Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2949320104315

2018

Open to Public

2,851

954

897

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2,851

1,326

5,326

265

265

-2,475

Form 990 (2018)

End of Year

753

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740

5,871

64,740

64,

Beginning of Current Year

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ets or

Part II

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses Subtract line 18 from line 12

22 Net assets or fund balances Subtract line 21 from line 20

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Signature Block

For Paperwork Reduction Act Notice, see the separate instructions

■8 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1331 05/14/2019 9 07 AM

Department of the Treasury Internal Revenue Service

			e that I have examined this return, ration of preparer (other than office					my knowled	ge and b	elief, it is
	12				1					
Sign	Signa	ture of office						Date	112	212019
)Here	P	HILII	P RUSSO			TREASURER	<u> </u>		6/2	12019
<b>/</b>	Туре	or print name	and title							
J	Print/Type pre	parer's name	1	Preparer's signalu s			Date	Check	[ ] # I	PTIN
Paid	MARK B	, NAMNIS	CPA		_		05/14/	19 self-emp	loyed	P00448689
Preparer	Firm's name	<b>→</b>	ZINMAN & COMPA	NY/E/C.,	C.P.A.	'S	Fir	m's EIN	23	-2631972
Use Only			260 KNOWLES AV	E STE 334						
1	Firm's address	s <b>&gt;</b>	SOUTHAMPTON, P.	A 18966			Ph	ione no	215	-357-2250
May the IR:	S discuss th	is return v	with the preparer shown above	(see instructions)						X Yes No

orm 990 (20	18) MILLVILLE HIC	SH SCHOOL ALUMNI	22-3769	364	Page <b>2</b>
Part ill		n Service Accomplishmen			( <del>T</del>
		ontains a response or note t	o any line in this Part II	<u> </u>	X
THE O	LLVILLE SENIOR		DER TO FURTHER	TO WORTHY GRADUA	res .
2 D.d.th-		erformt program populare during the	voor which were not leted on	the	
pnor Fo	organization undertake any sigi rm 990 or 990-EZ? ' describe these new services o	nificant program services during the	year which were not listed on		Yes X No
services	37	or make significant changes in how	it conducts, any program		Yes X No
	describe these changes on Sc		to three largest program con-	sees as measured by	
expense	es Section 501(c)(3) and 501(c	ervice accomplishments for each of )(4) organizations are required to re , for each program service reported			
BY TH	E MILLVILLE (NJ		ARE CHOSEN BY ISTRICT BASED	000 ) (Revenue \$ A COMMITTEE ESTA) UPON THE CRITERIA	3LISHED
					-
	<del></del>				
4b (Code	) (Expenses \$	including gr	ants of \$	) (Revenue \$	)
N/A					
		<del></del>			
4c (Code N/A	) (Expenses \$	including gr	ants of \$	) (Revenue \$	)
N/A					
	1 11111111	,			
Ad Other n	ogram services (Describe in So	shedule O )			
(Expens		7 including grants of \$	) (Revenu	ie \$	
	ogram service expenses	4,077			
ΔΔ			·		Form 990 (2018)



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1.	
	complete Schedule A	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<del></del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		i į	<b></b>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	,		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
_	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	. [	x
6	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	i	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	-	
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4a</u>		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		Ì	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		X
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
3	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	}	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		]	
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts I and II	21		X

Form 990 (2018) MILLVILLE HIGH SCHOOL ALUMNI

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization 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	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ĺĺ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		. 1	
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ <u>x</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ .		
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>_x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	!		
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ľ		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	,		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	_X_	
Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 1	ł	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  [1b] 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		For	ա 990	(2018)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L]	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	]	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c	L!	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1 1	1.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<b></b>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	<b>—</b>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b>  </b>	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		. 1	İ
	sponsoring organization have excess business holdings at any time during the year?	8	<b></b>	ļ
9	Sponsoring organizations maintaining donor advised funds.			ĺ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_	$\vdash$	├—
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\vdash$	<b></b> -
10	Section 501(c)(7) organizations. Enter			ł
а	Initiation fees and capital contributions included on Part VIII, line 12			l
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ľ
11	Section 501(c)(12) organizations. Enter			l
a	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )		1	Í
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	122	<del>                                     </del>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans  Enter the amount of receives an hand			1
C 14a	Enter the amount of reserves on hand  Did the errangeton receive any newments for indeer tanging convices during the tay year?	142		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O.	14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5	, }	x
	excess parachute payment(s) during the year?	15		
46	If "Yes," see instructions and file Form 4720, Schedule N	40	; 1	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	^
	If "Yes," complete Form 4720, Schedule O	ئــــــا		

Form 990 (2018) MILLVILLE HIGH SCHOOL ALUMNI

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	O See instructions
	Chack if Schedule O contains a response or note to any line in this Part VI	_

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
					Ye	es	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	6								
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ŀ			x				
	any other officer, director, trustee, or key employee?										
3											
	supervision of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		_	X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	┷	4	<u>X</u>				
6	Did the organization have members or stockholders?			6	-	$\perp$	<u>X</u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				1	1					
	one or more members of the governing body?			7a	<del></del>		<u>X</u> _				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,				1						
	stockholders, or persons other than the governing body?			71	<del>'</del>		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the f	ollowin	9	<u> </u>	.					
а	The governing body?			8a							
þ	Each committee with authority to act on behalf of the governing body?			<u>8t</u>	K X	4					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			<u>X</u> _				
Sec	tion B. Policies (This Section B requests information about policies not required by the Interi	nai K	even	ue Code )	Т.	$\overline{}$					
				<u>г</u>	Ye		No_				
	Did the organization have local chapters, branches, or affiliates?			10.	3		<u>x</u> _				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			140	, X	.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	A	-1-0	12							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	CONTIN	as /	12	0 4	+					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			142	,   <sub>2</sub>	-					
4.2	Did the organization have a written whistleblower policy?			12	$\overline{}$	_	x				
13	· · ·			) <del></del>	-		$\frac{\mathbf{x}}{\mathbf{x}}$				
14	Did the organization have a written document retention and destruction policy?			14	+-	+					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ							
_				15		- 1	X				
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15: 15:			$\frac{\mathbf{x}}{\mathbf{x}}$				
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			13	4-	-	-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
ıva	with a taxable entity during the year?			16			X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100	*	+	<u></u>				
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?			16	,[	İ					
Sect	ion C. Disclosure				<u>- 1                                   </u>						
17	List the states with which a copy of this Form 990 is required to be filed NJ										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section	n 5016	c)								
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply											
Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicv	and								
-	financial statements available to the public during the tax year	20,1									
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>&gt;</b>									
	ILIP RUSSO PO BOX 180										
	W HOPE PA 1893	8		215-8	50-	96	78				

### Form 990 (2018) MILLVILLE HIGH SCHOOL ALUMNI

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(d bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Incividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(IV 2 isosimos)	organization and related organizations
(1) PHILIP RUSSO	0.25									
TREASURER	0.00	X		X				0	0	0
(2) YVONNE REITZ	0.02									
SECRETARY	0.00	X		X				0	0	0
(3) JAMES W. LANGSDO				-	_					
	0.25					1 1		}		
PRESIDENT	0.00	X		X				0	0	0
(4) BARRY G. SHER										
, ,	0.02									
DIRECTOR	0.00	X		ĺ				0	0	0
(5) BRUCE W. HIGGINS										
	0.02	-								i
DIRECTOR	_ 0.00	X		l	L.			0	0	0
(6) DAVID SLACK										
	0.02		1			( {				
DIRECTOR	0.00	X						0	0	0
(7)				!						
(8)										
(9)										
(10)										
(11)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ko	еу Е	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)	
	. (A) Name and title	Name and title Average hours per (do week box		x, unt	Pos check ess pe and a c	erson i	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations
	·										
1b c d	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·						<b>▶</b> <b>▶</b>	-		
<u> </u>	Total number of individuals (inc reportable compensation from				ose	listed	abo	ve)	who received more than \$1	00,000 of 	Yes No
3 4	Did the organization list any <b>for</b> employee on line 1a <sup>9</sup> <i>If "Yes,"</i> For any individual listed on line	complete Schedu 1a, is the sum of	<i>le J</i> Frep	for s ortab	uch i le co	<i>ndıvi</i> mpe	<i>dual</i> ensat	ion a	and other compensation from		3 X
5	organization and related organi individual Did any person listed on line 1a for services rendered to the org	receive or accru	ie co	mpe	nsati	ion fr	om a	any u	unrelated organization or inc	fividual	4 X 5 X
Secti 1	ion B. Independent Contractor Complete this table for your five	e highest comper		ed inc	lepe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of	
	compensation from the organiz	ation Report cor (A) business address	nper	satio	on fo	r the	cale	ndar		he organization's tax year (B) tion of services	(C) Compensation
						_					
2	Total number of independent correceived more than \$100,000 or								listed above) who	0	Form 990 (20)

		Check if Schedule (				(A) Total revenue	(B) Related or exempt function revenue	(L) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ 5	1a	Federated campaigns	1a				7070		
ran	b	Membership dues	1b						
O E	С	Fundraising events	1c						
ar A	d	Related organizations	1d						
S,E	е	Government grants (contributions)	1e						
Ö	f	All other contributions, gifts, grants,							
t et		and similar amounts not included above	1f	1	, 954				1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	lf \$	 }					
<u>S</u>	h	Total. Add lines 1a-1f			•	1,954			
ne				Bus	n Code				
ven	2a								
Se.	b								
Χįς	C			[					
Ser	đ			L					<u> </u>
an.	е								ļ
Program Service Revenue		All other program service reven	ue	L					
Δ.	<u> </u>	Total. Add lines 2a-2f			. ▶	·			<del></del>
	3	Investment income (including d	vidend	s, interest,					n N
		and other similar amounts)			•	601	601		<del> </del>
	4	Income from investment of tax-	exempt	bond proceed	s 🕨 [				<u> </u>
	5	Royalties			<u> </u>				
		(ı) Real		(II) Persona	<u>'</u>	1			
	6a	Gross rents			——				
	b	Less rental exps							
	С	Rental inc or (loss)		·		j			
	d 7a	Net rental income or (loss) Gross amount from (1) Constant	т		<b>•</b>		<del></del>		
		sales of assets (i) Securities		(n) Other	200				
		other than inventory			296		1		
	D	Less cost or other					;		
• •		basis & sales exps			296	Ĭ			
		Gain or (loss) Net gain or (loss)			290	296	296		
		Gross income from fundraising even	<b>.</b> . Г			2 3 0	290		
īge	Va	(not including \$	"						
ver		of contributions reported on line 1c)	Ì		-				
Other Revenue		See Part IV, line 18	a						
her	h	Less direct expenses	"F						
ŏ		Net income or (loss) from fundr		vents		1		•	Ì
		Gross income from gaming activities		<del>VC110</del>					
	-	See Part IV, line 19	a						
	ь	Less direct expenses	ъ́Г						
		Net income or (loss) from gamin	ng activ	ıtıes	<b>•</b>	i			1
		Gross sales of inventory, less	Ţ						
		returns and allowances	a				:		
	b	Less cost of goods sold	ь						
		Net income or (loss) from sales	of inve	ntory	<b>•</b>	j			
		Miscellaneous Revenue			Code				
	11a								
	b								
	С								
ĺ	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>•</b>				
	12	Total revenue. See instructions	<b>S</b>		▶	2,851	897	0	0

ķil o

## Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co			lete column (A)	
	Check if Schedule O contains a response	onse or note to any line in th	IS Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising expenses
	3b, 9b, and 10b of Part VIII.	<del> </del>	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	ļ			L
2	and domestic governments. See Part IV, line 21	<del> </del>			<u> </u>
2	Grants and other assistance to domestic	4,000	4,000		
3	individuals See Part IV, line 22 Grants and other assistance to foreign	4,000	1,000		
3	organizations, foreign governments, and foreign	}			
	individuals See Part IV. lines 15 and 16		ı		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<u> </u>			
3	trustees, and key employees		I		
6	Compensation not included above, to disqualified	<del></del>		<del></del>	<del></del>
U	persons (as defined under section 4958(f)(1)) and	]			
	persons described in section 4958(c)(3)(B)	j			
7	Other salaries and wages				<del></del>
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	i			
9	Other employee benefits			<del></del>	<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)		<del></del>		<del></del>
'' a		[			i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
b	Legal				
c	Accounting	1,246		1,246	<del></del>
d	Lobbying				<del></del>
e					<del></del>
f	Investment management fees	<del></del>			<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	80	77	3	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			·	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	-			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				!
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			<u> </u>	
а					
þ					
c					<del> </del>
d		ļ			<del> </del>
е	All other expenses		<del></del>		<del> </del>
25	Total functional expenses Add lines 1 through 24e	5,326	4,077	1,249	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOR 98 2 (ASC 958-720)	]			•

	art /		to any line in this Bort V			
—		Check if Schedule O contains a response or note	to any line in this Part X	(A)	Γ Τ	(B)
				Beginning of year	1	End of year
—	4	Cook non-interest booms		42,213		38,842
	1	Cash—non-interest bearing		42,213	2	30,042
	2	Savings and temporary cash investments			3	
	3	Pledges and grants receivable, net			4	
	4	Accounts receivable, net	E directors		4	
	5	Loans and other receivables from current and former of	· ·			
	}	trustees, key employees, and highest compensated emp	ployees		5	
		Complete Part II of Schedule L	and (an defined under control		3	<del></del>
	6	Loans and other receivables from other disqualified pers	•			
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B),				
		sponsoring organizations of section 501(c)(9) voluntary			6	
Assets	۱,	organizations (see instructions) Complete Part II of Sch	ledule L	_ <del></del>	7	<del></del>
Ass	′	Notes and loans receivable, net			8	
-	8	Inventories for sale or use			9	<del></del>
	9	Prepaid expenses and deferred charges	1 1		9	
	Tua	Land, buildings, and equipment cost or	100			
		other basis Complete Part VI of Schedule D	10a		40-	
		Less accumulated depreciation	10b	24,681	10c	24,500
	11	Investments—publicly traded securities		-2,154	12	-1,077
	12	Investments—other securities See Part IV, line 11		2,134	13	1,011
	13	Investments—program-related See Part IV, line 11		<u> </u>		
	14	Intangible assets			14	<del></del>
	15	Other assets See Part IV, line 11	4)	64,740	16	62,265
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	04,140	17	02,203
	17 18	Accounts payable and accrued expenses		<del></del>	18	<del></del>
		Grants payable			19	<del></del>
	19	Deferred revenue				·
	20 21	Tax-exempt bond liabilities	f Cahadula D		20	
		Escrow or custodial account liability Complete Part IV o			21	
ties	22	Loans and other payables to current and former officers				
Liabilities		trustees, key employees, highest compensated employed disqualified persons. Complete Part II of Schedule L.		22		
Γa	23	Secured mortgages and notes payable to unrelated third		23		
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to			-24	
	23					
		parties, and other liabilities not included on lines 17-24) of Schedule D	Complete Fait A		25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958), chec	k here X and		-0	<u> </u>
S		complete lines 27 through 29, and lines 33 and 34.	zk nere z			
uce.	27	Unrestricted net assets		64,740	27	62,265
lala	28	Temporarily restricted net assets			28	
d E	29	Permanently restricted net assets			29	<del></del>
F		Organizations that do not follow SFAS 117 (ASC 95)	8), check here ▶ ☐ and		==	
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	İ		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31	<del></del>
et /	32	Retained earnings, endowment, accumulated income, or			32	<del></del>
Z	33	Total net assets or fund balances		64,740	33	62,265
	34	Total liabilities and net assets/fund halances		64.740		62.265

Forr	1 990 (2018) MILLVILLE HIGH SCHOOL ALUMNI 22-3769364			_Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 L			851
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,	326
3	Revenue less expenses Subtract line 2 from line 1	3		-2,	<u>4</u> 75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_		64,	740
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6_			
7	Investment expenses	7_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		62 <i>,</i>	<u> 265</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
			p	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		and the	•	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ <u>.</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		J	)	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		- 1		
	Schedule O				
. 3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			]	
	the Single Audit Act and OMB Circular A-133?		3a	├—	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	ł
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L	<u></u>
			Fo	m 99(	0 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Name of the organization

MILLVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FUND, INC.

Employer identification number 22-3769364

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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 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, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 . 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

(C)

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2018 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

_	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	( <b>b</b> ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,450	18,855	2,500	9,200	1,954	41,959			
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	9,450	18,855	2,500	9,200	1,954	41,959			
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)									
6_	Public support. Subtract line 5 from line 4						41,959			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	9,450	18,855	2,500	9,200	1,954	41,959			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189	349	362	327	601	1,828			
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 VI)									
11	Total support. Add lines 7 through 10						43,787			
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,072			
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	)				
	organization, check this box and stop here						<b></b>			
Sec	tion C. Computation of Public Su	pport Percenta	ge							
14	Public support percentage for 2018 (line 6,	column (f) divided by	y line 11, column (f	))		14	95.83%			
15	Public support percentage from 2017 Scheo					15	97.15%			
16a	33 1/3% support test—2018. If the organize				3% or more, check	this	_			
	box and stop here. The organization qualifi						► X			
b	33 1/3% support test—2017. If the organiz				33 1/3% or more, o	check	. –			
	this box and stop here. The organization qu						▶ _			
17a	10%-facts-and-circumstances test—201	•								
	10% or more, and if the organization meets				•					
	Part VI how the organization meets the "fact	ts-and-circumstance	es" test. The organi	zation qualifies as a	publicly supported	!	. —			
	organization						▶ _			
Þ	10%-facts-and-circumstances test—2017. 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 VI how the organization mee	ts the "facts-and-cire	cumstances" test	The organization qu	alifies as a publicly					
40	supported organization						<b>P</b>			
18	Private foundation. If the organization did	not check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		, –			
	instructions						▶ _			

Schedule A (Form 990 or 990-EZ) 2018

D 4 111		0 1 1 1	, ,		<b>-</b>		A	=00/	- 1/	_
Part III	Support	Schedule	tor Org	ganizations	Describe	ea in	Section	509(	a)(	Z

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II or if the organization fails to qualify under the tests listed below please complete Part II.)

	if the organization fails to	quality under the	ne tests listed t	<u>elow, please c</u>	ompiete Part II	<u>)                                    </u>	/
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 20\(4	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (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						<del></del>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	 			/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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		\				
С	Add lines 7a and 7b			$\wedge$			
8	Public support. (Subtract line 7c from		,				
	line 6)		Į.	À			
Sec	tion B. Total Support			1			
Caler	ndar year (or fiscal year beginning in)	(a) 2014	( <b>b</b> ) 20,15	(c) 20 16	(d) 2017	(e) 2018	(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	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 VI)	-					
13	Total support. (Add lines 9, 10c, 11 and 12)						<del></del>
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age	<del></del> -		<del></del>	
15	Public support percentage for 2018 (line 8, o			(f))		15	%
16	Public support percentage from 2017 Sched			• • • • • • • • • • • • • • • • • • • •		16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2018 (line			column (f))		17	%
18	Investment income percentage from 2017 S	,,	•	.,,		18	%
19a	33 1/3% support tests—2018. If the organ			4, and line 15 is mi	ore than 33 1/3%, a	<del></del>	
	17 is not more than 33 1/3%, check this box			•	*	,	▶ 🗌
b	33 1/3% support tests—2017. If the organ.					\	_
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a publ	icly supported orga	inization	、 ▶□
20	Private foundation. If the organization did it	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		\ ▶□

Schedule A (Form 990 or 990-EZ) 2018

#### Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Section A.	All Sup	porting C	rganizations
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No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action 5a was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

	Activities rest Answer (a) and (b) below.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedu.	e A (Form 990 or 990-EZ) 2018 MILLVILLE HIGH SCHOOL ALUMN	<u> </u>	22-3769	<u>364</u>	Page 6	
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	nizati	ons			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20, 1970	(explain in Part VI) See			
	instructions. All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E			
Secti	Section A - Adjusted Net Income (A) Prior Year					
1_	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
coll	ection of gross income or for management, conservation, or					
mai	ntenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optional		
1	Aggregate fair market value of all non-exempt-use assets (see					
inst	ructions for short tax year or assets held for part of year)					
	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	. 1c		<u> </u>		
	d Total (add lines 1a, 1b, and 1c)	1d				
	e Discount claimed for blockage or other					
	factors (explain in detail in Part VI)	<u> </u>				
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	] - [				
see	instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Ye	ear	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
	Income tax imposed in prior year	5				
	Distributable Amount. Subtract line 5 from line 4, unless subject to					
eme	ergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally integrated Type	oe III sup	oporting organization (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purpose	s					
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations					
4	Amounts paid to acquire exempt-use assets			<u></u>			
5_	Qualified set-aside amounts (prior IRS approval required)						
<u>6</u>	Other distributions (describe in Part VI) See instructions						
	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization	on is responsive					
	(provide details in Part VI) See instructions						
9	Distributable amount for 2018 from Section C, line 6						
10_	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See						
	Instructions	<del> </del>					
	3 Excess distributions carryover, if any, to 2018						
	a From 2013 b From 2014						
	c From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from						
	Section D, line 7 \$						
a	Applied to underdistributions of prior years	-					
b	Applied to 2018 distributable amount						
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		,				
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c						
8	Breakdown of line 7						
a	Excess from 2014						
b	Excess from 2015						
c	Excess from 2016						
d	Excess from 2017						
_	Eycess from 2018		1	1			

Schedule A (Form 990 or 990-EZ) 2018

MILLVILLE HIGH SCHOOL ALUMNI

22-3769364

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MILLVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FUND, INC.

Employer identification number

22-3769364

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SCHOLARSHIP AWARDED TO RECIPIENTS WHO ARE CHOSEN BY A COMMITTEE ESTABLISHED

BY THE MILLVILLE (NJ) PUBLIC SCHOOL DISTRICT BASED UPON THE CRITERIA

ESTABLISHED BY THE ENTITY'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OFFICERS WILL REVIEW THE RETURN PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

SINCE NO GOODS OR SERVICES, EXCEPT BANK FEES, LICENSES & ACCOUNTING

SERVICES, ARE PURCHASED, THERE IS NOTHING ELSE TO MONITOR & NOTHING TO

DISCLOSE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST MADE TO OFFICERS OF THE ORGANIZATION.

## CERTIFICATE OF AMENDMENT TO THE

CERTIFICATE OF INCORPORATION

FILED

IAN 18 2019

STATE TREASURER

OF

MILLVILLE SENIOR HIGH SCHOOL CLASS OF 65 SCHOLARSHIP FUND, INC.

TO: DEPARTMENT OF THE TREASURY

Division of Revenue State of New Jersey

Pursuant to the provisions of Section 15A:9-4 of the New Jersey Monprofit Corporation Act, the undersigned corporation executes the following Certificate of Amendment to its Certificate of Incorporation:

First: The name of the corporation is:

MILLVILLE SENTOR HIGH SCHOOL CLASS OF 65 SCHOLARSHIP FUND, INC.

- 2. Paragraph 1. of the Certificate of Incorporation is hereby amended to read as follows:
  - "1. The name of the corporation is:

MILLVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FUND, INC."

3. The amendment was adopted by unanimous written consent of the Trustees on the again day of January, 2019.

Dated this 18th day of January, 2019.

A: ZXXI

resident