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### Form 990-PF

Department of the Treasury

### Return of Private Foundation

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Internal Revenue Service

Open to Public Inspection For calendar year 2012 or tax year beginning , and ending Name of foundation Employer identification number SUMMERS FAMILY FOUNDATION. INC. 33-1063519 Number and street (or PO box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite **81 BUTTERNUT LANE** (908) 766-3033 City or town, state, and ZIP code C If exemption application is pending, check here **BASKING RIDGE** 07920 NJ G Check all that apply Initial return of a former public charity Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Address change check here and attach computation H Check type of organization. Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end J Accounting method Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) of year (from Part II, col (c), 768,739 (Part I, column (d) must be on cash basis) Ine 16) ► \$ Analysis of Revenue and Expenses (The total of (d) Disbursements Part I (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome ıncome purposes books the amounts in column (a) (see instructions) ) (cash basis only) 75.000 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 13,604 13,604 Dividends and interest from securities 5 a Gross rents . **b** Net rental income or (loss) 8.614 6 a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8.614 Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 Total. Add lines 1 through 11 97,218 22,218 13 Compensation of officers, directors, trustees, etc and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Õ 16 a Legal fees (attach schedule) **b** Accounting fees (attach schedule) (0) c Other professional fees (attach schedule) . Interest 650 650 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 23 4,798 4,798 Other expenses (attach schedule) Operating Total operating and administrative expenses. Add lines 13 through 23 5,448 5,448 25 87,025 87,025 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25. 92,473 0 92,473 27 Subtract line 26 from line 12 2 Excess of revenue over expenses and disbursements. 4,745 **b** Net investment income (if negative, enter -0-). 22,218

c Adjusted net income (if negative, enter -0-)

0



Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	of year
. a			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	、Cash—non-interes	st-bearing			
	2	Savings and temp	porary cash investments			
	3	Accounts receivab	ble			
			or doubtful accounts			
	4	Pledges receivable	le P			
		Less: allowance for	or doubtful accounts			
	5	Grants receivable				
	6	Receivables due f	from officers, directors, trustees, and other			
			ns (attach schedule) (see instructions)	i		
	7	Other notes and loan	is receivable (attach schedule)			tu
			loubtful accounts			
ফ	8	Inventories for sale				
Assets	9	Prepaid expenses	s and deferred charges			
As	10 :		nd state government obligations (attach schedule) .			
•	1 .		porate stock (attach schedule)			
	l	•	porate bonds (attach schedule)			
	11	•	puildings, and equipment basis			
			epreciation (attach schedule)	l I		
	12	Investments—mor	, , , , , , , , , , , , , , , , , , , ,			
	13		er (attach schedule)	764,041	768,739	768,739
	14		nd equipment: basis		100,139	700,733
	'-	Loss posterulated de	epreciation (attach schedule)			
	15	Other assets (des				
	16					····
	'0		be completed by all filers—see the	764 041	769 720	700 700
	17		see page 1, item I)	764,041	768,739	768,739
	18	• •	and accrued expenses			
es		Grants payable	• • • • • • • • • • • • • • • • • • • •			
Liabilities	19	Deferred revenue				
ğ	20		directors, trustees, and other disqualified persons			
Ë	21		her notes payable (attach schedule)			
	22	Other liabilities (de				
	23	lotal liabilities (a	add lines 17 through 22)	0	0	
S		Foundations that	t follow SFAS 117, check here .			
alances		and complete lin	nes 24 through 26 and lines 30 and 31.			
a	24	Unrestricted		764,041	768,739	
32	25	Temporarily restrict	cted			
or Fund B	26	Permanently restri	ricted			
딬	ĺ	Foundations that	it do not follow SFAS 117, check here			
F	1	and complete lin	nes 27 through 31.		i	
Ō	27	Capital stock, trus	t principal, or current funds			
ets	28	Paid-in or capital s	surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings	s, accumulated income, endowment, or other funds			
₹	30	Total net assets	or fund balances (see instructions)	764,041	768,739	
ē	31	Total liabilities ar	nd net assets/fund balances (see			
_		instructions)	<u> </u>	764,041	768,739	
Pai	t III	Analysis of C	hanges in Net Assets or Fund Balances			
1	Total	net assets or fund b	palances at beginning of year—Part II, column (a), line	30 (must agree with		
			ed on prior year's return)		. 1	764,041
2	Enter	amount from Part I,	, line 27a		. 2	4,745
3			ded in line 2 (itemize) Unrealized Fidelity Inv	estment market appred		
4		ines 1, 2, and 3		. ,	4	768,786
5			n line 2 (itemize) ► Unrealized Fidelity Investment	market depreciation	5	47
6			palances at end of year (line 4 minus line 5)—Part II, c		. 6	768,739
						,,,,,,,,

(a) List and describe the l	LOSSES for Tax on Investigation  kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)	ment inco	(b) How acquired P—Purchase D—Donation		nte acquired , day, yr)	(d) Date sold (mo , day, yr )
1a 72 FIDELITY GNMA FUND			Р	****	3/10/2010	9/7/2013
<b>b</b> 371 SPTM INTER TREAS BN	ID	_	Р		6/15/2010	4/13/2013
c 354 SPTN INTER TREAS BN	ID		P		5/5/2010	12/21/2013
d						<del></del>
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain o (e) plus (f) n	• •
a 4,099			3,804			295
<b>b</b> 6,075			1,855			4,220
<b>c</b> 5,869			1,770			4,099
d						
<u>e</u>	<u></u>		10/01/00			<del></del>
Complete only for assets showing	ng gain in column (h) and owned by				(I) Gains (Col (h	· -
(i) FM ∨ as of 12/31/69	(j) Adjusted basis		ss of col (ı)		col (k), but not les	•
	as of 12/31/69	over co	l (j), if any		Losses (from	
<u>a</u>						295
<u>b</u>						4,220 4,099
d d						4,099
Capital gain net income or (n		enter in Pa ter -0- in Pai		2		8,614
. •	r (loss) as defined in sections 12 ne 8, column (c) (see instructions					
ın Part I, line 8			<b>∫</b>	3		0
Part V Qualification Unde	er Section 4940(e) for Red	uced Tax o	on Net Investme	ent Inc	ome	
If section 4940(d)(2) applies, leave Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the distribut	o not compl	ete this part	<u> </u>		Yes X No
(a)		1		uning u		(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use as	sets		ution ratio
Calendar year (or tax year beginning in)					(col (b) divi	ded by col (c))
2011 2010	85,0 97,0			2,970 2,970		0 143432 0.163610
2009	241,14		1,368			0.103010
2008	68,1			,651		1 965311
2007	55,1			,001	<del> </del>	0 000000
2 Total of line 1, column (d)					2	2 448520
	the 5-year base period—divide t idation has been in existence if l				3	0 612130
4 Enter the net value of noncha	arıtable-use assets for 2012 fron	n Part X, line	5 .	-	4	754,894
5 Multiply line 4 by line 3					5	462,093
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			-	6	222
7 Add lines 5 and 6					7	462,315
8 Enter qualifying distributions If line 8 is equal to or greater the Part VI instructions	from Part XII, line 4 than line 7, check the box in Pa	rt VI, line 1b	, and complete tha	at part u	sing a 1% tax	92,473 rate See

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	tions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		444	,
	here  and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
_	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2		0	
3 4	· · · · · · · · · · · · · · · · · · ·		444	
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  5		444	
6	Credits/Payments			
_	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 508		ĺ	
b				
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		508	
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		64	
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ► 64 Refunded ► 11		0	
Par	t VII-A Statements Regarding Activities	<del> </del>		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 1		
_	published or distributed by the foundation in connection with the activities			-,
	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Χ
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or      By state legislation that effectively amonds the governing instrument as that no mandaton directions.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	H		
	NJ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			
	their names and addresses	10		Х

Гаг	Statements regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
-	advisory privileges? If "Yes," attach statement (see instructions)	12	İ	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	-,\
	Website address ▶ summersfamilyfoundation			
14	The books are in care of ► FRANK J SUMMERS, CPA Telephone no ► (908) 766-3	033	· <b>-</b>	
	Located at ► 81 BUTTERNUT LANE BASKING RIDGE NJ ZIP+4 ► 07920			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. •	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
_	the foreign country	<u></u>		
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
_	that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions )	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
٥.	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b	enterprise at any time during the year?  [] Yes   X   No  If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
IJ	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2012)	3b	N/A	-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	_		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Forn	n 990-PF (2012) SUMMERS FAMILY FOUND	ATION, INC.		3	3-1063519	Page 6
Рa	rt VII-B Statements Regarding Activity	ties for Which Fo	rm 4720 May Be	Required (continued)		
5a	During the year did the foundation pay or incur any	amount to	-	<u> </u>	_	
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (	section 4945(e))?	Yes X	No	
	(2) Influence the outcome of any specific public		955); or to carry	<del></del>	.	Ì
	on, directly or indirectly, any voter registration	n drive? .		Yes X	No	
	(3) Provide a grant to an individual for travel, stu	idy, or other similar pur	ooses?	Yes X	No	
	(4) Provide a grant to an organization other than	a charitable, etc , orga	inization described			
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see instruction	ons)	Yes X	No	
	(5) Provide for any purpose other than religious,	chantable, scientific, li	terary, or			
	educational purposes, or for the prevention of	of cruelty to children or	anımals?	· · · L Yes X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ransactions fail to qual	fy under the exceptio	ns described in		
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see instructio	· ·	5b	N/A
	Organizations relying on a current notice regarding	disaster assistance ch	eck here .	<b>►</b> X	]	
С	If the answer is "Yes" to question 5a(4), does the fe	•	tion from the		,	;
	tax because it maintained expenditure responsibili	-		Yes X	No	
_	If "Yes," attach the statement required by Regulat					
6a	Did the foundation, during the year, receive any fur	nds, directly or indirectly	y, to pay		1	,
	premiums on a personal benefit contract?			Yes X	No	
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	n a personal benefit c	ontract?	.   6b	X
7-	If "Yes" to 6b, file Form 8870.		tau ahalkas taasaasis	n?. Yes X	1	;
	At any time during the tax year, was the foundation				j No   7b	N/A
	If "Yes," did the foundation receive any proceeds of					
F	art VIII Information About Officers and Contractors	, Directors, Truste	es, Foundation	Managers, Highly Pai	a Employ	ees,
1	List all officers, directors, trustees, foundate	tion managers and t	heir compensation	(see instructions).		
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evpen	se account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
GR	EGORY F SUMMERS	PRES	,			-
6 N	IOBLE LANE GREENBROOK, NJ 08812	5 00	0			
FR	ANK J SUMMERS, CPA	TRUSTEE		_		
81	BUTTERNUT LANE BASKING RIDGE, NJ 07	7 00	0			
		1				
					ŀ	
_		<u> </u>		<u> </u>	<u> </u>	-
2	Compensation of five highest-paid employe	ees (other than thos	e included on line	1—see instructions). If n	one,	
	enter "NONE."			(d) Contabultions to	1	<del></del>
		1 (6) 7:00		(d) Contributions to employee benefit	(e) Expens	se account,
10	Name and address of each ampleyee and more than \$50 (	(b) Title, and avera	(a) Companyation			
(a	a) Name and address of each employee paid more than \$50,0			plans and deferred		owances
		000 hours per week				owances
	a) Name and address of each employee paid more than \$50,0	000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
		000 hours per week		plans and deferred		owances
NO		hours per week devoted to position		plans and deferred		owances

Form 990-PF (2012) SUMMERS FAMILY FOUNDATION, INC	33-1063519 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly P	aid Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	···
1 14/4	
·	
2	
<u> </u>	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	•   0

Form **990-PF** (2012)

Par	see instructions )	n foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Act of	
	purposes		
а	Average monthly fair market value of securities	1a	766,390
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	766,390
е	Reduction claimed for blockage or other factors reported on lines 1a and	7.25	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	766,390
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	11,496
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	754,894
6	Minimum investment return. Enter 5% of line 5	6	37,745
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	37,745
2a	Tax on investment income for 2012 from Part VI, line 5	14	
b	Income tax for 2012 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	444
3	Distributable amount before adjustments Subtract line 2c from line 1	3	37,301
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	37,301
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	37,301
Par	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	92,473
b	Program-related investments—total from Part IX-B	. 1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	X24	· <u>-</u>
а	Suitability test (prior IRS approval required)	. 3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	92,473
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	92,473
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation	
	qualifies for the section 4940(e) reduction of tax in those years.		

۲a	Ų.	XIII Undistributed inco	me (see instructions	<u> </u>			. — · — · · · · · · · · · · · · · · · ·
1		Distributable amount for 2012 fr	om Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
		line 7 .					37,301
2		Undistributed income, if any, as	of the end of 2012				
	а	Enter amount for 2011 only				0	
	b	Total for prior years 20,	20, 20				
3		Excess distributions carryover,	f any, to 2012				
	а	From 2007 .					
	b	From 2008 .	66,622				
	С	From 2009	173,156				
	d	From 2010	67,775				
	е	From 2011	55,794				
	f	Total of lines 3a through e		363,347			
4		Qualifying distributions for 2012	from Part				
		XII, line 4 <sup>.</sup> ► \$	92,473				
	а	Applied to 2011, but not more th	nan line 2a				'
	b	Applied to undistributed income	of prior years				
		(Election required—see instruct	ions) .				
	C	Treated as distributions out of c	orpus (Election				
		required—see instructions)					
	d	Applied to 2012 distributable an	nount				37,301
		Remaining amount distributed of		55,172			
5		Excess distributions carryover a	· · · · · · · · · · · · · · · · · · ·				
		(If an amount appears in colum	· ·				
		same amount must be shown i					
6		Enter the net total of each co	lumn as				
		indicated below:					
	а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5.	418,519			
	b	Prior years' undistributed incom	e Subtract				
		line 4b from line 2b			0		
	С	Enter the amount of prior years	undistributed				
		income for which a notice of de					
		been issued, or on which the se	ection 4942(a)				
		tax has been previously assess	ed				
	d	Subtract line 6c from line 6b Ta	1				
		amount—see instructions			l		
	е	Undistributed income for 2011	Subtract line				-
		4a from line 2a Taxable amour	1				
		instructions				l o	
	f	Undistributed income for 2012	Subtract	·			
		lines 4d and 5 from line 1. This					
		be distributed in 2013					О
7		Amounts treated as distribution	s out of				
		corpus to satisfy requirements					
		section 170(b)(1)(F) or 4942(g)					
8		Excess distributions carryover f					
-		not applied on line 5 or line 7 (s					
9		Excess distributions carryov					
-		Subtract lines 7 and 8 from line		418,519			
10		Analysis of line 9:					
		Excess from 2008	66,622				
	b	Excess from 2009	173,156				
		Excess from 2010	67,775				
	d	Excess from 2011	55,794				
		Excess from 2012	55,172				
		LACOUS HUIH EUTE .					

factors

Post XV Supplementary Information (continued)

nd address (home or business) ing the year  Sarah Lawrence College 1Mead Way Bronxville, NY 10708  Somerset City NJ Chiefs of Police PO Box 3300 North Branch, NJ 08876  Summit Special Schools 90 Maple Street Summit , NJ  Seton Hall University 400 South Orange Avenue	any foundation manager or substantial contributor	501c 3	Education  Youth Education	1,000
Sarah Lawrence College 1Mead Way Bronxville, NY 10708  Somerset City NJ Chiefs of Police PO Box 3300 North Branch, NJ 08876  Summit Special Schools 90 Maple Street Summit , NJ  Seton Hall University 400 South Orange Avenue		501c 3	Youth Education	
1Mead Way Bronxville, NY 10708  Somerset City NJ Chiefs of Police PO Box 3300 North Branch, NJ 08876  Summit Special Schools 90 Maple Street Summit , NJ  Seton Hall University 400 South Orange Avenue		501c 3	Youth Education	
PO Box 3300 North Branch, NJ 08876  Summit Special Schools 90 Maple Street Summit , NJ  Seton Hall University 400 South Orange Avenue				500
90 Maple Street Summit , NJ Seton Hall University 400 South Orange Avenue		501c 3	Education	
400 South Orange Avenue	1		Education	500
South Orange, NJ		501c 3	Educational Services	20,000
Somerset County Chiefs 391 Somerset St # D North Plainfield, NJ		501 c 3	Student Scholarships	500
TIRO Foundation PO Box 1313 NY, NY 10102		501c 3	Sandy Relief	5800
Trinity Missions 900 New Hampshire Ave Silver Springs, MD 20903		501c3	Social Services	500
Watchung PBA 840 Somerset Street Watchung, New Jersey 07069		501c3	Police Association	1,300
Women's Assoc-Mornstown Memorial Ho 99 Beauvoir Avenue, Summit NJ	ospital	501c 3	Public Services	150
				87,025
ed for future payment				
•				
	TIRO Foundation PO Box 1313 NY, NY 10102  Trinity Missions 900 New Hampshire Ave Silver Springs, MD 20903  Watchung PBA 840 Somerset Street Watchung, New Jersey 07069  Women's Assoc-Mornstown Memorial Ho	TIRO Foundation PO Box 1313 NY, NY 10102  Trinity Missions 900 New Hampshire Ave Silver Springs, MD 20903  Watchung PBA 840 Somerset Street Watchung, New Jersey 07069  Women's Assoc-Mornstown Memorial Hospital 99 Beauvoir Avenue, Summit NJ	TIRO Foundation PO Box 1313 NY, NY 10102  Trinity Missions 900 New Hampshire Ave Silver Springs, MD 20903  Watchung PBA 840 Somerset Street Watchung, New Jersey 07069  Women's Assoc-Mornstown Memorial Hospital 99 Beauvoir Avenue, Summit NJ	TIRO Foundation PO Box 1313 NY, NY 10102  Trinity Missions 900 New Hampshire Ave Silver Springs, MD 20903  Watchung PBA 840 Somerset Street Watchung, New Jersey 07069  Women's Assoc-Mornstown Memorial Hospital 99 Beauvoir Avenue, Summit NJ  Sandy Relief  501c 3  Social Services  501c 3  Police Association  For a services

Supplementary Information (continued)

Grants	and Contributions Paid During th		for Future	Payment	
•	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name a	nd address (home or business)	or substantial contributor	recipient		
a Paid dur	ring the year				
	New York Hairomite	(	501c 3	Education help	1,000
9	New York University PO Box Styuvesant Street NY, NY 10009		30103	for the poor.	1,000
12	NY Live Arts 219 West 19th Street		501c 3	Art Education	100
	New York, NY 10011				
13	Park East Synagogue 163 East 76th Street		501c 3	Public Service	900
	New York, NY 10021				
14	Project Freedom 223 Hutchinson Road		501c 3	Medical Research	300
15	Robinsville, NJ  Rally for the Cure		501c 3	Medical Research	300
	20 Westport Road Wilton, CT 06897				
16	Ronald McDonald Houses 2915 Jorie Boulevard		501c 3	Medical Research	3,000
	Old Brook, IL 60523				
17	St James Church 184 South Finley Avenue Basking Ridge, NJ 07920	·	501c3	Church funds	2,150
18	St Mary's Abby 225 Mountain Blvd		501c 3	Church/ School Funds	150
	Watchung, NJ 07069				
Total				<b>&gt;</b> 3a	<del></del>
	d for future payment				
•.					
				1	

SUMMERS FAMILY FOUNDATION, INC.
Part XV Supplementary Information (continued)

•	Recipiont	If recipient is an individual,	Foundation		
Name ar	Recipient nd address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	ing the year	or substantial contributor			
			L	/	
1	Adullam Relief Foundation, Inc. 16A Main Street		501 c 3	Community services	1,000
	High Bridge, NJ 08829				
2	American Diabetes Assoc		501c 3	Medical Research	14,325
	1160 U.S. 22 Bridgewater, NJ 07930				
	bridgewater, No 07950				
3	Diocese of Metuchen PO Box 4000		501 c 3	Religious Organization	300
	Piscataway Township, NJ, 08854				
	•				
4	Fordham University		501c 3	Education help	30,600
	Rose Hill Campus Bronx, NY 06371			for the poor.	
5	Fields of Freedom		501c3	Soup Kitchen	2,500
	Franklin, TN				
6	Franciscan Charities, Inc.		501c3	Community Services	150
	355 South 6th Street				
	Newark, NJ 07103				
7	NJ Audubon Society		501c 3	Education	500
	Bernardsvill, NJ 07920				
8	NJ Golf Foundation, Inc.		501c 3	Youth Education	500
•	255 Old New Brunswick Road		-		
	South Piscataway, NJ 08854				
Total				▶ 3a	
Approve	d for future payment				
•.					
		<b>\</b>			
		I	ľ	1	

	<b>Analysis of Income-Producing Acti</b>	vines				
ter gross ai	mòunts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program se	ervice revenue					(See instructions )
a						
b				:		
		<u> </u>	_			
		·				
e		·				
T		ļ				
-	nd contracts from government agencies			<del></del>		
	p dues and assessments savings and temporary cash investments .		• • • • •			
	1 1 1 1	523000	13,604			<del></del>
	and interest from securities  ncome or (loss) from real estate	323000	13,004		·	<del></del>
	nanced property					
	ot-financed property					
	ncome or (loss) from personal property	<del></del>				
	stment income	1				
	ss) from sales of assets other than inventory	522299	8,614	<del>-</del>		
	e or (loss) from special events					
	it or (loss) from sales of inventory					
•	nue a	523000				
_						
_				-		
е	· · · · · · · · · · · · · · · · · · ·					
Subtotal. A	dd columns (b), (d), and (e)		22,218		0	
	line 12, columns (b), (d), and (e)				13	22,218
	t in line 13 instructions to verify calculations )					
	Relationship of Activities to the Ac					
	Franksia kalaisi kaisi aaska askiiski faasiikisk imaass					
	Explain below how each activity for which incom					ctions )
	Explain below how each activity for which incom the accomplishment of the foundation's exempt					ctions)
						ctions)
						ctions)
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						ctions )

### Form 990-PF (2012) SUMMERS FAMILY FOUNDATION, INC 33-1063519 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

- 1		on 501(c) of the Code		ngage in any of the fol ection 501(c)(3) organ						Yes	No
a ·	Transfe	rs from the reporting f	oundation to	a noncharitable exem	pt organizatioi	n of					,
(	(1) Cas	sh							1a(1)		Х
(	2) Oth	er assets .	-					_	1a(2)		Х
b	Other tra	ansactions:									
(	1) Sale	es of assets to a nonc	haritable exe	mpt organization					1b(1)	-	l x i
				ble exempt organizati	on			•	1b(2)		X
		ntal of facilities, equipr						• • •	1b(3)		x
		mbursement arranger		455015				•	1b(4)		x
		ns or loan guarantees		•	•	•		•			x
				ip or fundraising solici	 tations				1b(5)		
							•		1b(6)		X
	_		_	ts, other assets, or par		•	•	•	1c		X
,	/alue of /alue in	the goods, other ass any transaction or sh	ets, or service paring arrange	complete the following es given by the reporti ement, show in column	ng foundation  (d) the value	. If the fo	oundation received	ed less than far ets, or services	r marke receive	ed	
(a) Lı	ne no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) Desc	cription of transfers, t	ransactions, and sh	аппд агга	ngeme	nts
				<del></del>							
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			·								——
							<u> </u>				
(	describe	ed in section 501(c) of	f the Code (ot	ted with, or related to, ther than section 501(					′es 🏻	No	
U !	1 165,	complete the following	ig su ledule	1		1					
		(a) Name of organization		(b) Type of o	organization		(c) [	escription of relatio	nship		
			·								
							<del></del>	<del></del>			
				<u> </u>							
		_ <del></del>									
				<u> </u>							
				this return, including accompanyi				dge and belief, it is true	 ,		
Si~	com	ect, and complete Declaration of	preparer (other than	taxpayer) is based on all information	tion of which preparer	has any kno	wledge	May the IDC a		4	
Sig	1.	_//	c	PA Ohale				May the IRS of with the preparation			
Her	e	Tt Ven	111-	("   8/20/13	TRUSTE	=		instructions)?	_		No
	ľs	ignature of officer or trustee		Date	Title		·	mad dedons)/	<u>~3 "</u>	لــا "	7.0
		nnt/Type preparer's na	ıme	Preparer's signature			Date		PTIN	-	
Paid	d	) p p p	_	,		1		Check f			
	parer							self-employed			
	•	Firm's name		<u> </u>	* "	I		Fırm's EIN ▶			
USE	Only	Firm's address			<del></del>		<del></del>				
		rinnis address						Phone no			

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2012** 

**Employer identification number** 

SUMMERS FAMILY FOUND	ATION, INC	33-1063519						
Organization type (check one	•							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	X 501(c)(3) taxable private foundation							
•	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See						
General Rule								
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or recontributor. Complete Parts I and II.	nore (in money or						
Special Rules								
sections 509(a)(1) an	B) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a close of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line of the amount on (ii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iiii) Form 990-EZ, line of the amount on (iiiii) Form 990-EZ, line of the amount on (iiiii) Form 990-EZ, line of the amount on (iiiiii) Form 990-EZ, line of the amount on (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	contribution of the greater						
the year, total contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.								
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file S st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H F, to certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ or on						

Name of organization
SUMMERS FAMILY FOUNDATION, INC

Employer identification number 33-1063519

			00 1000010
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is i	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MANHATTAN CHARITABLE FOUNDATION  120 BROADWAY  NY  NY  10271  Foreign State or Province  Foreign Country	\$75,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
SUMMERS FAMILY FOUNDATION, INC

Employer identification number 33-1063519

Part II .	Noncash Property (see instructions) Use duplicate	e copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$\$	

Name of org	ganization S FAMILY FOUNDATION, INC				Employer identification number 33-1063519			
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry							
	For organizations completing Part III, enter t contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional s	(Enter this inform	nation once See i					
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(0	l) Description of how gift is held			
raiti								
	(e) Transfer of gift							
	Transferee's name, address, and Zi	onship of	transferor to transferee					
	For Prov Country							
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(0	d) Description of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, and Zi	transferor to transferee						
	5 D							
(a) No. from Part I	For Prov Country  (b) Purpose of gift		(c) Use of gift (d		(d) Description of how gift is held			
1 4111								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
				·				
	For Prov Country							
(a) No. from Part I	(b) Purpose of gift	(c) U	(c) Use of gift (		d) Description of how gift is held			
		(e) Trai	nsfer of gift					
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee					
				·				
	For Prov Country							

## Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		٠				
Sam	8,614	0	• Net Gain or Loss	295	4,220	4 099
Net Gain or Loss			Adustments			
Other Expenses	7,429	0	Deprecation			
Cost, Other Basis and Expenses			Expense of Sale and Cost of Improvements			
	16,043	0	Valuation Method			
Gross			Cost or Other Basis	3,804	1,855	1,770
Totals	Capital Gains/Losses	Other sales	Gross Sales Price	4,099	6,075	5,869
	පී		Date Sold	9772013	4/13/2013	12/21/2013
			Acquisition Method	۵	ď	Ь
			Date	3/10/2010	6/15/2010	5/5/2010
			Check "X" if Purchaser IS a Business	×	×	X
			Purchaser			
\$ tilde			#disno			
	Long Term CG Distributions	Short Term CG Distributions	Description	72 FIDELITY GNMA FUND	371 SPTM INTER TREAS BND	354 SPTN INTER TREAS BND
			Check "X" to include in Part IV	1 × 7.	2 ×	ر ب

Part I, Line 16b (990-PF) - Accounting Fees

	0	0	(	0
•				Disbursements
	Revenue and			for Charitable
,	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1				

Part I, Line 18 (990-PF) - Taxes

	650 0 0					
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
1						
2	Tax on investment income	650				
3						

Part I, Line 23 (990-PF) - Other Expenses

		4,798	0	0	0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Office expense	4,798			

### Part II, Line 13 (990-PF) - Investments - Other

			190,041	100,739	60,139
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg of Year	End of Year	End of Year
-	FIDELITY INVESTMENTS	FMV	764,041	768,739	768,739

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

<u>,</u>	•	0
Expense Account	•	
Benefits	0	0
Compensation	0	0
Avg Hrs Per Week	2 00	7 00
Title	PRES	TRUSTEE
Foreign Country		
Zip Code	08812	07920
State	CN.	N
City	GREENBROOK	BASKING RIDGE
Street	6 NOBLE LANE	81 BUTTERNUT LANE
Check "X" if Business		
Name	GREGORY F SUMMERS	FRANK J SUMMERS, CPA

(Rev January 2013) · Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

	<del></del>							
<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3- suplete Part II unless you have already bee	-Month Ex	tension, complete only Part II (on				<b>▶</b> □	
Electronic f a corporation 8868 to requ Return for Tr	iling (e-file). You can electronically file Form required to file Form 990-T), or an addition lest an extension of time to file any of the foransfers Associated With Certain Personal I. For more details on the electronic filing of	m 8868 if yonal (not autorms listed Benefit Cor	ou need a 3-month automatic extensionatic) 3-month extension of time. You Part I or Part II with the exception intracts, which must be sent to the IR	sion of time to You can electr of Form 8870 S in paper for	file ( ronica ), Info mat (	6 montally file prmation (see	hs for Form n	
Part I	Automatic 3-Month Extension of 7	Time. Onl	y submit original (no copies nee	ded).				
A corporation	n required to file Form 990-T and requesting				lete			
Part I only .							▶	
All other con	porations (including 1120-C filers), partners	hips, REMI	Cs, and trusts must use Form 7004	to request an	exte	nsion o	f	
time to file in	come tax returns							
				s identifying n				
Type or	Name of exempt organization or other filer, se	e instruction	s		tification number (EIN) or			
print	SUMMERS FAMILY FOUNDATION, INC	hay assum		33-1063519	<b></b>	mhar (C	CNI	
File by the due date for	Number, street, and room or suite no If a PO	box, see in	structions	Social securi	ty nui	mber (5	SN)	
filing your	81 BUTTERNUT LANE  City, town or post office, state, and ZIP code I	For a foreign	address see instructions					
return See instructions	BASKING RIDGE	or a loreign	raddress, see instructions	NJ	079	200		
DAGRITO RIDGE								
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each retui	rn) .	•		. 04	
Application Return Application							Return	
Is For Code Is For							Code	
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990-B	3L	02	Form 1041-A				08	
Form 4720		03	Form 4720					
Form 990-F	<del></del>	04	Form 5227				10	
	(sec 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-1	(trust other than above)	06	Form 8870				12	
	is are in the care of FRANK J SUMM ie No. ► (908) 766-3033	ERS, CPA	FAX No. ▶					
•	anization does not have an office or place of			<u>-</u>			▶	
<ul><li>If this is f</li></ul>	for a Group Return, enter the organization's	_			-	ا† ا	this is	
list with the	names and EINs of all members the extens	ion is for	eart of the group, check this box		<b>•</b> [	an	id attach a	
until is for	est an automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-month (6 months for a control of the street and automatic 3-months for a control of the street and automati		required to file Form 990-T) extension ganization return for the organization		e Th	e exten	ision	
▶	tax year beginning		, and ending		- <b>-</b>			
	tax year entered in line 1 is for less than 12 hange in accounting period			Final i	eturr	1		
3a If this	application is for Form 990-BL, 990-PF, 990	O-T, 4720, (	or 6069, enter the tentative tax, less	any				
nonre	fundable credits See instructions.			•	3a	\$	600	
	application is for Form 990-PF, 990-T, 4720						<del></del>	
	ated tax payments made Include any prior				3b	\$	300	
	nce due. Subtract line 3b from line 3a. Inclu			using				
	S (Electronic Federal Tax Payment System			rm 0070 EO f-	3c	\$	300	
Caution, it ve	ou are going to make an electionic tung withora	wai wili linis	viiii 0000, see ruiii 0433-EU 200 F0	//// OO/ 9-EU 10	ı vav	ment ins	รถ นนเบตาS	