOSEPH DOYLE MEMORIAL SCHOLARSHIP FUND 4 LAILA COURT MONROE NJ 08831



DECLARATION .

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the hest of my knowledge and helief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Title

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B. 014