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Department of the Treasury Internal Revenue Service

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)

➤ 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 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.

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning April 1 , 2011,	and ending	M	arch 3°	1 , 20	12
В	Check if applicable Address change		C Name of organization		D Empl	oyer ide	entification numb	er
	Address c	change	Summit Luminary Fund			26	6-3328391	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	hone nu	ımber	
\sqcup	Initial retu		10 Westminster Road	d I				
H	Terminate Amended		City or town, state or country, and ZIP + 4	F			nption	
Ħ		on pending	Summit, NJ 07901		Nun	nber 🕨	•	
G		ting Method		Н	Check I	▶ 🔲 ıf	the organizatio	n is not
	Websit	_					ich Schedule B	
J	Tax-exen	npt status (che	eck only one) - 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or	527	(Form 9	90, 990	-EZ, or 990-PF)	
ĸ	Check ▶	▶ ☐ if the	organization is not a section 509(a)(3) supporting organization or a section		tion and it	s gross	receipts are no	rmally
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e					
	the orga	anization choo	ses to file a return, be sure to file a complete return.					
L.	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total asse	ets (Part II,			
ı	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		62,376
F	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	e instrud	ctions	for Part I.)	
		Check if	the organization used Schedule O to respond to any question	in this Part	1			. 🗆
	1	Contributio	ons, gifts, grants, and similar amounts received			1		10,998
	2	Program se	ervice revenue including government fees and contracts			2		
	3	Membersh	ip dues and assessments			3		
	4	Investment	t income			4		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses	L				
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from I	ıne 5a)		5c		
	6	_	d fundraising events					
ne	а		ome from gaming (attach Schedule G if greater than	1				
Revenue	Ь	Gross inco	me from fundraising events (not including \$ o	f contribution	ns			
ě		from fundra	aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	th gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and	d 6b and si	ubtract			
		line 6c) .	_.			6d		
	7a	Gross sale:	s of inventory, less returns and allowances		51,378			
	b		of goods sold		10,998			
	C	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c		40,380
	8		nue (describe in Schedule O)			8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	▶	9		51,378
	10		I similar amounts paid (list in Schedule O)			10		57,500
	11	Benefits pa	aid to or for members			11		
ses	12					12		
Expenses	13		al fees and other payments to independent contractors			13		
X	. 14		y, rent, utilities, and maintenance			14		
ш	1 .0		ublications, postage, and shipping			15	 	
	16 17		enses (describe in Schedule O)			16		30
_	10	Evenes or	enses. Add lines 10 through 16	_ : _ : _ :		17		57,530
sts	18 19		or fund balances at beginning of year (from line 27, column (A)			18		(6,152)
SSE	'3		r figure reported on prior year's return)			10		7.004
Net Assets)÷		nges in net assets or fund balances (explain in Schedule O)			19		7,094
Š	20		or fund balances at end of year. Combine lines 18 through 20			20		942
	1 4 1	1401 000010	or rana paranosa at end of year, complite lines to through 20 .		. –			344

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 10642I

Form 990-EZ (2011)

	ATT Delegations	for Dort II \		 .		
Pa				Dovt II		
	Check if the organization used Schedule	e O to respond to ar	ly question in this	(A) Beginning of year		(B) End of year
	O I I I I I I I I I I I I I I I I I I I				00	942
22	Cash, savings, and investments			7,094	23	342
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			7,094		043
25	Total assets			7,094	26	942
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			7,094	_	942
27					21	342
Par		•				Expenses
	Check if the organization used Schedule	e O to respond to ar	iy question in this	ranin 📋	7 ' ·	quired for section
	t is the organization's primary exempt purpose?		 			(c)(3) and 501(c)(4) anizations and section
Desc	ribe the organization's program service accompl	ishments for each of	f its three largest	orogram services,	494	7(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise in ons benefited, and other relevant information for e	nanner, describe the	services provide	d, the number of	for	others)
<u></u>	Luminaries are sold, prepared and delivered by volu		luminant palac o	unnert legal char	-	1
28						
	ities ın New Jersey.					
	(Grants \$ 57,500) If this amount		ata abaal bara		288	57,500
					200	37,500
29						
	***************************************	t includes foreign are	nto chook horo		298	
20					250	*
30						
	Cronto C	t includes foreign gra	nta chack hara		308	
21	(Grants \$) If this amount Other program services (describe in Schedule O)				302	*
31		t includes foreign gra			318	
22	Total program service expenses (add lines 28a				32	
Par					-	
Fall	Check if the organization used Schedule			•		
	Check if the organization used Scheduk		(c) Reportable	(d) Health benefits,		· · · · ·
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	ta) Hame and address	devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-			other compensation
Bark	ara Romano		(ii iiot paid, oite. o	,	-	
	/estminster Rd. Summit, NJ 07901	President; 13 hours		o	0	0
				<u> </u>	"	
	Romano	Treasurer; 10 hours			0	0
	/estminster Rd. Summit, NJ 07901 Schneider			<u> </u>	4	
	lendale Rd. Summit, NJ 07901	Secretary; 1 hour		o	0	0
22 6	lendale Rd. Sulfillit, NO 07901			0	"	
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V	
			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		✓
C	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		✓_
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		✓
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		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			广
39	Section 501(c)(7) organizations Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 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 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		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
u	reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed. ▶ New Jersey			
42a	The organization's books are in care of ▶ Gina Romano Telephone no. ▶	08-52	2-957	5
	Located at ► 10 Westminster Rd. Summit, NJ ZIP + 4 ►	07901		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		/
	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.		l	1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
·	If "Yes," enter the name of the foreign country: ►	120		· · · · · ·
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
-	and enter the amount of tax-exempt interest received or accrued during the tax year			
	<u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	ļ	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	✓
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-EZ (see instructions)	45b		1

orm 99	0-EZ (20)11)							age 🕶
								Yes	No
46	Did the to ca	ne organization engage, directly or in indidates for public office? If "Yes," of the control of	ndirectly, in political complete Schedule C	ampaign activities	on behalf o	of or in opposit	ion 46		1
Part	-	Section 501(c)(3) organizations 501(c)(3) organizations and sections and sections and 52, and complete the tables	on 4947(a)(1) nonex	cempt charitable))
	1	Check if the organization used Scl	nedule O to respond	to any question in	n this Part	VI	<u></u>		
								Yes	No
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Part	t11				. 47		✓
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ıı)? If "Yes," complet	te Scheduk	eΕ	. 48		✓
49a		ne organization make any transfers to			inization?			<u> </u>	✓
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?			. 49b	<u> </u>	
50	Comp	plete this table for the organization's	five highest compen	sated employees (other than	officers, direct	ors, truste	es an	а кеу
	empio	oyees) who each received more than	1 \$ 100,000 or comper	isation from the org			e, enter i	ione.	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	(d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimate other com			
None									
					 				
			<u> </u>						
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	s five highest compe	ensated independe	ent contrac	 tors who each	received	more	than
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	service	(c)	Compensati	on	
None									
							·		
			-			·			
d	Tótal	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52	Did th	ne organization complete Schedule A	A? Note: All section 5	01(c)(3) organizatio	ons and 49	47(a)(1)	► 🗸 Yes		 No
Jnder p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ving schedules and state	ements, and t	o the best of my kr owledge.			
			<u> </u>			(-1-	シ		
Sign Here		Signature of officer South Out on h. Ro	mano, Pr	• 6 S.		Date			
		Type or print name and title							
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Use (Firm's name				Firm's EIN ▶			
٠,		Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparei	shown above? See i	nstructions			► ☐ Yes		No

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 charitable trust.

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

Open to Public Inspection

OMB No 1545-0047

201

Employer identification number Name of the organization 26-3328391 **Summit Luminary Fund** 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 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 🗹 An organization that normally receives: (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. c Type III-Functionally integrated d Type III-Other a 🗌 Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s).

(ī) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
,			Yes	No	Yes	No	Yes	No	
(A)									
(B)						-			
(C)					- 12 13.				
(D)									
(E)									
Total									

	6 A (1 OIII 990 OI 990-LZ) 2011						5
Part		tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)	(vi)
	(Complete only if you checked th						ualify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support			r 			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.				<u> </u>	<u> </u>	J
	on B. Total Support	() 0007	4) 0000	(-) 0000	(-1) 0010	(-) 0011	(O Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
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				~	-	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
	on C. Computation of Public Suppor Public support percentage for 2011 (line to			1 column (f)		14	%
14 15	Public support percentage for 2011 (line to Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more,	check this
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 331/39	% or more,
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organization	nis box and on qualifies as	stop here. s a publicly
18	Private foundation If the organization du	d not check a	hay on line 13	16a 16b 17a	a or 17h chec	k this hoy an	nd see

ټ.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Secti</u>	on A. Public Support		· · · · · · · · · · · · · · · · · · ·	, .			
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		-	9,990	8,218	10,998	29,206
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			46,199	47,944	51,378	145,521
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					1	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge						
6	Total. Add lines 1 through 5			56,189	56,162	62,376	174,727
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			9,990	8,218	10,998	29,206
	Add lines 7a and 7b			9,990	8,218	10,998	29,206
8	Public support (Subtract line 7c from						
	line 6.)						145,521
	on B. Total Support	() 000=	1 "	() 2222	(1) 00 (0)	() 0011	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			56,189	56,162	62,376	174,727
10a	Gross income from interest, dividends,					ļ	
	payments received on securities loans, rents, royalties and income from similar sources.					ĺ	
	·						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_							
-							
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						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		 	-			
. •	and 12.)			56,189	56,162	62,376	174,727
14	First five years. If the Form 990 is for th	e organizatio	n's first, secon				
	organization, check this box and stop her	_			=		
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2011 (line 8	3, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch		-			16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2011 (_		y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2010			•		18	%
19a	331/3% support tests-2011. If the organ					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2010. If the organiz	ation did not o	check a box on	line 14 or line 1	9a, and line 16	is more than 3	
-	line 18 is not more than 331/2%, check this i	oox and stop I	here. The organ	izatıon qualıfıes	as a publicly si	upported organi	zation 🕨 📋
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	

Summit Luminary Fund ID # - 26-3328391

List of Grantees

Tax Year 2011

<u>Name</u>	Address		mount
The Valerie Fund	2101 Millburn Avenue Maplewood, NJ 07040	\$	13,000
Summit Volunteer First Aid Squad	P.O. Box 234 Summit NJ 07902	\$	12,000
Santa Claus Shop	P O. Box 119 Summit, NJ 07901	\$	2,000
SHIP (Summit Helping Its People)	P. O Box 581 Summit, NJ 07901	\$	7,000
ABC Area Baby Center	Summit Women's Club P. O. Box 384 Summit, NJ 07901	\$	2,500
SAGE Eldercare Spend-A-Day	290 Broad Street Summit, NJ 07901	\$	2,500
Continuo Arts Foundation	290 Springfield Avenue Westfield, NJ 07090	\$	1,000
Senior Connections	109 Maple Street Summit, NJ 07901	\$	17,500
Total		\$	57,500