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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,308.53	22 40,716.22
23 Land and buildings	0.00	23 0.00
24 Other assets (describe in Schedule O)	0.00	24 0.00
25 Total assets	43,308.53	25 40,716.22
26 Total liabilities (describe in Schedule O)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,308.53	27 40,716.22

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

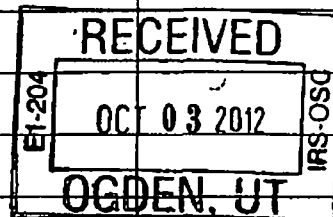
Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **CARING FOR NEEDY FAMILIES IN MADISON**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	COLLECT FUNDS THROUGH THE NEWSPAPER TO BUY CLOTHING AND TOYS FOR CHILDREN IN 80 FAMILIES THAT HAVE QUALIFIED FOR OUR PROGRAM AT CHRISTMAS AND THROUGHOUT THE YEAR. (Grants \$ 19,987.64) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	19,987.64
29	FOOD CERTIFICATES (Grants \$ 10,191.00) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	10,191.00
30	 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	30,178.64

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

Check if the organization used Schedule O to respond to any question in this Part IV ☐[illegible]

CIS4H5BDQL

0425869705
July 13, 2012 LTR 2695C 0 R
52-1687732 201112 67
00025670

MADISON EAGLE CHRISTMAS FUND
155 MAIN ST
PO BOX 160
MADISON NJ 07940



DECLARATION

043833

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.

Jay A. Lynch
Signature of officer or trustee

9/9/12
Date

Secretary/Treasurer
Title