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CISLN2W9LQ

'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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization						1	⊏mptoyer	demuticati		F	
THE MILLENNIUM FUI		24 504.4 44.0					<u> </u>		148699		
		arity Status (All org						estruction	ns.		
The organization is not	•	=		•		•	•				
=	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
=				-		470/51/41/	/ A \ /!!!!\				
==	•	ospital service organi							- -4	44	
hospital's na	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										
	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.)										
6 A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n sectio r	170(b)(1	1)(A)(v).				
		y receives a substanti (1)(A)(vi). (Complete I		its suppor	t from a g	jovemme	ntal unit o	or from the	e genera	al publ	ic
_		in section 170(b)(1)(•	omplete f	Part II.)						
		y receives: (1) more th		-	-	om contri	ibutions. a	nembersi	hip fees.	and c	ıross
receipts from support from	n activities relate ngross investme	ed to its exempt function and unrelated the second end unrelated to the second end unr	ons—subj ted busini	ect to cer ess taxabl	tain exce _l le income	ptions, an (less sec	d (2) no ration 511	nore thar	33 1/3	% of it	-
	-	after June 30, 1975. Ind operated exclusive		~		-	•	4).			
	-	nd operated exclusive		=	-				v out th	e	
		blicly supported organ									on
	_	at describes the type of	f support	ing organi	ization an	d comple	te lines 1	1e throug	jh 1 1h .		
a 🔀 Type	·! b 🔙	Type II c	Тур є	: III—Fund	tionally in	ntegrated		d 🔲 1	Гуре III-	-Other	
e By checking	this box, I certif	y that the organization	is not co	ntrolled d	irectly or i	indirectly	by one or	more dis	qualified	5	
persons other	er than foundation	on managers and other									ion
509(a)(1) or	section 509(a)(2	2).									
		a written determination	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	oorting		_
	, check this box										<u>X</u>
g Since Augus following per		the organization acce	pted any	gitt or con	itribution 1	from any	of the				
		or indirectly controls,	either alo	ne or toge	ther with	noreone i	described	Lin (ii)		Yes	No
• • • • •		eming body of the su							11g(i)	128	X
-	-	person described in (i		_					11g(ii)		X
		y of a person describe							11g(iii)		Х
h Provide the	following informa	ation about the suppor			<u> </u>	· · · · · · · · · · · · · · · · · · ·					
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify		Is the		Amoun support	
organization		above or IRC section		document?			organization in col (i) organized in the		Jappon.		
		(see instructions))				port?		S?	4		
			Yes	No	Yes	No	Yes	No	 		
WINSTON-SALEM FO	56-6037615	7		×	1	×	×	1	1		O
						1	<u> </u>	ļ	 		
	ļ_~		<u> </u>				ļ <u>.</u>	<u> </u>	<u> </u>		0
				ļ							0
Total											
			<u> </u>		<u> </u>						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. (ATH)

Schedule A (Form 990 or 990-EZ) 2009

Schedu	ele A (Form 990 or 990-EZ) 2009 THE MILLENNI					30-0148699	
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)							
	ion A. Public Support	4-3-0005				4) 0000 T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					ļ	
	membership fees received. (Do not	1				1	
	include any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's	ļ					
	benefit and either paid to or expended on					1	
	its behalf	0	0				0
3	The value of services or facilities	ì				}	
	furnished by a governmental unit to the	į					
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						•
	person (other than a governmental unit			ļ		l l	
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	ĺ					
e	Public support. Subtract line 5 from line 4.				,		0
Sect	ion B. Total Support	<u> </u>		LL		<u> </u>	_
	andar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	0	0		0	0	
7 8	Gross income from interest, dividends,	├ 				<u> </u>	0
0	payments received on securities loans,	Į Į					
	rents, royalties and income from similar]]		l i	
	sources	اه	0				0
9	Net income from unrelated business	<u>~</u>					
	activities, whether or not the business is			ĺ			
	regularly carried on						0
10	Other income. Do not include gain or	Ì]	
	loss from the sale of capital assets	l <u>-</u> i				1	_
	(Explain in Part IV.)	0	0				0
11	Total support. Add lines 7 through 10.	[\	<u> </u>		40	0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	rganization's tir	st, second, thi	ra, tourth, or titt	in tax year as	a section 501(c)	(3)
	organization, check this box and stop here		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · ·	· · · • []
	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6,					14	0 00%
15	Public support percentage from 2008 Sched						0.00%
16a							
	and stop here. The organization qualifies a						
ь	33 1/3% support test-2008. If the organization and step here. The organization qualification and step here.						
472	box and stop here. The organization qualifit 10%-facts-and-circumstances test-2009.		• • •				
17a		_					
	or more, and if the organization meets the "the organization meets the "facts and circum						
þ	the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%						
P							
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .						
4.5			_				
18	Private foundation. If the organization did not ch	neck a box on line	13, 1 6a, 16b, 1	1/a ,or 17b, chec	k this box and s	e instructions	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2009

Sched	ule A (Form 990 or 990-EZ) 2009 THE MILLENNIL	JM FUND				30-014	8699	Page 3	<u>}</u>
Par	III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)					_
	(Complete only if you checked to	he box on line	9 of Part I.)						_
Sect	ion A. Public Support								-
Çale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	-
1	Gifts, grants, contributions, and						$\neg \Gamma$		-
•	membership fees received. (Do not	İ	1						
	include any "unusual grants.")	اه	ol				- 1	•)
	• • •		— —						_
2	Gross receipts from admissions, merchandise		ì	i)			<u>}</u>		
	sold or services performed, or facilities furnished								
	in any activity that is related to the	ا			1	1	- 1		
	organization's tax-exempt purpose	<u> </u>	0						2
3	unrelated trade or business under section 513	, i				· 	- {	,	
4	Tax revenues levied for the organization's						+		<u>)</u>
-	benefit and either paid to or expended on	,			ļ		Į.		
	its behalf	o	0)
5	The value of services or facilities						-		<u>-</u>
•	furnished by a governmental unit to the	ĺ		J					
	organization without charge	0	. 0				- }		<u>)</u>
6	Total. Add lines 1 through 5	ol	0	0	0		o		5
	Amounts included on lines 1, 2, and 3						┪		<u>-</u>
•	received from disqualified persons	1					Ì)
	• •								-
p	Amounts included on lines 2 and 3 received	}		1			- 1		
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the	\ \		į į		ļ		,	_
•	amount on line 13 for the year	0			0		-		<u>0</u>
с 8	Public support (Subtract line 7c from	<u>'</u>	0	0			-박-	<u></u>	<u>,</u>
	line 6)	1			l		- 1		0
Sec	tion B. Total Support	<u> </u>			L	L		· — '	<u>-</u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	<u>. </u>	(f) Total	-
	• • • • •							10) TOTAL	-
9	Amounts from line 6	0	0	0	0		_0_		0
10a	Gross income from interest, dividends,	[[
	payments received on securities loans,]							
	rents, royalties and income from similar			i					_
ь	sources	 					-+-		<u>2</u>
	section 511 taxes) from businesses				•				
	acquired after June 30, 1975	1					ì		0
c	Add lines 10a and 10b	0	0	0	0		0		5
11	Net income from unrelated business	 							<u>-</u>
-	activities not included in line 10b,	1			,	İ			
	whether or not the business is regularly	\					- }		
	carried on						}_		0
12	Other income. Do not include gain or						\Box		_
	loss from the sale of capital assets	}					ł		
	(Explain in Part IV.)		0						0
13	Total support. (Add lines 9, 10c, 11,					ļ			
	and 12.)		0	0			0		<u>0</u>
14	First five years. If the Form 990 is for the or	~	•	•	•				7
	organization, check this box and stop here .		• • • • •	<u> </u>	<u> </u>	<u> </u>	<u> </u>	· · · ▶ L	۲
<u>Sec</u>	tion C. Computation of Public Support					, _			_
15	Public support percentage for 2009 (line 8, c	• • •	•			15		0 00%	<u>6</u>
16	Public support percentage from 2008 Sched			<u> </u>	<u> </u>	16		0.009	6
Sec	tion D. Computation of Investment Inc					·			_
17	Investment income percentage for 2009 (line					17		0.009	_
18	Investment income percentage from 2008 Sc					18		0 009	6
19a									۰,
_	not more than 33 1/3%, check this box and s	-	-	-		_		▶ ∟	لـ
b	33 1/3% support tests-2008. If the organization of								7
	line 18 is not more than 33 1/3%, check this box a	•		· ·		_		▶ 📙	긕
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instruc	tions	▶ [_	⅃

	990 or 990-EZ) 2009 THE MILLENNIUM FUND	30-0148699 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instructions.
	•••••••••••••••••••••••••••••••••••••••	
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0425874015 Oct. 26, 2010 LTR 2694C 0 R 30-0148699 200912 67 00015717

THE MILLENNIUM FUND % THE WINSTON-SALEM FOUNDATION 100 N MAIN ST WINSTON SALEM NC 27101



DECLARATION

017933

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 best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

12-1-10

Date

Title

CIS IMAGE- Do not correspond for signature