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DLN: 93493338004003

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable SUMMIT EDUCATIONAL FOUNDATION Address change 22-2871770 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 268 Terminated (908) 598-1717 City or town, state or country, and ZIP + 4 SUMMIT, NJ 079020268 Amended return Application pending **G** Gross receipts \$ 1,428,490 Name and address of principal officer Is this a group return for BETH SHARPE ┌ Yes 🗸 No affiliates? 55 BLACKBURN PLACE SUMMIT, NJ 07902 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► SEFNJORG **L** Year of formation 1986 **M** State of legal domicile NJ Part I Summary Briefly describe the organization's mission or most significant activities TO MAINTAIN & ENHANCE A SUMMIT, NJ PUBLIC SCHOOL EDUCATION THROUGH COMMUNITY FUNDING OF GRANTS Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 81 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 855.964 898,209 0 0 Program service revenue (Part VIII, line 2g) . 159.199 103.937 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 133,525 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,015,163 1,135,671 13 390,548 292,371 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 0 **Expenses** 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 6,633 3,488 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 21,756$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 34,711 27,161 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 431,892 323,020 18 19 Revenue less expenses Subtract line 18 from line 12 583,271 812,651 t Assets or id Balances **Beginning of Current End of Year** Year 3,870,180 20 Total assets (Part X, line 16) . 2,830,640 21 Total liabilities (Part X, line 26) . . 0 22 Net assets or fund balances Subtract line 21 from line 20 2,830,640 3,870,180 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-11-18 Signature of office Sign Here BETH SHARPE TREASURER Type or print name and title

Preparer's signature

Firm's name > JAMES M WOOD CPA

HILLSBOROUGH, NJ 08844 May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address - 603B OMNI DRIVE

Print/Type preparer's name JAMES M WOOD

Paid

Preparer

Use Only

Date 2013-11-18

Check 🔽 ıf

self-employed

Firm's EIN - 22-3604710

Phone no (908) 431-1700

P00310420

TYes TNo

Par	3111	Statement of Progra Check if Schedule O conta		•			
1	Briefl	ly describe the organization'	mission				<u> </u>
COM	AINTA MUNI	AIN AND ENHANCE THE H TY FUNDING OF INNOVAT ISTRICT, AND CAREFUL R	GH QUALITY O	TIAL EDUCA	TIONAL GRANT	S, A CLOSE WORKING R	ELATIONSHIP WITH THE
2		ne organization undertake an 1or Form 990 or 990-EZ?					
	If "Ye	s," describe these new servi	ces on Schedule	0			
3		ne organization cease conduces?		nıfıcant chan		ducts, any program	
	If "Ye	s," describe these changes	n Schedule O				
4	exper	ribe the organization's progranses Section 501(c)(3) and otal expenses, and revenue,	501(c)(4) organı:	zations are re	quired to report		
4a	CURF TOTA COLL ENVIF STYLE POSIT FORM ADMI EVER SPEC AND C TWO GRAD USING CAME OVER SMEC CURF ALLOV	ANNUAL FUND OF THE SUMMIT ED RICULUM AND DISTRICT OBJECTIV L CASH FUNDING OF ANNUAL FUN ABORATIVE CLASSROOMS - \$136,1 RONMENTS THROUGH THE USE OF E IS HIGHLY FLEXIBLE, FACILITATING WAS FUNDED WHEREBY THE MOF WORKSHOPS TO PARENTS AN SISTONS OFFICERS AND DEVELOPS Y STUDENT ENTERING THE 6TH GI IALIZED SOFTWARE, STUDENT COI ARE PERSONALIZED TO SUIT THE UDAYS PER WEEK, GEARED TOWAR DES 1-5 WHO HAVE NOT DEMONST G A CAMERA ACROSS THE DISTRICERA PROVIDES TEACHERS WITH AN HEAD PROJECTOR ENHANCING IN THE DISTRICT OF THE DISTRICT OF THE DISTRICT OF THE MODE THE DISTRICT	JCATION FOUNDATIONS DURING THE 2012 AWARDS WAS \$213 BNINE LANGUAGE AF NODES CHAIRS, WHIST CENTER SPECIALIST PROVIDES O STUDENTS IN THE RELATIONSHIPS WITH ADE TO USE BOTH AS LABORATION TOOLS, NIQUE LEARNING STOOLS TO \$33,150FUNDS TO EASILY ACCESSIBLE STRUCTION THROUG ART AND ENGINEER.	2-13 FISCAL YEA ,294 THE LARGI RTS CLASSROOM ITE BOARD STOR RED, ACTIVE LE S SUPPORT TO C COLLEGE ADMIS I A BROAD RANG T SCHOOL AND A ONLINE RESEAR YLE OF EACH ST DES 1-5 WHO AR TOWARD MEETI HE PURCHASE O TOOL TO PRESEI IN SMART TECHI PROVIDE AN OP ING - \$29,900FU	AND FUNDS TEACHE R, 125 GRANTS TOT EST GRANT AWARDS S WERE TRANSFORN AGE CARDS, MOVAB ARNING ENVIRONME COUNSELORS IN THE SIONS PROCESS TH SE OF COLLEGES 1-1 IT HOME AS A RESOL CH RESOURCES, VII JDENT EXTENDED D E PARTIALLY PROFIC NG THE NEW JERSEN F DOCUMENT CAME INT INFORMATION IN JOLOGY - \$96,860FL PORTUNITY TO INTE IND THE PURCHASE	ALING OVER \$610,000 WERE AW FUNDED THE FOLLOWING INITIZED INTO 21ST CENTURY COLLAIDED THE FOLLOWING INITIZED TO THE PROPERTY OF THE FORM O	VARDED FROM THE ANNUAL FUND ATIVES 21ST CENTURY BORATIVE LEARNING OTCH SEATS THIS CLASSROOM \$100,000A COLLEGE SPECIALIST \$5 AND PROVIDES SUPPORT IN THE HIGH SCHOOL TO COLLEGE \$9,000AN IPAD IS PURCHASED FOR CES ARE USED TO ACCESS \$5 AN BASIC COMPUTING TOOLS \$5 AN EXTENDED DAY PROGRAM, SSESSMENTS ALL STUDNETS IN DS ARE INVITED TO PARTICIPATE DISTRICT-WIDE THE DOCUMENT ARE NOT AVAILBLE WITH AN BOARDS ACROSS THE DISTRICT LY INTO ALL AREAS OF THE ST FAN, AND TEST MATERIALS TO
4b	THE DENSULEARI PERIO CLASS	e) (Expenses) (Expens	T EDUCATIONAL FOU /IDE AN EXCELLENT E NEW CURRICULUM : NDED JUNE 30, 2013 CLUDE ELEMENTARY URSESHS COLLEGE S	NDATION PROVI EDUCATIONAL EX INITIATIVES AND GRANTS AWAR SCHOOL EXTENI	PERIENCE FOR ITS S PROVIDE PROFESSI DED TOTALED \$117, DED DAY PROGRAMLO	STUDENTS THE ENDOWMENT FU ONAL DEVELOPMENT TO MEET TO 506, GRANT AMOUNTS PAID TO CJSMS FORENSICS DEBATE TEAM	JND WAS CREATED AS A WAY TO HE NEEDS OF 21ST CENTURY FALED \$78,777 FOR THE SAME MLCJSMS 21ST CENTURY
	16 :	\		10.047		10.017.) (7	
4 c	(Code	e) (Expens SUMMIT EDUCATIONAL FOUNDATION	·		ng grants of \$ CONTRIBUTIONS REC	18,817) (Revenue \$ CEIVED SUBJECT TO DONOR-IMP) OSED RESTRICTIONS
4d		er program services (Descril enses \$	e in Schedule O including gr) (Revenue \$)
4e	Tota	Il program service expenses	 2 9	2,371		·	

Part IV	Checkli	st of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

- 11	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return			
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Ν¢
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N (
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N (
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 9		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	N.
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	 	- `` `

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Yes	No		
nd of the tax	1a		21					
the governing utive committee								
are	1b		21					
			with any • •	2		No		
				3		No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
liversion of the c	rganız	atıon's assets	? .	5		Νo		
			[6		Νo		
				7a		No		
			kholders,	7b		No		
ld or written act	ions ur	ndertaken duri	ng the					
a The governing body?								
y ²				8b	Yes			
				9		No		
Section B. Policies (This Section B requests information about policies not required by the Internal								
ut policies not	requi	red by the I	nternal R	even	ue Cod	e.)		
<u>ut policies not</u>	requi	red by the I	nternal R	eveni	ue Cod Yes	e.) No		
ut policies not	requi	red by the I	nternal R	evenu 10a				
_		of such chap	• ters,			No		
overning the ac	tivities	of such chap xempt purpos	• ters, es?	10a		No		
 Joverning the actith the organizat	tivities ion's e ts gov	of such chap xempt purpos erning body be	ters, es? efore filing	10a 10b	Yes	No		
overning the action the the organizat all members of i	tivities ion's e ts gov Form 9	of such chap xempt purpos erning body be 	ters, es? efore filing	10a 10b	Yes	No		
poverning the action the description of the organization of the contraction of the contra	tivities ion's e ts gov Form 9	of such chap xempt purpos erning body be 90 rests that cou	ters, es? efore filing 	10a 10b 11a	Yes	No No		
poverning the active the the organization all members of interest of the contraction of t	tivities ion's e ts gov Form 9 Illy inte	of such chap xempt purpos erning body be	ters, es? efore filing	10a 10b 11a 12a	Yes	No No		
poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov Form 9 Illy inte 	of such chap xempt purpos erning body be	ters, es? efore filing	10a 10b 11a 12a 12b	Yes	No No		
poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov Form 9 Ily inte	of such chap xempt purpos erning body be	ters, es? efore filing uld give " describe	10a 10b 11a 12a 12b	Yes	No No		
poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov . Form 9 . Illy inte . n the p . view an	of such chap xempt purpos erning body be	ters, es? efore filing	10a 10b 11a 12a 12b 12c 13	Yes	No No No		
poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov Form 9 Illy inte n the p Illy inte	of such chap xempt purpos erning body be	ters, es? efore filing uld give " describe	10a 10b 11a 12a 12b 12c 13	Yes	No No No		
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poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov Form 9 Illy inte n the p Illy inte	of such chap xempt purpos erning body be	ters, es? efore filing uld give " describe	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No		
poverning the act th the organizat all members of interest of the control of the	tivities ion's e ts gov Form 9 Illy inte n the p view an he deli	of such chap xempt purpos erning body be	ters, es? efore filing uld give describe	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No		
ord d li	tionship or a but tonship or written act tonship or a but tonship or	tionship or a business	tionship or a business relationship of a business relationship or a business relationship of the company or under the distribution of the organization of the organization of the organization of the organization of the power to elect or appoint of the power to elect or appoint of the organization of the or	tionship or a business relationship with any tionship or a business relationship with any tionship performed by or under the direct management company or other person? Indicuments since the prior Form 990 was to the prior Form 990 was to the organization's assets? The who had the power to elect or appoint one or to the organization by members, stockholders, bject to approval by members, stockholders,	tionship or a business relationship with any	tionship or a business relationship with any		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►NJ
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KATIE WILLIAMS 26 LINDEN PLACE SUMMIT, NJ (908)400-8756

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	check Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			(66			inted ed				
(1) AMY DI SIBIO	10 00	х		Х				0	0	0
CO-PRESIDENT										
(2) LEAH GRIFFITH CO-PRESIDENT	10 00	x		х				0	0	0
(3) LAURA SCHAFFER	5 00	-								
•	3 00	х		х				0	0	0
EXECUTIVE VICE PRESIDENT (4) KATIE WILLIAMS	5 00									
	3 00	х		х				0	0	0
TREASURER (5) BETH SHARPE	5 00									
` '	3 00	х		х				0	0	0
ASSISTANT TREASURER (6) IRENE MURDOCK	5 00									
	3 00	х		Х				0	0	0
CO-VICE PRESIDENT - GRANTS (7) CHRISTINE MURRAY	5 00									
•	3 00	х		х				0	0	0
CO-VICE PRESIDENT - GRANTS (8) JULIE KEENAN	5 00									
	3 00	х		х				0	0	0
CO-VICE PRESIDENT - DEVELOPMENT (9) JULIE KIMMEL	5 00									
	3 00	х		х				0	0	0
CO-VICE PRESIDENT - DEVELOPMENT (10) PAUL RISSMAN	5 00						-			
	3 00	х		х				0	0	0
VICE PRESIDENT - MAJOR GIFTS (11) JANE MURPHY	5 00									
	3 00	х		х				0	0	0
VICE PRESIDENT - COMMUNICATIONS (12) AMANDA GREENBLATT	5 00	-								
,	3 00	х		х				0	0	0
SECRETARY (13) NICOLE BLOMFIELD	1 00									
,	1 00	x						0	0	0
RETIRED PRESIDENT (14) JIM ENGLE	1.00			_	_		\vdash			
	1 00	x						0	0	0
TRUSTEE (15) BRUCE GRAEB	1.00						_			
	1 00	x						0	0	0
TRUSTEE	1.00									
(16) CHRISTINE HAYWARD	1 00	x						0	0	0
TRUSTEE (17) PETH LETTE	1.05						_			
(17) BETH LITTLE	1 00	x						0	0	0
TRUSTEE										
										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	check, unle office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz	lated
(18) ERIK PARKS	1 00	x						0	0		0
TRUSTEE											
(19) LORELEI STOCHAJ	1 00	×						0	0		0
TRUSTEE (20) DEBRA TRISLER	1 00	1									
TRUSTEE	100	x						0	0		0
(21) JIM WOODS	1 00	<u> </u>									
TRUSTEE		X						0	0		0
				_							
1b Sub-Total			•	<u>. </u>		<u> </u>					
c Total from continuation sheets to P	art VII, Section A					▶					
d Total (add lines 1b and 1c)						▶ _		0	0		0
Total number of individuals (includin \$100,000 of reportable compensation)	=			ed al	bove	e) who	rec	eived more than			
3 Did the organization list any former				/ em	nplo	yee, o	r hıç	ghest compensate	d employee	Yes	No
on line 1a? If "Yes," complete Schedu				•	•	•	•		3		No
4 For any individual listed on line 1a, is organization and related organization individual									om the		No
5 Did any person listed on line 1a rece services rendered to the organization											No
Section B. Independent Contrac	ctors										
1 Complete this table for your five high		ındepe	nden	ıt co	ntra	ctors	tha	t received more th	an \$100,000 of		
compensation from the organization		tion for	the	cale	nda	r year	enc	ling with or within			
Name ar	(A) id business address							Description	(B) on of services	(C Comper	
2 Total number of independent contractors \$100,000 of compensation from the o		not lim	ıted t	o th	iose	listed	dab	ove) who received	more than		

Part V		Statement o	o r Revenue ule O contains a respoi	nse to any question	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
g g	1a	Federated cam	paigns 1a					
an a	b	Membership du	es 1b					
ا يُعْ قَا	C	Fundraising eve	ents 1c					
£, ₹	d	Related organiz	zations 1d					
ਤੋਂ ਤੋਂ	e	Government grant						
Sin's								
声	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	898,209 ————————————————————————————————————				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines		j			
멸	b	1a-1f \$	s 1 a - 1 f		898,209			
ರ ಕ	-	TOTAL A du lille:	5 1 4 - 1 1	•	030,203			
en e	0-			Business Code				
.ven	2a							
22	b							_
Š F	C							
33	d							
Ē	e	^ II o thou numerum						
Program Serwce Revenue	f	All other progra	am service revenue					
Δ	g		s 2a-2f					
	3		ome (including dividen ar amounts)		59,825			59,825
	4		stment of tax-exempt bond					
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	311,523					
		assets other than inventory						
	b	Less cost or other basis and	267,411					
		sales expenses Gain or (loss)	44,112					
	c d	, ,	(SS)		44,112	44,112		
		Gross income f			11,112	11,112		
e e		events (not inc						
Other Revenue		\$	 s reported on line 1c)					
နှိ		See Part IV, lir						
<u>.</u>	_		a					
∮			penses b					
٠	c 9a		(loss) from fundraising rom gaming activities	events 🛌				+
	Ju		ne 19					
			a	158,933				
			penses b		400 50-	400 50-		
	C		(loss) from gamıng actı 	vities	133,525	133,525		
	TOA	Gross sales of returns and allo						
			a					
		_	oods sold b					
	С		(loss) from sales of inv					
}	11a	Miscellaneou	s kevenue	Business Code				
	11a b							+
	_		_					+
	c d	All other reven						+
	a e		ue s 11a-11d	▶				
	12	rocar revenue.	See Instructions .		1,135,671	177,637	(1,
								Form 990 (2012

Form 990 (2012) Part IX Statement of Functional Expenses

Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organızat	ons must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	292,371	292,371		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,000		5,000	
d	Lobbying		1		
е	Professional fundraising services See Part IV, line 17	3,488			3,488
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,372			1,372
13	Office expenses	10,179		312	9,867
14	Information technology	3,784			3,784
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,419		1,419	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PARTNERS IN EDUCATION	1,910			1,910
b	BANK FEES	1,401		1,401	
c	POSTAGE	1,335			1,335
d	TEACHER LUNCHEONS	461		461	
е	All other expenses	300		300	
25	Total functional expenses. Add lines 1 through 24e	323,020	292,371	8,893	21,756
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

3	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments—publicly traded securities	Beginning of year 38,701 544,997	1 2 3 4 5 6 7 8 9	End of year 100,158 440,857
Assets	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments—publicly traded securities		2 3 4 5 6 7 8 9	· · · · · · · · · · · · · · · · · · ·
Assets	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments—publicly traded securities	544,997	3 4 5 6 7 8 9	440,857
Assets	Accounts receivable, net		5 6 7 8 9	
Assets	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5 6 7 8 9	
Assets	key employees, and highest compensated employees Complete Part II of Schedule L		6 7 8 9	
Assets	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments—publicly traded securities		6 7 8 9	
	Inventories for sale or use		7 8 9	
	Inventories for sale or use		8 9	
	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation			
	b Less accumulated depreciation		10c	
	Investments—publicly traded securities		100	
11			11	
12	investments—other securities see Part IV, me II	2,246,942	12	3,329,165
13	Investments are grown related Cos Bart IV line 11	2,240,942		3,329,103
- 1	,		13	
14			14	
15	,	2 222 242	15	0.070.100
16		2,830,640		3,870,180
17	' '		17	
18	' '		18	
19			19	
20	·		20	
ဖွဲ့ 21 ရာ ၁၁	, ,		21	
Liabilitie	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
道一	persons Complete Part II of Schedule L		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	D	0		0
26			26	
es	Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
		2,667,523	27	3,696,480
S 28		163,117	28	173,700
교 20 급 29		122, 111	29	2,20
토	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ັດ ທ 30			30	
∯ . 31			31	
31 32 31 32 31 32 31			32	
철 철	- · · · · · · · · · · · · · · · · · · ·	2,830,640	33	3,870,180
ž 34		2,830,640		3,870,180

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		• •		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	.35,671
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	323,020
3	Revenue less expenses Subtract line 2 from line 1	3			312,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		2,8	30,640
5	Net unrealized gains (losses) on investments	5		- 2	26,889
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,8	370,180
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>	. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization SUMMIT EDUCATIONAL FOUNDATION

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

								22-28717	70	
Part	I F	Reason for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	plete this p	art.) See ır	nstructions.	•
he org	anızat	ion is not a privat	te foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	ox)		
1 「	— А	church, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2 [— А	school described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ıle E)				
з Г	_ A	hospital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).		
4 [_ A	medical research	h organızatıon operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
		ospital's name, ci								
5			erated for the benefi		or universit	ty owned or o	perated by a	i government	al unit desc	ribed in
	_		(A)(iv). (Complete P							
6	_		local government or	_						
7		_	at normally receives			support from	a governme	ntal unit or fi	om the gene	eral public
8 Г	_		on 170(b)(1)(A)(vi). : described in sectior		•	nnlete Part II	.)			
	_		at normally receives					utions mem	hership fees	and gross
,		=	ities related to its ex					•	-	-
		•	oss investment inco	-	=					
			ganızatıon after June						cax, nom ba	511103503
ιο Γ	_		ganized and operated	•		. , . , .	•	,		
	_	=	ganized and operated	•	•	•			o carry out t	he nurnoses of
- ,	or th	ne or more public	ly supported organiz bes the type of supp	ations descr or <u>ti</u> ng organ	ibed in secti ization and d	on 509(a)(1) complete line) or section ! s 11e th <u>ro</u> u	509(a)(2) So gh 11h	ee section 5	09(a)(3). Check
e 「	ot	•	ox, I certify that the on managers and ot	_		•		•	•	•
f	If cl	the organization heck this box	received a written de						III supportı	ng organization,
g	fo	llowing persons?	2006, has the organi irectly or indirectly o							Yes No
			governing body of th					, ,	11g	
			er of a person descri						11g(
			lled entity of a perso			above?			11g(
h			ng information about							,
			J		3	,				
(i) Name of supported organization		(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 9 above or IRC section (see		on in ced in rning	(v) Did you the organiz in col (i) o suppor	zation of your	(vi) Is to organizate col (i) organizate col (i) organizate U	ion in anized	(vii) A mount of monetary support
			instructions))	Yes	No	Yes	No	Yes	No	1
A) SUM PUBLIC SCHOOL		226002333	SCHOOL DISTRICT	Yes		Yes		Yes		292,371
										1

292,371

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493338004003

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

itciria	F Attacil to For	ili 330. F See separate ilistructions.	Inspection
	me of the organization MMIT EDUCATIONAL FOUNDATION		Employer identification number
301	APPIT EDUCATIONAL FOUNDATION		22-2871770
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		or advised Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benefit		
D-	conferring impermissible private benefit?	the every tree provided "Vee" to	
	rt II Conservation Easements. Complete if		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	<u> </u>	historically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space	,	
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in t	he form of a conservation
_	easement on the last day of the tax year	a qualified conservation contribution in the	ne form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during
	the tax year 🛌		
4	Number of states where property subject to conservat	ion easement is located ▶	
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
_	Amount of expenses incurred in monitoring, inspecting	a and enforcing conservation easements	during the year
7	▶ \$,	
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(H)$?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	ollections of Art	<u>, His</u>	torica	<u>ıl Tr</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	<u>' Similar As</u>	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck an	y of t	he follo	wing that a	ire a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γι	.oan	or excha	ange progr	ams			
b	Scholarly research		е	Γ	ther	-					
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they f	urthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofar	rt, hısto	rıcal	treasure	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than	to be maintained as	part	of the o	rganı	zatıon's	collection	?		│ Yes	∏ No
Par	Part IV, line 9, or reported an ar						answere	d "Ye	es" to Form 9	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions or	other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing tab	le		Г				
_							H	-	Ar	nount	
C	Beginning balance						F	1c			
d	Additions during the year						F	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?	•						│ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	II Check here if the	expla	anation	has l	oeen pro	vided in P	art X	III		
Pa	rt V Endowment Funds. Complete										
4_	Danisa of war halance	(a)Current year 2,257,185	(b)	Prior yea	ır 9,116		o years back 777,25!	+	hree years back 120,697	(e)Four	years back
1a	Beginning of year balance	630,088			3,589		767,068	-	656,558		120,697
Ь	Contributions	630,088			3,589		767,068	1	050,558		120,697
С	Net investment earnings, gains, and losses	329,196		2	3,174		188,27	5			
d	Grants or scholarships	79,077		4	8,694		13,482	2			
e	Other expenditures for facilities and programs										
f	Administrative expenses							_			
g	End of year balance	3,137,392		2,25	7,185		1,719,116	5	777,255		120,697
2	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ne 1g, c	olum	n (a)) he	eld as				
а	Board designated or quasi-endowment 🕨	94 860 %									
b	Permanent endowment ►										
C	Temporarily restricted endowment > 5 1 The percentages in lines 2a, 2b, and 2c sho	l 40 % uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon	that are	held	d and ad	mınıstered	l for t	:he		
	organization by								[a-	Yes	_
	(i) unrelated organizations(ii) related organizations		•		•			•	3a		No No
ь	If "Yes" to 3a(II), are the related organization							• •	3		1 110
4	Describe in Part XIII the intended uses of the									<u> </u>	
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X, I	ine 1	LO.					
	Description of property		•			or other estment)	(b)Cost or basis (oth		(c) Accumulat depreciation		Book value
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e (Column (d) must e			ımn (B),	line	10(c).)					0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	. 130 0
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) CERTIFICATE OF DEPOSIT	203,799	С
		<u>_</u>
(B) MUTUAL FUNDS	3,125,366	F
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	- / /	
Part VIII Investments—Program Related. Se (a) Description of investment type	(b) Book value	. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	-	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
reactar meetine taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the tex	vt of the feetnets to the organiz	

XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Retur</u>	n
Total revenue, gains, and other support per audited financial statements	1	1,387,968
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII)		
Add lines 2a through 2d	2e	252,297
Subtract line 2e from line 1	3	1,135,671
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	O
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,135,671
Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
Total expenses and losses per audited financial statements	1	348,428
A mounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)		
Add lines 2a through 2d	2e	25,408
Subtract line 2e from line 1	3	323,020
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	O
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	323,020
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Total revenue, gains, and other support per audited financial statements

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO FUND STRATEGIC LONG-TERM INITIATIVES CRITICAL TO THE HEALTH OF THE SUMMIT, NEW JERSEY PUBLIC SCHOOL DISTRICT AND TO ITS ABILITY, TO PROVIDE AN EXCELLENT EDUCATIONAL EXPERIENCE FOR ITS STUDENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		SEF'S ACCOUNTING POLICY IS TO DISCLOSE CONTINGENCIES RELATING TO UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE SEF IS NOT AWARE OF ANY VIOLATION OF TAX STATUS OR EXPOSURE TO UNCERTAIN TAX POSITIONS THAT COULD REQURE DISCLOSURE OR WHICH COULD AFFECT ITS LIQUIDITY OR FUTURE CASH FLOWS
PART XI, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED UNDER GAMING ACTIVITIES 25,408
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED UNDER GAMING ACTIVITIES 25,408

DLN: 93493338004003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SUMMIT EDUCATIONAL FOUNDATION

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						22-2871770	
Pa	rt I Fundraising Acti	i vities. Complete	ıf the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d	Indicate whether the organi Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in fill of "Yes," list the ten highest to be compensated at least	citations written or oral agree Form 990, Part VII) t paid individuals or e	ement with or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	Г Yes Г No ndraiser is
	(i) Name and address of ındıvıdual or entity (fundraıser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
7	List all states in which the colicensing	organization is regist	ered or lie	▶	o solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aısıng event contribi			
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
Ě	1	Gross receipts				
Revenue	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
£O.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Dreat -	8	Entertainment				
Δ	9	Other direct expenses .				
	10	Direct expense summary Add lin	ies 4 through 9 in colun	nn (d)		()
	11	Net income summary Combine li	ne 3, column (d), and lı	ne 10		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	d "Yes" to Form 990, Pa	art IV, line 19, or repo	orted more than
Ф		\$13,000 OH FOHH \$30-LZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>~</u>	1	Gross revenue			158,933	158,933
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses			25,408	25,408
	6	Volunteer labor	☐ Yes	☐ Yes	✓ Yes100 000 % No	
	7	Direct expense summary Add line	s 2 through 5 ın columr	n (d)		25,408
	8	Net gaming income summary Com	abine lines 1 and 7 in co	olumn (d)		133,525
9	Ent	ter the state(s) in which the organiza	ation operates gaming a	activities <u>N</u> J		
a b		the organization licensed to operate No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susp	ended or terminated during	g the tax year?	
]

oes	the organiza	tion operate gaming	activities with nonmembers?				Yes 🗸 No
.2	Is the organ	ızatıon a grantor, beı	neficiary or trustee of a trust	or a membe	er of a partnership or other entity	/	
	formed to ad	lmınıster charıtable ç	jamıng [,]				Γ _{Yes} Γ _{No}
.3			ng activity operated in				,
а	The organiza	ation's facility				13a	
b							100 000 %
L4	Enter the na	me and address of th	ne person who prepares the or	ganızatıon	's gaming/special events books	and records	
	Name 🟲	KATIE WILLIAMS					
	Address 🟲	26 LINDEN PLAC SUMMIT,NJ 079					
.5a	Does the org	ganızatıon have a coı	ntract with a third party from v	whom the o	rganization receives gaming		
	revenue? .						Γ _{Yes} Γ _{No}
b	If "Yes," ent	er the amount of gar	ning revenue received by the	organızatıd	on 🟲 \$ ar	nd the	
	amount of ga	amıng revenue retain	ed by the third party 🟲 \$				
C	If "Yes," ent	er name and address	s of the third party				
	Name 🟲						
	Address 🟲						
.6	Gaming man	ager information					
	Name 🟲						
	Gaming man	ager compensation	> \$				
	Description	of services provided	>				
	Director,	/officer	F Employee		Independent contractor		
.7	Mandatory d	listributions					
а	Is the organ	ızatıon required unde	er state law to make charitabl	e dıstrıbutı	ons from the gaming proceeds to	0	
	retain the st	ate gaming license?					┌ _{Yes} ┌ _{No}
b	Enter the an	nount of distributions	required under state law dist	ributed to	other exempt organizations or s	pent	
	ın the organı	ızatıon's own exempt	activities during the tax year	> \$			
Par	t IV Supposed	plemental Informans (III) and (v), a	mation. Complete this pa	ort to prov 0b, 15b,	vide the explanations require 15c, 16, and 17b, as applica ns).		
	I de	entifier	Return Reference		Explana	ation	
			•	•			

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Schedule I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493338004003

Open to Public

Internal Revenue Service			Attach to Form 9	190			Inspection
Name of the organization SUMMIT EDUCATIONAL FOU	NDATION					' '	cation number
Dowl T. Comerci Inform		and Assistance				22-28/1//0	
Part I General Information Marketine Part I Gene	mation on Grants		ne grante or accietance	e the grantees' eligibi	lity for the grants or ass	eistance and	
the selection criteria use							✓ Yes
2 Describe in Part IV the o	<u> </u>						
		Governments and recipient that receive					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SUMMIT BOARD OF EDUCATION 90 MAPLE STREET SUMMIT,NJ 07901	22-6002333	1	292,371	ı	1	rganization answere space is needed. (g) Description of non-cash assistance.	EDUCATION
2 Enter total number of sec						•	
3 Enter total number of oth	er organizations liste	d in the line 1 table				.	:

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 AFTER THE ORIGINAL GRANT HAS BEEN REVIEWED BY THE GRANTS COMMITTEE, APPROVED BY THE SEF BOARD AND AWARDED TO THE APPLICANT, BOTH SEF AND THE BOE RECORD A DETAILED ACCOUNTING FOR EACH GRANT BY GRANT NAME, GRANT CYCLE AND TOTAL DOLLAR AMOUNT AWARDED TWICE PER SCHOOL YEAR (USUALLY DECEMBER AND JUNE), THE BOE PREPARES A DETAILED BILLING BY SPECIFIC GRANT BASED ON WHAT HAS BEEN PAID OUT FOR EACH GRANT THROUGH THE BOE ACCOUNTS PAYABLE SYSTEM THE SEF TREASURER REVIEWS THE BILL LINE BY LINE AND COMPARES THE SEF RECORDED BEGINNING BALANCE, AMOUNT BILLED AND ENDING BALANCE TO THE BOE BALANCES ANY DIFFERENCES ARE RESEARCHED BY THE SEF TREASURER AND THE BOE ACCOUNTS PAYABLE REPRESENTATIVE GRANTS THAT REMAIN OPEN FOR OVER 18 MONTHS ARE REVIEWED BY THE SEF TREASURER, BOE ACCOUNTS PAYABLE REPRESENTATIVE, SEF GRANTS COMMITTEE AND ORIGINAL GRANT APPLICANT, IF NECESSARY, TO ENSURE THAT THE GRANT SHOULD REMAIN OPEN OR SHOULD BE CLOSED

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DLN: 93493338004003

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization SUMMIT EDUCATIONAL FOUNDATION

Employer identification number

					22-28/1//0			
Pa	Types of Property							
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	() Method of () noncash contri		_	:s
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	4	26,957	FAIR VALUE			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							
	Other ►()							
	Other ► ()							
	Number of Forms 8283 received	by the orga	nızatıon durıng the tax yea	r for contributions				
	for which the organization comple	eted Form 8	283, Part IV, Donee Acknowledge	owledgement	29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptand	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell i	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,			
	accende in raile 11							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Ī	I dentifier	Return Reference	Explanation
THIRD PARTY USE		,	A BROKERAGE FIRM IS USED FOR SELLING SECURITIES RECEIVED AS CONTRIBUTIONS

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493338004003

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization SUMMIT EDUCATIONAL FOUNDATION

Employer identification number

22-2871770

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	BY LAWS WERE AMENDED AND UPDATED SINCE THE LAST 990 WAS FILED
	FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC VERSION OF FORM 990 IS MADE AVAILABLE TO TRUSTEES FOR A 7-DAY COMMENT PERIOD ABSENT COMMENTS, THE 990 IS FILED
	FORM 990, PART VI, SECTION B, LINE 12	EACH NEW TRUSTEE OR OFFICER IS GIVEN A COPY OF THE POLICY
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
	AUDIT COMMITTEE	DURING THE YEAR ENDED JUNE 30, 2013, THE SUMMIT EDUCATIONAL FOUNDATION CHARTERED AN AUDIT COMMITTEE WHICH HAS FORMAL REPSONSIBILITY FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT