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Form 990-PF

EXTENSION ATTACHED
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

Department of the Treasury Internal Revenue Service

SCANNED NOV Z U ZUIS

For	alen	dar year 2012 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
J	OE	& EILEEN SUTTON FAMILY	FOUNDATION		74-3136392	
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	40	O BROADWAY - 26TH FLOOR			732-721-00	22
City	or to	own, state, and ZIP code			C If exemption application is p	ending, check here
		YORK, NY 10018			, ,,	
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, pmputation
H (heck	type of organization X Section 501(c)(3) ex	···		 E If private foundation sta	
	_	· -	Other taxable private founda	ition	under section 507(b)(1)	_ 1 1
I Fa		rket value of all assets at end of year J Accounting		Accruat	F If the foundation is in a	
		· ' ' -	her (specify)		under section 507(b)(1)	
	\$	13,391,100. (Part I, colu		pasis.)		
Pá	rt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	ıncome	іпсоте	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	, , , , , , , , , , , , , , , , , , , ,
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	191,192.	191,192.	" …	STATEMENT 1
	4	Dividends and interest from securities	262,846.	262,758.		STATEMENT 2
	1	Gross rents		•	.,,	
	l	Net rental income or (loss)				
	l _	Net gain or (loss) from sale of assets not on line 10	14,829.		RECEIV	
Revenue	h	Gross sales price for all 1 1 1 1 0 0 0			1	
Ž	7	assets on line 6a		14,829.	Ø 1401 3 72 0	ha A
æ	8	Net short-term capital gain			S NUV 1 0 €	\$15 m
	9 Income modifications				L	ig.
	10a	Gross sales less returns			CATEN	1:1
		and allowances Less Cost of goods sold		, Lordon,		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Gross profit or (loss)				
	111	Other income		<u> </u>		1
	12	Total. Add lines 1 through 11	468,867.	468,779.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
es	i i	Legal fees				
ens	1	Accounting fees		-		
Expenses		Other professional fees				
ě		Interest				
Operating and Administrative	18	Taxes	-			
istr	19	Depreciation and depletion				
ij	20	Occupancy				
Adı	21	Travel, conferences, and meetings				
2	22	Printing and publications				
9	23	Other expenses STMT 3	73,936.	625.		0.
atin		Total operating and administrative				
oer:]	expenses. Add lines 13 through 23	73,936.	625.	,	0.
ŏ	25	Contributions, gifts, grants paid	134,508.			134,508.
	26	Total expenses and disbursements.				•
		Add lines 24 and 25	208,444.	625.	.	134,508.
	27	Subtract line 26 from line 12				
	i	Excess of revenue over expenses and disbursements	260,423.			
	1	Net investment income (if negative, enter -0-)		468,154.	- 	
	l	Adjusted net income (if negative, enter -0-)			N/A	,
2225			•			222 22

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Losses	for Tax on in	vestment	Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				(b) t	low ac - Purcl - Dona	lase	(c) Date a (mo , da		(d) Date sold (mo , day, yr)		
1a JP MORGAN - SEE SCHEDULE ATTACHED							04/1		09/12/12		
b JP MORGAN - SE		JLE ATTAC			<u> </u>			03/1		11/05/12	
t JP MORGAN - SE	E SCHEDU	JLE ATTAC	HED		_		P (04/1	9/07	12/06/12	
d	·							<u>-</u>		 	
<u>e</u>	(f) Donroos	ation allowed	(a) Coc	t or other bacic	1			(h) G	un or /locc	<u> </u>	
(e) Gross sales price		ation allowed lowable)		t or other basis xpense of sale					ain or (loss (f) minus		
a 161,697.		·	· · · · · ·	150,00	0.				<u></u>	11,697.	
b 199,559.				197,07						2,488.	
750,644.				750,00					<u> </u>	644.	
d											
e											
Complete only for assets showin	g gain in columr	(h) and owned by t	the foundation	on 12/31/69					ol (h) gain		
(i) F M V as of 12/31/69		sted basis	, , ,	cess of col. (I)			COI.		ot less tha (from col-		
	as of	12/31/69	over	col (j), if any			_ -				
<u>a</u>		· - -					···-			11,697. 2,488.	
<u>b</u>			-							644.	
c d									<u> </u>		
e					\dashv						
		∫ If gain, also enter	in Dort Llina		7						
2 Capital gain net income or (net ca	pital loss)	If (loss), enter -0-			•	2				14,829.	
3 Net short-term capital gain or (los											
If gain, also enter in Part I, line 8,		36C00113 1222(3) an	u (0)		1						
If (loss), enter -0- in Part I, line 8				<u></u>		3			N/A	<u> </u>	
Part V Qualification U	nder Section	on 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome			
(For optional use by domestic private	foundations sub	oject to the section 4	1940(a) tax on	net investment in	come	!)					
If section 4940(d)(2) applies, leave th	ns part blank										
Was the foundation liable for the sect	tion 4042 tay on	the distributeble am	ount of any ve	ar in the bace no	chor					Yes X No	
If "Yes," the foundation does not qual				•	iou.		•	•	•	163 [21] 140	
1 Enter the appropriate amount in e					ntries				***		
(a)		(b)			(c)				Dietri	(d) bution ratio	
Base period years Calendar year (or tax year beginnii	ng in) Adj	usted qualifying dis		Net value of no					(col (b) dr	vided by col (c))	
2011			4,824.		12	,47	9,574	•		.023625	
2010			2,460.				2,113				
2009			5,266.				2,128			.115849	
2008			0,202.				9,461			.179046	
			0,596.			,51	9,039	- - 		.134189	
										406412	
2 Total of line 1, column (d)			0 5	b 4b	- 4			2		.496413	
3 Average distribution ratio for the			on line 2 by 5,	or by the number	от уе	ars				.099283	
the foundation has been in exister	nce ii iess than 5	years		-				3		.099203	
4 Enter the net value of noncharitab	da-uca accate foi	2012 from Part V	lina 5					4	1	2,528,359.	
- Enter the net value of nonchantal	ne-use assets to	1 ZU 1Z II UIII F alt A,						-	<u> </u>	2/320/007.	
5 Multiply line 4 by line 3								5		1,243,853.	
· makipiy iiio i by iiio o			•								
6 Enter 1% of net investment incom	ne (1% of Part I.	line 27b)						6		4,682.	
	,			•		•	-				
7 Add lines 5 and 6				•			·	7_		1,248,535.	
			-								
8 Enter qualifying distributions from	n Part XII, line 4					-		8_		134,508.	
If line 8 is equal to or greater than	line 7, check the	e box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax ı	rate.				
See the Part VI instructions											
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	1990-PF(2012) JOE & EILEEN SUTTON FAMILY FOUNDATION 74-3136			Page 4
$\overline{}$	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctio	ns)
1a	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 here 🕨 🔲 and enter 1%		<u>9,3</u>	<u>63.</u>
	of Part I, line 27b			
	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-)			0.
3	Add lines 1 and 2		9,3	<u>63.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		9,3	63.
6	Credits/Payments			
a	2012 estimated tax payments and 2011 overpayment credited to 2012 . 6a 9,635.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld <u>6d</u>			
7	Total credits and payments. Add lines 6a through 6d		9,6	35.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			<u>2.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	70.
	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 270 - Refunded ▶ 11			0.
	art VII-A Statements Regarding Activities	·····		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	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 definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			•
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
е	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 of incorporation, or	ŀ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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 amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	<u> X</u>	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<u></u>
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	NY Enter the states to which the foundation reports or with which it is registered (see instructions)			
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	
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		X
		m 990	-PF	(2012)

orm 990-PF (2012) JOE & EILEEN SUTTON FAMI	LY FOUNDATION		74-313639	92 Page 6
Part VII-B Statements Regarding Activities for Which F			ıed)	
5a'During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or		ectly,		
any voter registration drive?		T Ye	s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes?		🔲 Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?	• · · · · · · · · · · · · · · · · · · ·	Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	—		
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A 5	ib T
Organizations relying on a current notice regarding disaster assistance check hi		• •	·►□□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_ [1 1
expenditure responsibility for the grant?			s 🖂 No	
If "Yes," attach the statement required by Regulations section 53.4945			ķ	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Jay premiums on	□ v _o	s X No	
a personal benefit contract?	amonal banefit apptract?	16		sb X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		. [<u> </u>
If "Yes" to 6b, file Form 8870.			s X No	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7b
b If Yes, did the foundation receive any proceeds or have any net income attribu				<u>n </u>
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	inagers, riigniy	,	
List all officers, directors, trustees, foundation managers and their	compensation.	·		
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid.	employee benefit plans and deterred	account, other
TOCHDIL CUMMON	to position CHAIRMAN	`enter -0-) ´	compensation	allowances
	CHAIRMAN			
103 JEROME AVENUE	0.00	0.	0.	0.
DEAL, NJ 07723		0.	0.	
	TRUSTEE			
103 JEROME AVENUE	0.00			0
DEAL, NJ 07723	0.00	0.	0.	0.
	TRUSTEE			
1400 BROADWAY 26TH FLOOR	0.00			0
NEW YORK, NY 10018	0.00	0.	0.	0.
				,
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evpanos
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deterred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE		}		}
				
				į
				
				ĺ
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total number of other employees paid over \$50,000			▶	0
			Form	990-PF (2012)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers Paid Employees, and Contractors (continued)	, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Ty	pe of service	(c) C	ompensation
NONE			
		<u> </u>	
		-	
		-	
T. A. L			0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	•		<u>U</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such	as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	as the	Expen	ses
1 N/A			
	-		0.
2			
3			
· · · · · · · · · · · · · · · · · · ·			
4			
Part IX-B Summary of Program-Related Investments		<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amou	nt
1 N/A			
			0.
2			
All other program-related investments. See instructions			
3			
	<u></u>		
Table Addition of Abranch 2	<u> </u>		
Total. Add lines 1 through 3	. •	Fa 000	0.
		rom 990	- PF (2012)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	3,503,231.
	Average of monthly cash balances	1b (3,579,641.
	Fair market value of all other assets	10	5,636,274.
d	Total (add lines 1a, b, and c)	1d	12,719,146.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,719,146.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	190,787.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,528,359.
6	Minimum investment return. Enter 5% of line 5	6	626,418.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	626,418.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	9,363.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	617,055.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	617,055.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	617,055.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		124 500
а	• • • • • • • • • • • • • • • • • • • •	1a	134,508.
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	134,508.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	134,506.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	134,508.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies 1	or the section

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				617,055.
2 Undistributed income, if any, as of the end of 2012	1		_	
a Enter amount for 2011 only			0.	<u></u>
ь Total for prior years	}			
3 Excess distributions carryover, if any, to 2012	· · · · · · · · · · · · · · · · · · ·	0.		·····
1	I			
a From 2007 472,080. b From 2008 669,749.				
c From 2009 554, 850.	1			
d From 2010	1			
e From 2011				
f Total of lines 3a through e	1,696,679.			· :
4 Qualifying distributions for 2012 from				
Part XII, line 4. ►\$ 134,508.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		;
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			·
d Applied to 2012 distributable amount				134,508.
e Remaining amount distributed out of corpus	0.	H-H-1-1111		:
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	482,547.			482,547.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,214,132.			
b Prior years' undistributed income Subtract				······································
line 4b from line 2b		0.		
c Enter the amount of prior years'				······································
undistributed income for which a notice of				:
deficiency has been issued, or on which the section 4942(a) tax has been previously				•
assessed		0.		· ·
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a Taxable amount - see instr			0.	***************************************
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2013		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	1,214,132.			
10 Analysis of line 9	, ,			-
a Excess from 2008 659, 282.				
b Excess from 2009 554,850.				
c Excess from 2010				• •
d Excess from 2011 .		·		,
e Excess from 2012 .				
				Form QQA_DF /2012\

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Continuation	
a Paid during the year				
		}		
SEE SCHEDULE ATTACHED			UNRESTRICTED USE	
				134,508.
		}		
				-
		}		
Total			▶ 3a	134,508.
b Approved for future payment				
NONE				
		}		
Total			> 3b	0.
<u></u>			Fo	m 990-PF (2012)

Part XVI-A	Analysis of Income-Producing	Activities
* ***** ****** * * * * * * * * * * * *	Analysis of moonic i roddomg	

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclude (C) Exclu-	ed by section 512, 513, or 514	(e)		
	_ (a)	a) (b)		(d)	Related or exempt		
1 Program service revenue	Business code	Amount	sion	Amount	function income		
	3000	-	- -				
•	_						
			-				
C					<u>-</u>		
0	-						
e	_						
g Fees and contracts from government agencies	-		+				
•							
2 Membership dues and assessments 3 Interest on savings and temporary cash							
investments			14	191.192			
4 Dividends and interest from securities			14	191,192. 262,846.			
	<u> </u>	 		202,0101			
5 Net rental income or (loss) from real estate	<u> </u>		-				
a Debt-financed property .							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property .			+-+	-			
7 Other investment income							
8 Gain or (loss) from sales of assets other			18	14,829.			
than inventory	 		10	14,025.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
â	_ 	<u></u> .					
D	_ 						
C	_	 	-+				
đ	— 	<u> </u>					
e	_		, 	460 063			
12 Subtotal Add columns (b), (d), and (e)	1		0.	468,867.	0.		
13 Total. Add line 12, columns (b), (d), and (e)		•		13	468,867.		
(See worksheet in line 13 instructions to verify calculations	3)				<u> </u>		

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment the foundation's exempt purposes (other than by providing funds for such purposes)	OT
	NOT APPLICABLE	
	NOT APPLICABLE	
		-
· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · ·
		<u>-</u>
		<u> </u>
223621 12-05-12	Form	990-PF (2012

orm 990			EILEEN S						136392	Page 13
Part)	(VII	Information Re		nsters To a	ind Transac	tions ar	nd Relations	ships With Non	charitable	
		Exempt Organ		-645 - 6-11				han 501/a) af	- F. F	Yes No
		anization directly or indir						(10ft 50 f(c) of		TES NO
	•	other than section 501(c)				icai organiz	auonsz			
		rom the reporting founda	ation to a noncharit	abie exempt org	janization of				10/1	x
	Cash		•						1a(1)	$\frac{\lambda}{X}$
	Other		-				•		1a(2)	→ ↑ ^
		actions.							1.41	v
		of assets to a nonchantal	• •				•		1b(1)	X
		ases of assets from a nor		organization .			•		1b(2)	X
• •		of facilities, equipment,		•	•	-			1b(3)	X
		ursement arrangements	-		-		-		1b(4)	X
		or loan guarantees					-	•	1b(5)	X
		mance of services or me	•	•			•		1b(6)	$\frac{\lambda}{X}$
	-	facilities, equipment, ma	•						10	
or s	ervices	er to any of the above is given by the reporting for	oundation If the fo	undation receive						я ѕ,
		the value of the goods,			avament arganiza	tion.	(4) 0			
(a) ∟ne no	<u> </u>	b) Amount involved	(c) Name		exempt organizat	lion	(U) Description	n of transfers, transaction	s, and shanng am	angements
	 -			N/A			<u> </u>			
	-								•	
	_									
							-			
		· · · · · · · · · · · · · · · · · · ·								-
							 			
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ın s	ection :	dation directly or indirection of the Code (othe	r than section 501(npt organiza	ations described		Yes	X No
b If"Y	es, co	mplete the following sch			(h) Tuna of acce			(a) Description of rel	ntionahin	
		(a) Name of org	jamzation		(b) Type of orga	IIIIZa(IOII		(c) Description of rela	auonsnip	
		N/A	···							
										
						+				
		·· ·				+				
	Under	penalties of perjury, I declare	Ant I have exempled t	hie mhim includin	o accompanying ech	adulae and e	tatemente and to th	a best of my knowledge		
Cia-	and be	lief, it is true, correct, app. co.	plete, Declaration of	preparer (other that	n taxpayer) is pased	on all informa	tion of which prepar	er has any knowledge	May the IRS of return with the	
Sign Here		/11/			1.1.1	•	CHATE	M A AT	shown below	
11616	Cuan				1112	13	CHAIR	MAIN	_ X Yes	L No
	Sign	ature of officer or trustee		Dronovoria	Date '		Title	Check If	PTIN	
		Print/Type preparer's na	31116	Preparer's s	ignature		Date	self- employed		
שיים		איי די די די די די די די די די)	11/10	_ Aul		11-6-13	Sen- employed	חרטטט	602
Paid		MARVIN ANT		V-10-	- 7,000		. 017	Firm's EIN ▶ 4 1	P00029	
Prepa	arer	Firm's name ► MCG	LAUKEY L	\mathtt{LP}				FIRM'S EIN P 4 1	L-12444	ΤΩ

Form **990-PF** (2012)

212-372-1000

Use Only

Firm's address ▶ 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602

Phone no

							_
FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
LOANS RECEIVABLE PROVIDENT						144,8	
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			191,1	192.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
				CAPI	TAL GAINS	COLUMN (A	
SOURCE		GROSS	AMOUNT		VIDENDS	AMOUNT	-,
CAMPUS VIEW EQUITY, LLC	-		19.		0.		19.
COTTAGES OF NORMAN EQUITY LLC JP MORGAN	٠		48.		0.	100	48.
JP MORGAN			102,399. 134,917.		0. 0.	102,3 134,9	
MORGAN STANLEY			12,880.		0.	12,8	
MORGAN STANLEY			3.		0.	12,0	3.
MORGAN STANLEYSMITHBARNEY			•		•		٠.
098-143061 MORGAN STANLEYSMITHBARNEY			12,525.		0.	12,5	525.
098-143061			8.		0.		8.
WOODLAND MEWS EQUITY, LLC			47.		0.		47.
TOTAL TO FM 990-PF, PART I, 1	LN 4		262,846.		0.	262,8	346.
FORM 990-PF	0	THER E	XPENSES			STATEMENT	3
	-		·····				
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FILING FEES		750.		375.			0.
MISCELLANEOUS		144.		0.			0.
FEDERAL TAXES		8,860.		0.			ö.
NON-DEDUCTIBLE EXPENSE FROM PASSTHROUGH							
LOSS FROM PASSTHROUGH		779.		0.			0.
ENTITIES	6	2,395.		0.			0.
CONSULTING FEES		500.		250.			0.
BANK FEES		45.		0.			0.
SEC 179 DEDUCTIONS FROM		202		^			^
PASSTHROUGH ENTITIES		203.		0.			0.
STATE TAXES		260.		0.			0.
TO FORM 990-PF, PG 1, LN 23		3,936.					

14 STATEMENT(S) 1, 2, 3 10551106 759915 14373G 2012.04040 JOE & EILEEN SUTTON FAMILY 14373G_1

FORM 990-PF	CORPORATE STOCK		STATEMENT 4
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
JPMORGAN SECURITIES MORGAN STANLEY MORGAN STANLEY	•	3,418,145. 0. 547,909.	3,462,143 0 480,550
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	3,966,054.	3,942,693.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 5
FORM 990-PF DESCRIPTION	OTHER INVESTMENTS VALUATION METHOD	BOOK VALUE	STATEMENT 5
	VALUATION	BOOK VALUE 132,750. 69,908. 80,553. 104,500. 28,757.	FAIR MARKET

	Account No	036-00994		
AROD BURKET IS NACROM OF	Account Name	JOSEPH & EILEEN SUTTON FAMILY	•	
3 METROTECH CENTER BROOKLYN NY 11245-0001	Taxpayer Identification Number 74-3136392		I P Moroan	
	Account Executive No	083	O.L.IVIOL Sall	•——
	CORRECTED	03/14/13		

RECIPIENT'S Name, Street Address, City, State, and Zip Code
JOSEPH & EILEEN SUTTON FAMILY
FOUNDATION
ATTENTION: ALBERT J SUTTON
1400 BROADWAY 26TH FLOOR
NEW YORK NY 10018-5396

Payer's Federal Identification Number 13-3604093
Payer's Name, Street, City, State, Zip Code:
J P MORGAN CLEARING CORP
3 METROTECH CENTER
BROOKLYN NY 11245-0001

2nd TIN Notice

Telephone Number (212) 272-0495

2012 1099 GROSS PROCEEDS

Total Cost, Realized Gain (Loss), and holding period information may not reflect all adjustments necessary for tax reporting purposes. Taxpayers are ultimately responsible for the accuracy of their tax returns and should verify such information against their own records when calculating reportable gain or loss resulting from a sale, redemption, or exchange. Where indicated JPMCC does not report such information to the IRS or other taxing authorities and is not responsible for the accuracy of such information; taxpayers may be required to report to federal, state, or other taxing authorities. JPMCC makes no warranties with respect to, and specifically disclaims any liability arising out of a customer's use of, or any tax position taken in reliance upon, such information

FORM 1099-B Totals Summary

Form 8949, Part I or II (Short Term or Long Term)	Proceeds	Cost	REALIZED GAIN (LOSS)	Wash Sale Loss Disallowed
Total Noncovered Transaction Proceeds (Box B Checked)	750,644 18			
Form 8949, Part I (Short Term)				
Total Covered Short Term Gain/ Loss (Cost Basis Reported to IRS, Box A Checked)				
Total Noncovered Short Term Gain/ Loss (Cost Basis NOT Reported to IRS, Box B Checked)				
Form 8949, Part II (Long Term)				
Total Covered Long Term Gain/ Loss (Cost Basis Reported to IRS, Box A Checked)	161,697 11	150,000 00	11,697 11	

2,487 37

197,07141

199,558 78

Total Noncovered Long Term Gain/ Loss (Cost Basis NOT Reported to IRS, Box B Checked)

036-00994	JOSEPH & EILEEN SUTTON FAMILY	74-3136392	083
Account No	Account Name	Taxpayer Identification Number 74-3136392	Account Executive No
	OR CO CALGO CA O	3 METROTECH CENTER BROOKLYN NY 11245-0001	

J.P.Morgan

POAZ EORMAOSE BARROCEEDS FROMBROKER ABARTIER EXCHANGE TRANSACTIONS (OMBINO A 546-0745) WHITE THE SAME AS A SAME OF THE SAME OF

03/14/13

CORRECTED.

Noncovered Transaction Proceeds - Cost Basis NOT reported to IRS

Box 6a: Noncovered Security

Box 6b:

Box 1c: Type of Gain or Loss:

Report on Form 8949, Part I or II - as appropnate, with Box B checked

æ	Loss Not REALIZED Allowed GAIN (LOSS)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
(Box 2b)	Loss Not Allower	0						•
(Box 4)	Federal Income Tax Withheld	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Box 5)	Wash Sale Loss Disallowed			9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
(Box 3)	Cost or Other Basis				9 9 9 9 9 9 9 9 9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
(Box 2a)	Sales Price Less Commission and Option Premiums	20,956 17	3,170 00000 79,968 17	8,000 00000 200,000 00	6,000 00000 149,421 63 0.00	6,000 00000 150,298 21 0.00	150,000 00	750,644.18
(Box 1e)	Quantity	830 00000	3,170 00000	8,000 00000	00000 000'9	6,000 00000	6,000 00000	-
(Box 1d)	Symbol	JPMPRY 48122F207			MSK 61753R200	MERPRM 59024T203	92978U207	
(Box 8)	Description	JP MORGAN CHASE CAP XIV	JP MORGAN CHASE CAP XIV	07/12/12 JPMORGAN CHASE CAP XXVIII 48124Y20v REDEMPTION	12/06/12 MORGAN STANLEY CAP TR VIII MSK 61753R200	12/06/12 MERRILL LYNCH CAP TR II MERPRM 59024T203	WACHOVIA CAPITAL TRUST IV	6 ITEMS - Total
(Box 1b)	Date of							,
(Box 1a)	Date of Sale Date of or Exchange	12/05/12	12/06/12	07/12/12	12/06/12	12/06/12	04/13/12	

036-00994	JOSEPH & EILEEN SUTTON FAMILY	74-3136392	083
Account No	Account Name	Taxpayer Identification Number 74-3136392	Account Executive No
	GROOM GARANTE	3 METROTECH CENTER BROOKLYN NY 11245-0001	

J.P.Morgan

2012 FORM 1099-B: PROCEEDS FROM BROKER'S BARTER EXCHANGE TRANSACTIONS (ONB.NO. 1645-0715)

03/14/13

CORRECTED

Covered Long Term Gain or Loss - Cost Basis Reported to IRS

Box 6b: Basis Report to IRS

Box 1c: Type of Gain or Loss: Long Term

A Print of the state of the sta

Report on Form 8949, Part II, with Box A checked

on Realized Gain / Loss to IRS and is not responsible for the accuracy of such information.

			1000 C		2,793 12	8,903 99	11,697.11
	(Box 2b)	Loss	Not Allowed				
	(Box 4)	Federal	Income Tax Withheld		0.00 0.00	0.00	0.00
Julianon.	(Box 5)	Wash Sale	Loss		00 0	00 0	00:0
ccuracy of such mile	(Box 3)		Cost or Other Basis		31,175 00	118,825 00	150,000.00
Gain / Loss to IKS and is not responsible for the accuracy of such minorination.	(Box 2a)	Sales Price Less		1	33,968 12	127,728 99	161,697.11
Loss to IKS and IS I	(Box 1e)	+	Quantity		1,247 00000	4,753 00000	:
por Realized Gain /	(Box 1d)	Symbol	givino	ricos	VNOPRJ 929042869	VNOPRJ 929042869	
JPMCC does not report Realized	(Box 8)			Description	04/13/11 VORNADO RLTY TR	04/13/11 VORNADO RLTY TR	2 ITEMS - Total
	(Box 1b)		Date of	Acquisinon	04/13/11	04/13/11	
	(Box 1a)		Date of Sale Date of	or exchange Acquisition	09/12/12	09/13/12	

036-00994	JOSEPH & EILEEN SUTTON FAMILY	74-3136392	083
Account No	Account Name	Taxpayer Identification Number 74-3136392	Account Executive No
	ados enidas o nacidom a	3 METROTECH CENTER BROOKLYN NY 11245-0001	

J.P.Morgan

2012 FORM 1099-B. PROCEEDS FROM BROKER'S BARTER EXCHANGE TRANSACTIONS (OMBINO, 1646-0716)

03/14/13

CORRECTED

Noncovered Long Term Gain or Loss - Cost Basis NOT Reported to IRS

Box 6a: Noncovered Secunty

Boy Sh

Box 1c: Type of Gain or Loss:

Long Term

۱.. ..

The state of the s

Report on Form 8949, Part II, with Box B checked

JPMCC does not report Date of Acquisition, Cost Basis, and Realized Gain / Loss to the IRS for noncovered transactions and is not responsible for the accuracy of such information. Wash Sales are not calculated for noncovered transactions.

	00 0	3,073.59	(586 22)	00 0	2,487.37
(Box 2b) Loss Not Allowed		6			
(Box 4) Federal Income Tax Withheld	0.00	0.00	0.00	0.00	0.00
(Box 5)	00 0	00 0	00 0	00 0	00.0
(Box 3) (B	150,000 00	12,921 41	21,650 00	12,500 00	197,071.41
(Box 2a) Sales Price Less Commission and Option Premiums	6,000 00000 150,000 00 150,000 00 00 0 0 00 0.00 0 0 00	722 67400 15,995 00 12,921 41 0 00 0.00 3,073 59	866 00000 21,063 78 21,650 00 0 00 0 00 0.00 (586 22) 5	12,500 00	199,558.78
(Box 1e) Quantity Sold	6,000 0000	722 67400	866 00000	200 00000	
(Box 1d) Symbol CUSIP					
(Box 8) Description	05/04/07 ENTERTAINMENT PROPERTIES TRUST REDEMPTION	03/27/12 12/14/09 "JPMORGAN TR I JLPCX 4812A239	03/27/12 03/12/07 NEWCASTLE INVT CORP NCTPRD 65105M40	08/17/04 VORNADO REALTY TRUST REDEMPTION	4 ITEMS - Total
(Box 1b)	05/04/07	12/14/09	03/12/07	08/17/04	
(Box 1a) Date of Sale	11/05/12	03/27/12	03/27/12	08/16/12	

END OF 2012 CONSOLIDATED FORM 1099

	TON FAMILY	IPMoroa	910111110
036-00994	JOSEPH & EILEEN SUTTON FAMILY	74-3136392	063
Account No	Account Name	Taxpayer identification Number 74-3136392	Account Executive No
	A MORGAN CLEARING CORP	3 METROTECH CENTER BROOKLYN NY 11245-0001	

03/14/13

CORRECTED

FOOTNOTES

A - Position carried at Average Cost

T - Cost Basis information is based on information you, your advisor or third parties have supplied and it has been included on your statement for information is based on information you, your advisor or third parties have supplied and it has been including, without limitation, any implied warranties of accuracy, completeness and fitness for a particular purpose

W - Cost may have been adjusted due to wash sales

SHORT SALE - The Date of Sale or Exchange is the settlement date of the transaction used to close the short sale. The Date of Acquisition is the trade date of the acquired security used to close the short sale. Short sales covered in December that settle in January will be reported on your Form 1099-B in the year such sales are settled. Short sales opened prior to January 01, 2011 are noncovered and proceeds were reported on Form 1099-B in the year such short sales were opened E - Adjusted for option exercise or assignment.

ISPOSAL METHODS

Blank - FIFO (First in First Out), L - LIFO (Last in First Out), S - Specific Match (Versus Purchase Method), H - High Cost Method, C - Low Cost Method; X - High Cost Long Term

J.P.Morgan						
036-00994 JOSEPH & EILEEN SUTTON FAMILY		083	03/14/13			
Account No Account Name	Taxpayer Identification Number 74-3136392	Account Executive No	CORRECTED.			
	J P. MORGAN CLEARING CORP 3 METROTECH CENTER BROOKLYN NY 11245-0001					

2012 SUPPLEMENTAL GAIN OR LOSS INFORMATION

taxing authorities and is not responsible for the accuracy of such information taxpayers may be required to report to federal, state or other taxing authorities. JPMCC makes no Total Cost, Realized Gain (Loss), and holding period information may not reflect all adjustments necessary for tax reporting purposes. Taxpayers should verify such information against their own records when calculating reportable gain or loss resulting from a sale, redemption, or exchange. JPMCC does not report such information to the IRS or other warranties with respect to, and specifically disclaims any liability arising out of a customer's use of, or any tax position taken in reliance upon, such information. Unless otherwise noted, JPMCC determines cost basis at the time of sale based on the average cost-single category method for open-end mutual funds and based on the first-in, first-out (FIFO) method for all other securities Proceeds information excludes accrued income

Supplemental Gain or Loss Totals Summary

Form 8949, Part I, Box B (Short Term) (Combine with Part I, Box B from Form 1099-B)	Proceeds	Cost	REALIZED GAIN (LOSS)
Total Noncovered Short Term Gain or Loss (Cost Basis NOT Reported to IRS) Total Noncovered Short Term Proceeds (Cost Basis Unavailable)			
Form 8949, Part II, Box C (Short Term)	Proceeds	Cost	REALIZED GAIN (LOSS)
Total Short Term Gain or Loss from Transactions Not Reported on Form 1099-B Total Short Term Proceeds from Transactions Not Reported on Form 1099-B			
Form 8949, Part II, Box B (Long Term) (Combine with Part II, Box B from Form 1099-B)	Proceeds	Cost	REALIZED GAIN (LOSS)
Total Noncovered Long Term Gain or Loss (Cost Basis NOT Reported to IRS) Total Noncovered Long Term Proceeds (Cost Basis Unavailable)	750,644 18	750,000 00	644 18
Form 8949, Part II, Box C (Long Term)	Proceeds	Cost	REALIZED GAIN (LOSS)
Total Long Term Gain or Loss from Transactions Not Reported on Form 1099-B			
Total Long Term Proceeds from Transactions Not Reported on Form 1099-B			

·	IPMorgan		
036-00994 JOSEPH & EILEEN SUTTON FAMILY	74-3136392	083	03/14/13
Account No Account Name	Taxpayer Identification Number 74-3136392	Account Executive No	CORRECTED
GOOD ONIGAD IS NACOOM OF	3 METROTECH CENTER BROOKLYN NY 11245-0001		

22012. Supplemental Gain or Lose Information Transmission and the second second

The state of the s

Noncovered Long Term Gain or Loss - Cost Basis NOT reported to IRS Report on Form 8949, Part I, with Box B checked (proceeds for these transactions were reported on Noncovered Transaction Proceeds section of Form 1099-B)

Gross Proceeds for these transactions were reported by JPMCC in the "Noncovered Transaction Proceeds" section of Form 1099-B. Cost basis details listed here are informational and may be used in conjunction with Form 1099-B data to complete Form 8949.

	206 17	718 17	00 0	(578 37)	298 21	00 0	644.18
Action and the second s	JPMPRY 830 00000 20,956 17 20,750 00 208 17 48122F207	JPMPRY 3,170 00000 79,968 17 79,250 00 718 17 48122F207	48124Y204 8,000 00000 200,000 00 200,000 00 0	MSK 6,000 00000 149,421 63 150,000 00 (578 37)	150,000 00	150,000 00	750,000.00
The second secon	20,956 17	79,968 17	200,000 00	149,421 63	150,298 21	150,000 00	750,644.18
	830 00000	3,170 00000	8,000 00000	6,000 00000	6,000 00000	6,000 00000	
では、一般では、10mmでは	JPMPRY 48122F207	JPMPRY 48122F207	48124Y204	MSK 61753R200	MERPRM 59024T203	92978U207	Loss
		1206/12 09/22/04 JP MORGAN CHASE CAP XIV 6 20% TR PFD SECS DUE 10/15/34	JPMORGAN CHASE CAP XXVIII GTD CAP SECS SER BB	12/06/12 04/19/07 MORGAN STANLEY CAP TR VIII GTD CAP SECS 6 45% 4/15/67 PFD SHS	12/06/12 04/25/07 MERRILL LYNCH CAP TR II MERPRM 6,000 00000 150,288 21 150,000 00 298 21 GTD 6 45% TR PFD SECS 59024T203 MATURITY 6/15/62	WACHOVIA CAPITAL TRUST IV 6 375 PFD SER 3/01/67	6 ITEMS - Total Noncovered Long Term Gain / Loss
, ,	09/22/04	09/22/04	12/15/09	04/19/07	04/25/07	02/08/07	
	12/05/12	12/06/12	07/12/12	12/06/12	12/06/12	04/13/12	

FOOTNOTES

- A Position carned at Average Cost
- E Adjusted for option exercise or assignment

DISPOSAL METHODS

H - High Cost Method, C - Low Cost Method, X - High Cost Long Term Blank - FIFO (First in First Out), L - LIFO (Last in First Out), S - Specific Match (Versus Purchase Method),

Page 11 of 22

JOE AND EILEEN SUTTON FAMILY FOUNDATION LIST OF DONATIONS

2012

Payes	Amount
Magen David Yeshiva	\$42,000 00
Bikur Cholim of Boro Park	\$101.00
Friends of Ahavat Shalom	\$1,000 00
Congregation Bnei Yeshiva	\$200.00
Play for Pink	\$100.00
Barkai	\$5,000.00
Sephardic Bikur Holim	\$500.00
Sephardic Bikur Holim	\$150 00
Tov Ve Chesed	\$250.00
American Friends of Yirgun YRA	\$500.00
Meor Hatorah Yeshiva	\$500.00
P'Eylim Lev L'Achim	\$600.00
Keren Tziach	\$200.00
Yeshiva Ruach Hatorah	\$6,500.00
Yeshiya Ktana of Passaic	\$15,000.00
Sheerith Yosef	\$1,000.00
Congregation Beth Torah	\$3,668.00
Bet Yaakov Ateret Torah High School	\$50.00
Yeshiva Tiferes Boruch	\$2,000.00
Gesher Yehuda	\$170.00
Puah Institute	\$100.00
ECHO	\$2,500.00
Ahi Ezer Yeshiya	\$900.00
Bet Yaakov of the Jersey Shore	\$254.00
Ladies Auxiliary-Deal Fire C. No. 2	\$25.00
Deal P B.A. Local 101	\$25.00 \$25.00
Deal First Aid & Emergency Squad	\$25 00 \$25 00
Deal Fire Company No. 2	\$25 00
Ezer Mizion	\$150.00
llan High School	\$501.00
Sephardic Community Center	\$110.00
Tzedakah Va Chesed	\$200.00
Sephardic Bikur Holim	\$50.00
Chabad of Northwest Arkansas	\$200 00
Chesed Fund	\$500.00
Chai Lifeline	\$2,600.00
Yad Yosef Aniyim Fund	\$5,000 00
Chai Lifeline	\$2,600 00
Ezrat Israel	\$101.00
Yad Yosef Torah Center	\$501 00
Gesher Yehuda	\$1,000 00
Guardians of the Sick	\$52 00
Yeshiva Ruach Hatorah	\$10,000.00
Yeshiva Tiferes Boruch	\$15,000 00
Mesivta Yeshiva Rabbi Chaim Berlin	\$6,500 00
Yad Yosef	\$1,000.00
Hillel Yeshiva	\$1,100 00
Ohel Yaacob	\$500.00
Total	\$131,008 00
Samuel & Sari Sutton Foundation	\$3,500
Total	\$134,508
i Otai	\$13 4 ,308

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			▼
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not d	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	m 8868.	
Electron	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a c	orporation
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request a	n extension
	o file any of the forms listed in Part I or Part II with the exc					
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format i	(see instructions). For more details o	on the elec	tronic filing of th	nis form,
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		,			
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and i	complete		
Part I on	hy					.▶ ∟_}
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and to	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employer	identification n	umber (EIN) or
File by the	JOE & EILEEN SUTTON FAMILY				74-3136	
due date to filing your	Number, street, and room or suite no If a P.O. box, s 1400 BROADWAY - 26TH FLOOR	ee instruc	tions.	Social se	cunty number (S	SSN)
return See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.	<u> </u>		
	NEW YORK, NY 10018					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			04
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	O-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99	O-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	-		11
Form 99	0-T (trust other than above)	08	Form 8870			12
	HOWARD SANDERS					
• The b	ooks are in the care of > 1400 BROADWAY	- NEW	YORK, NY 10018			
Telep	hone No. ► 732-721-0022		FAX No. ►			- -
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			.▶ 🗀
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN), i	If this is fo	the whole grou	p, check this
box 🕨	If it is for part of the group, check this box.	and atta	ch a list with the names and EINs of	f all memb	ers the extensio	n is for.
1 1 re	equest an automatic 3-month (6 months for a corporation					
	AUGUST 15, 2013 to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	for the organization's return for:					
>	X calendar year 2012 or					
•	tax year beginning	, an	d ending		<u>.</u> ·	
2 111	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 ^	nter the tentative tax loss any			
	nrefundable credits. See instructions.	بر وووي. و	mer are territative tax, 1855 arry	3a	s	9,104.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		_ -y	J, 104.
<u>es</u>	timated tax payments made. Include any prior year over	ayment a	llowed as a credit.	3ь	\$	9,800.
	alance due. Subtract line 3b from line 3a. Include your pa	•	• • • • • • •	Ì		_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	. If you are going to make an electronic fund withdrawal v			om 8879-		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868	3 (Rev. 1-2013)

Form 8868 (Rev. 1 2013)					Page 2
 If you are filing for an Additional (Not Automatic) 3 	-Month Extension, c	omplete only Part II and check thi	s box	••• • • • • •	
Note. Only complete Part II if you have already been g	ranted an automatic (3-month extension on a previously i	iled Form 8	868.	
if you are filing for an Automatic 3-Month Extension				·	
Part II Additional (Not Automatic) 3-	Month Extension	n of Time. Only file the origin	nal (no co	pies ne	eded).
		Enter filer's	identifyin	g number	, see instructions
1			Employer	identifica	tion number (EIN) or
File by the JOE & EILEEN SUTTON FAMILY FOUNDATION				74-3	136392
due date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	cial security number (SSN)	
etum See 1400 BROADWAY - 26TH F			<u> </u>		
City, town or post office, state, and ZIP of	ode. For a foreign add	ress, see instructions.			
NEW YORK, NY 10018					
					
Enter the Return code for the return that this applicati	on is for (file a separa	te application for each return)			04
		(
Application	Return	Application			Return
s For	Code	is For			Code
Form 990 or Form 990-EZ	01	5			
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual) Form 990-PF	03	Form 4720			09
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 5227 Form 6069			10
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not alrea			dough, file	d Form 9	
HOWARD SA		THE STREET PAGE SHOTT OF A DEC	A CONTRACTOR	<u> </u>	***************************************
 The books are in the care of ➤ 1400 BROM 		YORK, NY 10018			
Telephone No. ► 732-721-0022		FAX No. >			
If the organization does not have an office or place	of business in the Ur	orted States, check this box			` ▶ □
If this is for a Group Return, enter the organization					e group, check this
ox . If it is for part of the group, check this					
4 I request an additional 3-month extension of tim	e until NOVEM	BER 15, 2013.			
5 For calendar year 2012, or other tax year be	ginning	, and endir	1g		
6 If the tax year entered in line 5 is for less than 1:	2 months, check reas	on: Initial return	Final r	etum	
Change in accounting period					
7 State in detail why you need the extension					
AN ATTEMPT TO OBTAIN IN					
REQUESTED IN A TIMELY FA					ISHED IN
SUFFICIENT TIME TO PERMI			ETURN	•	
8a If this application is for Form 990-BL, 990-PF, 99	90-1, 4/20, or 6069, 8	mer the tentative tax, less any			0 104
nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 472	00 or 6060 actor any	rofindable gradite and estimated	8a	3	9,104.
tax payments made. Include any prior year over	•				
previously with Form 8868.	paymon anoneo as c	a credit and any ansount paid	86	•	9,800.
c Balance due. Subtract line 8b from line 8a. Inci	ude vour navment wi	th this form if required by using	-	<u> </u>	2,000.
EFTPS (Electronic Federal Tax Payment System			8c	\$	0.
		st be completed for Part II			
Under penaities of perlury, I declare that I have examined this it is true, correct, and complete, and that I am authorized to p	s form, including accomp	•	-	i my knowi	edge and belief,
			A	_	
Signature >	Title ▶		Date		
				Forn	n 8868 (Rev. 1-2013)

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