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- 990-EZ

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)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public

Inspection Department of the Treasury at the end of the year may use this form. Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning September 1 August 31 , 2012, and ending , 20 B Check if applicable C Name of organization D Employer identification number Address change Millburn Short Hills Fourth of July Committee Inc. 222616646 Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return (973) 652-2891 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Short Hills, New Jersey 07078 Application pending G Accounting Method ✓ Cash Accrual H Check ▶ ☐ If the organization is not Other (specify) ▶ I Website: ▶ www.mshjuly4th.com required to attach Schedule B (Form 990, 990-EZ, or 990-PF) ☐ 527 K Check > _ _ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 53,415 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I $\overline{\mathbf{V}}$ Contributions, gifts, grants, and similar amounts received 25,581 2 Program service revenue including government fees and contracts 2 28,599 3 Membership dues and assessments. 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 54,180 10 Grants and similar amounts paid (list in Schedule O), 10 Benefits paid to or for members . . 11 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance NOV. 13 13 14 14 15 Printing, publications, postage, and shipping . 15 4,709 16 Other expenses (describe in Schedule O) . . . 16 51,184 17 Total expenses. Add lines 10 through 16 17 55,893 18 Excess or (deficit) for the year (Subtract line 17 from line 9 18 (1,713)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 32,894 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 31,181

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Cat No 10642I

	0-EZ (2012)	f D- (II)				Page 2
[^] Part	Balance Sheets (see the instructions Check if the organization used Schedu		ov avaction in this	Dort II		
	Check if the organization used Schedu	ie O to respond to a	ly question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .			32,894	 	31,181
23	Land and buildings			02,004	23	31,18
24					24	
25	Total assets		[32,894	25	31,181
26	Total liabilities (describe in Schedule O) .			0	26	
27	Net assets or fund balances (line 27 of colun			32,894	27	31,181
Part				•		Expenses
	Check if the organization used Schedu					uired for section
What I	s the organization's primary exempt purpose?	To run annual towns	hip 4th of July festiv	ities		c)(3) and 501(c)(4) nizations and section
as me person	be the organization's program service accompasured by expenses. In a clear and concise is benefited, and other relevant information for	manner, describe the each program title.	e services provided	l, the number of	4947	(a)(1) trusts, optional thers.)
28 <u>E</u>	vening program consisting of DJ, fireworks show	etc.				
(0	Grants \$) If this amou	nt includes foreign gra	ants, check here .	. ▶ 🗆	28a	29,921
29 N	forning/daytime program consisting of children's					33,02
		nt includes foreign gra			29a	20,503
30 <u>A</u>	dministrative expenses including insurance, adve	ertising etc.				
-;;						ļ
		nt includes foreign gra			30a	5,469
	Other program services (describe in Schedule C Grants \$) If this amoui	nt includes foreign gra	onto chook horo		31a	
3_	otal program service expenses (add lines 28				32	· · · · · · · · · · · · · · · · · · ·
Part						55,893
	Check if the organization used Schedu					
		(b) Average	(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	ree (e) l	Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio		ther compensation
Tom C	olicebio - President	devoted to position				ther compensation
Tom Co	olicchio - President	devoted to position				ther compensation
		5	(if not paid, enter -0-)	deferred compensation	0 0	ther compensation
	olicchio - President s Ferdinand - Treasurer	devoted to position 5 2	(if not paid, enter -0-)	deferred compensation		(
R. Well	ls Ferdinand - Treasurer	2 E	(if not paid, enter -0-)	deferred compensatio	0	(
R. Well		5	(if not paid, enter -0-)	deferred compensatio	0 0	(
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R. Well	ls Ferdinand - Treasurer	2 E	(if not paid, enter -0-)	deferred compensatio	0	(

'Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓_
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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 tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	* **		
39	Section 501(c)(7) organizations. Enter:	\$ '× ·	, · ·	1
a	Initiation fees and capital contributions included on line 9	<i>"</i> · ·		4
	Gross receipts, included on line 9, for public use of club facilities	٠,	.3	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	. 3	. 🥞	
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 did it engage in an excess benefit transaction in a prior year that has not been			`
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	3, 1	7 %	
	organization managers or disqualified persons during the year under sections 4912,	*. '	(€ .	, "
	4955, and 4958	,,, ,	£ 5,3	15
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	/ ,	, .	٠ ٠,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	.	1, 5	
_	transaction? If "Yes," complete Form 8886-T	40e	· ************************************	1
41	List the states with which a copy of this return is filed ▶		·	
42a	The organization's books are in care of ▶ R. Wells Ferdinand Telephone no. ▶ (9)	973) 3	76-324	10
	Located at ► 56 Walnut Ave Millburn, New Jersey ZIP + 4 ►	07	041	
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)?	401-	Yes	No
	If "Yes," enter the name of the foreign country. ▶	42b	-	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		. }	~; <u>4</u> *.
	and Financial Accounts.		3,,,,,	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
· ·a	completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	,	à	
-	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ <u>. </u>	
	explanation in Schedule O	44d	+	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45h		1

Form 990	0-EZ (20	012)							P	age 4
•							_	-	Yes	No
46	Did th	ne organization engage, directly or in-	directly, in political c	ampaign activities	on behalf	of or in	opposit	ion		
	to car	ndidates for public office? If "Yes," co	omplete Schedule C	Part I				. 46		1
Part \		Section 501(c)(3) organizations								<u> </u>
		All section 501(c)(3) organizations		stions 47–49b an	d 52. and	d com	olete the	e tables f	or line	es
		50 and 51	,							
		Check if the organization used Sch	edule O to respond	to any question ii	n this Par	ł VI				
		Chook ii the organization asea Con	oddio o to respend	to any quodion i	1 11110 1 011		•		Yes	No
47	Did ti	ne organization engage in lobbying	activities or have a	section 501(h) aloc	tion in off	act du	ring the	tav 🗀	163	140
		d the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ar? If "Yes," complete Schedule C, Part II								
	8 Is the organization a school as described in section 170(b)(1)(A)(ii)						• •	47	├	
								. 48	 	
49a Did the organization make any transfers to an exempt non-charitable related o				-				. 49a	<u> </u>	ļ
		s," was the related organization a sec						. 49b		ــــــــــــــــــــــــــــــــــــــ
		olete this table for the organization's								
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization	. If ther	e is none	e, enter "N	lone."	<u> </u>
	(0)	Name and title of each employee	(b) Average	(c) Reportable		lealth be		(a) Estimate	od ama	unt of
	(4)	paid more than \$100,000	hours per week	compensation	benefit r				imated amour r compensation	
			devoted to position	(Forms W-2/1099-MIS	(C)	mpensa	tion		•	

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					ł					
f	Total	number of other employees paid and	\$100 000							
		number of other employees paid over								
51		olete this table for the organization's ,000 of compensation from the organ			ent contra	ctors w	no eacr	i received	more	unan
	Ψ100,	,000 or compensation from the organ	iization. Il triere is no	The, enter 140he						
(a) t	Name a	nd address of each independent contractor pair	d more than \$100,000	(b) Type of s	service	1	(c)	Compensat	ion	
				-						
				4						
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			· · · · · · · · · · · · · · · · · · ·							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52	Did th	ne organization complete Schedule A	? Note: All section 5	601(c)(3) organizatio	ons and 49	947(a)(1)			
	none	xempt charitable trusts must attach a	completed Schedu	le A <u>.</u>				► □ Yes	s 🔲	No
Under pe	enalties	of perjury, I declare that I have examined this re	eturn, including accompan	ying schedules and stat	ements, and	to the be	st of my kr	nowledge an	d belief	, it is
true, con	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepai	rer has any k	nowledge	е			
A JULY										
Sign		Signature of officer	Date 1 > 1 7 1 -							
Here		R. Wells Ferdinand, Treasurer						17		
		Type or print name and title								
D-::		Print/Type preparer's name	Preparer's signature		Date		Chr. I	PTIN		
Paid		The type property a remo					Check L			
Prepa	_	Firm's name	1			E.zeste		·I		
Use C	Only									
Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes						No				
IVICIY LII	יט וודט	and code tine return with the preparer	SHOWING COLORS					- Te:		ITU

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2013

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name or the organization	Employer identification number
Millburn Short Hills Fourth of July Committee Inc.	222616646
Additional support for IRS form 990-EZ line 16 - Other Expenses	
Cost paid to vendor for fireworks display \$23,100	
Cost mard to wander for shildren's vides. D Lete, #16 500	
Cost paid to vendor for children's rides, DJ etc. \$16,509	
All other costs (insurance, advertising, supplies etc.) \$11,575	
THE OTHER COSTS (INCLUSING) CARPETED STOP, T. 1,107.0	
Total Other expenses (see IRS form 990-EZ line 16) \$51,184	
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