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Short Form  
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 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning AUG 1, 2009 and ending JUL 31, 2010

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization <b>THE MILLHILL FOUNDATION, INC</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>101-A OAKLAND ST</b> City or town, state or country, and ZIP + 4 <b>TRENTON, NJ 08618</b>	D Employer identification number <b>22-3828387</b>
	Room/suite	E Telephone number <b>609 989-7333</b>
		F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **371,086.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	116,798.
2 Program service revenue including government fees and contracts	2	224,271.
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a	30,017.
a Gross revenue (not including \$ <b>27,426.</b> of contributions reported on line 1)	6b	41,093.
b Less: direct expenses other than fundraising expenses	6c	<11,076. >
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► )	9	329,993.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	90,000.
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	81,744.
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	153,461.
16 Other expenses (describe ► )	17	325,205.
17 Total expenses. Add lines 10 through 16	18	4,788.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	90,936.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	95,724.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		105,114.	22 103,966.
23 Land and buildings		664,778.	23 641,105.
24 Other assets (describe ► )	SEE STATEMENT 2 )	20,981.	24 1,202.
25 Total assets		790,873.	25 746,273.
26 Total liabilities (describe ► )	SEE STATEMENT 3 )	699,937.	26 650,549.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		90,936.	27 95,724.

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 RENTAL EXPENSES OF BUILDINGS RENTED TO AN AFFILIATED  
NON-PROFIT FOR A FAMILY DEVELOPMENT AND DAY CARE CENTER

(Grants \$  If this amount includes foreign grants, check here ►  28a 164,073.

29 SEE STATEMENT 6

(Grants \$  ) If this amount includes foreign grants, check here  29a 90,000.

30

(Grants \$  ) If this amount includes foreign grants, check here ►  30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here  31a

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**32 Total program service expenses (add lines 28a through 31a)**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

List each one even if not compensated (see two instructions for Part IV)

## Part.V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

Yes	No
33	X
34	X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

35a	X
35b	N/A

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

36	X
37b	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

40b	X
40c	0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ► NJ

42a The organization's books are in care of ► CYNTHIA OBERKOFLER Telephone no. ► (609) 989-7333  
 Located at ► 101 OAKLAND STREET, TRENTON, NEW JERSEY ZIP + 4 ► 08618

Yes	No
42b	X

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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►

42c	X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

Yes	No
43	N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ (2009)

## Part.VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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 Yes  No   
46  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes  No   
47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes  No   
48  X

49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization a section 527 organization? Yes  No   
49a  X  
49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." Yes  No

(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

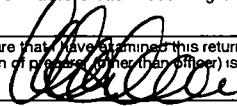
f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

**NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

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 officer) is based on all information of which preparer has any knowledge		
	► Signature of officer 	Date 6/2/2011	Type or print name and title Steven K. Rosen Treasurer
Paid Preparer's Use Only	Preparer's signature Thomas Martin	Date 5/23/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KLATZKIN & COMPANY, LLP ► 1670 WHITEHORSE HAMILTON SQ RD HAMILTON, NJ 08690-3513		Preparer's identifying number (See instr) EIN ► Phone no. 609 890-9189

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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-EZ. ► See separate instructions.

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**Name of the organization**

**Employer identification number**

22-3828387

THE MILLHILL FOUNDATION, INC.

22-3828387

**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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/> 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.

**Yes** **No**

11a(i) Yes No

Fig(i)

Fig (ii)

Total

**LHA For Privacy Act and Paperwork Reduction Act Notice:** See the instructions for Form 990 or 990-EZ.

**Schedule A (Form 990 or 990-EZ) 2009**

**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)

**Section A. Public Support**

Calendar 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")	17,908.	147,961.	134,031.	232,511.	116,798.	649,209.
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	17,908.	147,961.	134,031.	232,511.	116,798.	649,209.
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)						108,870.
6 Public support. Subtract line 5 from line 4						540,339.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	17,908.	147,961.	134,031.	232,511.	116,798.	649,209.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					41.	41.
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						649,250.
12 Gross receipts from related activities, etc (see instructions)				12	1,323,990.	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 83.23 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 80.12 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 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 ►

b 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% 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 ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8. Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
<b>19a 33 1/3% support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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Name of the organization

Employer identification number  
22-3828387

THE MILLHILL FOUNDATION, INC

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>MISSION POSSIBLE</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	47,625.			47,625.
2 Less: Charitable contributions	27,426.			27,426.
3 Gross income (line 1 minus line 2)	20,199.			20,199.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	199.			199.
6 Rent/facility costs				
7 Food and beverages	9,524.			9,524.
8 Entertainment				
9 Other direct expenses	25,673.			25,673.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 35,396 )
11 Net income summary. Combine line 3, column (d), and line 10				► <15,197. >

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue			9,818.	9,818.
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses			5,697.	5,697.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( 5,697 )
8 Net gaming income summary. Combine line 1, column (d), and line 7				► 4,121.

9 Enter the state(s) in which the organization operates gaming activities: NJ

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

\_\_\_\_\_

9a	X
10a	X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

\_\_\_\_\_

11	X
12	X

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in.

a The organization's facility  
b An outside facility

	Yes	No
13a	%	
13b	100.00 %	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► CYNTHIA OBERKOFLER

Address ► 101-A OAKLAND STREET - TRENTON, NJ 08618

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 9,818. and the amount of gaming revenue retained by the third party ► \$ 4,600.

c If "Yes," enter name and address of the third party:

Name ► TUMBLING DICE, INC

Address ► 13 ROUTE 530 - SOUTHAMPTON, NJ 08088-1640

16 Gaming manager information:

Name ► CYNTHIA OBERKOFLER

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► MS. OBERKOFLER'S RESPONSIBILITY IS LIMITED TO RECORD KEEPING, MONEY COUNTING, AND BANK DEPOSITS. THE THIRD PARTY IS RESPONSIBLE FOR THE HIRING/FIRING OF WORKERS.

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

## THE MILLHILL FOUNDATION, INC

22-3828387

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION			AMOUNT
SITE ASSESSMENT			4,092.
UTILITIES			27,190.
TRASH REMOVAL			10,992.
INDIRECT FUNDRAISING EXPENSES			5,734.
REAL ESTATE TAXES			5,083.
SECURITY			3,474.
BANK CHARGES			1,785.
PEST SERVICES			2,346.
LAWN MAINTENANCE/SNOW			3,745.
INSURANCE			1,115.
DUES AND SUBSCRIPTIONS			843.
CORPORATE FILING FEES			175.
SUPPLIES			4,471.
TRAVEL/MEETING EXPENSE			1,732.
BOARD OF DIRECTORS MEETINGS			165.
INTEREST			42,638.
DEPRECIATION			30,206.
REPAIRS			7,675.
TOTAL TO FORM 990-EZ, LINE 16			153,461.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION			BEG. OF YEAR
MORTGAGE ACQUISITION COSTS			340.
PLEDGES RECEIVABLE			19,889.
PREPAID EXPENSES AND DEFERRED CHARGES			752.
TOTAL TO FORM 990-EZ, LINE 24			20,981.
			1,202.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION			BEG. OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES			48,073.
MORTGAGE PAYABLE			651,864.
TOTAL TO FORM 990-EZ, LINE 26			699,937.
			650,549.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRANTS- MEDICAL HOME LINK, TRENTON PEERS	RELATED EXEMPT ORGANIZATION	90,000.
MILLHILL CHILD & FAMILY DEVELOPMENT 101 OAKLAND STREET TRENTON, NJ 08618		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		90,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

GRANTS FOR OPERATING EXPENSES OF FAMILY SUPPORT PROGRAMS INCLUDING \$25,000 AWARDED TO MEDICAL HOME LINK-A PROGRAM DESIGNED TO PROMOTE HEALTHY EARLY CHILDHOOD DEVELOPMENT FOR AT RISK CHILDREN, \$50,000 AWARDED TO TRENTON PEERS- A PROGRAM DESIGNED TO TEACH TEENAGERS AND PRE-TEENS IN THE TRENTON COMMUNITY ANGER MANAGEMENT, SEXUAL RESPONSIBILITY, AND VIOLENCE PREVENTION SKILLS, AND \$15,000 FOR TRANSPORTATION OF CHILDREN TO SCHOOL.

THE MILLHILL FOUNDATION IS DEDICATED TO THE DEVELOPMENT OF PARTNERSHIPS WITH FAMILIES TO SUPPORT THEIR EFFORTS TOWARD FULFILLING THEIR UNIQUE POTENTIAL. THE CORPORATION ACCOMPLISHES ITS GOALS THROUGH THE SUPPORT OF PROGRAMS DIRECTED AT EARLY CARE AND EDUCATION, TEENAGERS AND YOUNG ADULTS AND THERAPEUTIC SUPPORT FOR FAMILIES.

PBC

MINIMUM FOUNDRYATION

## SCHEDULE OF PROPERTY & EQUIPMENT

תְּהִלָּה וְתִּבְרָא בְּבָנָה וְבְּבָנָה

1/2 YEAR EXPENDED IN YEAR OF PURCHASE							DEPR EXP	ACCUM DEPR	DEPR EXP	ACCUM DEPR
DATE	DESCRIPTION	COST	METHOD LIFE	BASIS	7/31/09	7/31/09	7/31/10	7/31/10	7/31/10	
12/31/02 Building		540,872	S/L	30	540,872	18,029	118,691	18,029	136,720	
12/31/02 Land		115,050	NA	115,050	0	0	0	0	0	
<b>Building Improvements</b>										
12/31/03 Heating Units (Bldg A)		15,401	S/L	15	15,401	1,027	5,647	1,027	6,674	
4/27/04 Playground		50,000	S/L	20	50,000	2,500	13,125	2,500	15,625	
<b>Subtotal FYE 7/04</b>		<b>65,401</b>			<b>65,401</b>	<b>3,527</b>	<b>18,772</b>	<b>3,527</b>	<b>22,299</b>	
2/27/07 Brophy-B upper roof replaced		25,612	S/L	20	25,612	1,281	3,202	1,281	4,482	
2/27/07 Brophy-B lower roof repaired		6,263	S/L	4	6,263	1,566	3,914	1,566	5,480	
3/22/07 FSP-heating system Bldg B		27,037	S/L	15	27,037	1,802	4,506	1,802	6,309	
4/30/07 Clinton-Hot H2O Heaters a&b		2,650	S/L	10	2,650	265	663	265	928	
5/18/07 Brophy-C roof repaired		3,809	S/L	4	3,809	952	2,381	952	3,333	
<b>Subtotal FYE 7/07</b>		<b>65,371</b>			<b>65,371</b>	<b>5,866</b>	<b>14,655</b>	<b>5,866</b>	<b>20,531</b>	
11/16/09 Baseboard heating & sub panel		6,419	S/L	15	6,419	0	0	214	214	
<b>Subtotal FYE 7/10</b>		<b>6,419</b>			<b>6,419</b>	<b>7,083</b>	<b>17,708</b>	<b>7,297</b>	<b>214</b>	
<b>Total</b>		<b>(A)137,191</b>			<b>137,191</b>	<b>9,393</b>	<b>33,437</b>	<b>9,607</b>	<b>43,044</b>	
<b>Equipment</b>										
7/31/07 Dell Laptop- T. Romans		2,250	S/L	5	2,250	450	1,125	450	1,575	
9/30/08 Toddler Playground		30,090	S/L	15	30,090	1,003	1,003	2,006	3,009	
		<b>32,340</b>			<b>32,340</b>	<b>1,453</b>	<b>2,128</b>	<b>2,456</b>	<b>4,584</b>	
<b>Amortization</b>										
11/19/07 Loan Fees		4005	S/L	20	4005	0	4,005	0	4,005	
11/19/07 Loan Fees		568	S/L	5	568	114	227	114	341	
<b>Total</b>		<b>28,988</b>			<b>158,489</b>		<b>30,205</b>		<b>188,694</b>	

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>THE MILLHILL FOUNDATION, INC</b>	Employer identification number <b>22-3828387</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions. <b>101-A OAKLAND ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TRENTON, NJ 08618</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**CYNTHIA OBERKOFLER**

- The books are in the care of ► **101 OAKLAND STREET, TRENTON, NEW JERSEY - 08618**  
Telephone No. ► **(609) 989-7333** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until <b>MARCH 15, 2011</b> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► <input type="checkbox"/> calendar year _____ or ► <input checked="" type="checkbox"/> tax year beginning <b>AUG 1, 2009</b> , and ending <b>JUL 31, 2010</b> .	
2	If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.

A small black triangle pointing right, followed by a square containing an 'X'.

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing your return. See instructions	Name of exempt organization  <b>THE MILLHILL FOUNDATION, INC</b>	Employer identification number  <b>22-3828387</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>101-A OAKLAND ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>TRENTON, NJ 08618</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. **Watkinson and Company, CPAs**

Signature ► Thomas Martin

Signature  Date 

panying schedules and statements,  
**Metzger and Company, C.P.A.S.**

#21-9650289 09680

Date ► 2/14/11

Form 8868 (Rev. 1-2011)