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Form 990-PF

## **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

**2013** 

_		ndar year 2013 or tax year beginning 10	/1/2013		ending	9/30/2014	!	
	me of for		172010			identification numbe		
		MES & SUNNY FDN			, ,			
Nu	imber and	d street (or P O box number if mail is not delivered to street address)	Ro	om/suite		06-1560827		
		( 43250			B Telephone number (see instructions)			
	y or town	<del></del>	ZIP code					
JA	ACKSONVILLE FL					609-274-683	4	
		intry name Foreign province/state/county	32202 Foreign po	ostal code	C If exempt	on application is pendi		
	-				•	,,		
G	Check	call that apply: Initial return Initial return	of a former publi	c charity	D 1. Foreigi	n organizations, check t	here ▶□	
		☐ Final return ☐ Amended ret	•		2. Foreign organizations meeting the 85% test,			
		Address change Name chang		_	here and attach compu			
H	Check	type of organization X Section 501(c)(3) exempt pr	vate foundation		E If private	foundation status was t	erminated under	
		on 4947(a)(1) nonexempt charitable trust  Other taxa			section 50	)7(b)(1)(A), check here	. ▶□	
]		narket value of all assets at J Accounting method.			- 15 5			
•		f year (from Part II, col. (c),	M casu C	71001441		idation is in a 60-month tion 507(b)(1)(B), chec		
		6) ► \$ 601,338 (Part I, column (d) must be	on cash basis )		2,,00, 000	, 00, (0)(1)(0), 0,100		
	art I	<del></del>					(d) Disbursements	
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(D) Ne	Investment	(c) Adjusted net	for charitable	
		equal the amounts in column (a) (see instructions))	books	រោ	come	income	purposes (cash basis only)	
-	1	Contributions, gifts, grants, etc., received (attach schedule)					Constitution of the	
0.742	2	Check ►X if the foundation is <b>not</b> required to attach Sch. B						
2015	3	Interest on savings and temporary cash investments						
$\overline{c}$	4	Dividends and interest from securities	2,46	31	2,429		-	
လ	5a	Gross rents		1				
<b>~</b>	Ь	Net rental income or (loss)						
و لئا	6a	Net gain or (loss) from sale of assets not on line 10	-1,98	30		,	,	
SC/INNED SE Revenue	b	Gross sales price for all assets on line 6a 158,794						
ě	7	Capital gain net income (from Part IV, line 2)						
الم الم	8	Net short-term capital gain			7			
	9	Income modifications						
- 3°	10a	Gross sales less returns and allowances						
Ö	b	Less: Cost of goods sold						
Š	С	Gross profit or (loss) (attach schedule)	<u></u>					
	11	Other income (attach schedule)	<u> </u>					
	12	Total. Add lines 1 through 11	48	31	2,429	0		
	13	Compensation of officers, directors, trustees, etc.	1 44					
cpenses	14	Other employee salaries and wages				L		
en	15	Pension plans, employee benefits						
Ž	- 16a	Legal fees (attach schedule)						
Ú	b	Accounting fees (attach schedule)						
<u>≤</u>	C	Other professional fees (attach schedule)	4,13	35	2,481	L	1,654	
<u>ra</u>	17	Interest				L <u></u>		
ist	18	Taxes (attach schedule) (see instructions)	}	20	20	L		
<u>.</u>	19	Depreciation (attach schedule) and depletion	<u></u>					
p p	20	Occupancy	<b></b>				<del> </del>	
Ā	21	Travel, conferences, and meetings	<b></b>			<u> </u>	<del></del>	
2	22	Printing and publications	<b></b>				<del></del>	
a	23	Other expenses (attach schedule)		6	6		<del> </del>	
ž	24	Total operating and administrative expenses.			0.507	_	4.004	
<u>r</u>	25	Add lines 13 through 23	4,16		2,507	0	<del></del>	
Operating and Administrative Ex	25	Contributions, gifts, grants paid	25,00				25,000	
<u>0</u>		Total expenses and disbursements. Add lines 24 and 2	29,16	51	2,507	0	26,654	
	27	Subtract line 26 from line 12:		-				
	a	Excess of revenue over expenses and disbursements .	-28,68	30)			<del></del>	
	b	Net investment income (if negative, enter -0-) .	ļ		0	<del></del>	<del></del>	
	С	Adjusted net income (if negative, enter -0-)	<u></u>			0	L	

Page 2

D	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year			
	CLE III	should be for end-or-year amounts only (see instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash—non-interest-bearing	57,657	14	14			
	2	Savings and temporary cash investments	530,494	334,700	334,700			
	3	Accounts receivable						
		Less. allowance for doubtful accounts			· i			
	4							
	}	Pledges receivable ►  Less: allowance for doubtful accounts ►		,	· I			
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
	ļ	Less: allowance for doubtful accounts	j					
ম	8	Inventories for sale or use			<del></del>			
Assets	9	Prepaid expenses and deferred charges						
AS	10a	Investments—U.S. and state government obligations (attach schedule)						
•	ь	Investments—corporate stock (attach schedule)	69,166	238,229	204,912			
	C	Investments—corporate bonds (attach schedule)	03,100		204,312			
	11	Investments—land, buildings, and equipment, basis			· <del></del>			
	} · ·	Less: accumulated depreciation (attach schedule)						
	12	Investments—mortgage loans	<del></del>		<del></del>			
	13		7.500		C4 740			
	14	Investments—other (attach schedule)	7,502	63,312	61,712			
	14	Land, buildings, and equipment: basis		*				
	4-	Less: accumulated depreciation (attach schedule)						
	15	Other assets (describe )						
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item l)	664,819	636,255	601,338			
Se	17	Accounts payable and accrued expenses						
	18	Grants payable						
≋	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
<u>"</u>	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe )						
	23	Total liabilities (add lines 17 through 22)	0	0				
Balances		Foundations that follow SFAS 117, check here						
Ĭ	24	Unrestricted						
a	25	Temporarily restricted						
D D	26	Permanently restricted						
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.						
ō	27	Capital stock, trust principal, or current funds	664,819	636,255				
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund						
Se	29	Retained earnings, accumulated income, endowment, or other funds						
As	30	Total net assets or fund balances (see instructions)	664,819	636,255				
et	31	Total liabilities and net assets/fund balances (see		000,200				
Z	] .	in-4m-4l>	664,819	636,255				
P:	art III	Analysis of Changes in Net Assets or Fund Balances	004,013	030,2331				
		net assets or fund balances at beginning of year—Part II, column (a	a) line 30 (must agree	with				
•					664 040			
2				<del></del>	664,819 -28,680			
	2 Enter amount from Part I, line 27a							
					417			
4	Doors	ines 1, 2, and 3			636,556			
		eases not included in line 2 (itemize)		5	301			
<u> </u>	TOTAL	net assets or fund balances at end of year (line 4 minus line 5)—Pa	irt ii, column (b), iine	30   6	636,255			

Multiply line 4 by line 3 . .

Add lines 5 and 6 . . .

Part VI instructions

Enter 1% of net investment income (1% of Part I, line 27b) .

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

42,938

42,938

26,654

5

6

7

Form 9	90-PF (2013) NEFF, JAMES & SUNNY FDN		06-156	0827	F	age 4	
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940	(b), 4940(e), or 4948—see in	struction	s)			
1a b	Exempt operating foundations described in section 4940(d)(2), check here  Date of ruling or determination letter  Domestic foundations that meet the section 4940(e) requirements in Part	essary—see instructions)	1				
С	here ▶ ☐ and enter 1% of Part I, line 27b	[ [					
2	Part I, line 12, col. (b).  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	a anh. Others anter 0.)	2		^	ŀ	
3	Add lines 1 and 2		3		<u>0</u> 0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		4			<del></del>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or	· -	5				
6	Credits/Payments						
а	2013 estimated tax payments and 2012 overpayment credited to 2013	6a				i	
b	Exempt foreign organizations—tax withheld at source	6b	j			j	
С	Tax paid with application for extension of time to file (Form 8868)	6c					
d	Backup withholding erroneously withheld	6d				ł	
7	Total credits and payments. Add lines 6a through 6d	} <del>-</del>	7		0	L	
8	Enter any penalty for underpayment of estimated tax. Check here [ ] if		8			<b>!</b>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ov	P=	9		0	<u> </u>	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the all Enter the amount of line 10 to be Credited to 2014 estimated tax ▶	mount overpaid ▶   Refunded ▶	10		0		
	VII-A Statements Regarding Activities	- Neturided	<u>''</u> -		0	L	
1a	During the tax year, did the foundation attempt to influence any national, s	state, or local legislation or dig	1 it		Yes	No	
	participate or intervene in any political campaign?			1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for	or political purposes (see					
	Instructions for the definition)?			1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the ac	ctivities and copies of any mate	erıals				
	published or distributed by the foundation in connection with the activities.						
C							
ď	( ),						
_	(1) On the foundation. > \$ (2) On foundation mar				i		
е	Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers > \$	or political expenditure tax imp	osea				
2	Has the foundation engaged in any activities that have not previously bee	n reported to the IRS2		2		х	
-	If "Yes," attach a detailed description of the activities	in reported to the into:				<del>-^-</del>	
3	Has the foundation made any changes, not previously reported to the IRS	), in its governing instrument,	articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a			3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or mo			4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction	n 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.					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so</li> </ul>	that no mandatany disastions	that				
	conflict with the state law remain in the governing instrument?			6	Χ		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor			7	∖		
8a	Enter the states to which the foundation reports or with which it is register	• • • •		-			
	FL	,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of For	m 990-PF to the Attorney Ger	neral				
	(or designate) of each state as required by General Instruction G? If "No,"	-		8b	_x		
9	Is the foundation claiming status as a private operating foundation within t						
	or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013						
4.5	"Yes," complete Part XIV					_ <u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "	•	·	4.			
	names and addresses			10		Х	

Form 00	00-PF (2013) NEFF, JAMES & SUNNY FDN 06-156	0827	Pa	age <b>5</b>
	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
.''	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ا . ا		
	person had advisory privileges? If "Yes," attach statement (see instructions).	12		<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► U.S. Trust, A dvision of Bank of America, N.A.  Telephone no. ► 609-274	:0034 E01		<b>-</b> -
	Located at ► 1300 MERRILL LYNCH DRIVE PENNINGTON NJ ZIP+4 ► 08534-1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. •	
	and enter the amount of tax-exempt interest received of degrada dams and year.		Yes	No
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Lan	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).	] ]		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to or pay or reimburse the expenses of a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	۱.		
	were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years ▶ 20, 20, 20			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	ļ
С	the vears here.		1	
	▶ 20 .20 .20 .20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year.			l
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013)	3b	N/A	
4	the characters are the two lides and the characters in characters in characters are	4a	1	X
4a h	to the second description of the second desc		1	
b	charitable purpose that had not been removed from leggardy before the first day of the tax year beginning in 2013?	4b	1	lχ

Form **990-PF** (2013)

Form 9	90-PF (2013) NEFF, JAMES & SUNNY FDN							06-15	60827	F	age <b>6</b>
Par	VII-B Statements Regarding Activities f	or Wh	ich Form 47	720 Ma	y Be Req	uired (	continue	ed)			
5a	During the year did the foundation pay or incur ar (1) Carry on propaganda, or otherwise attempt to			(section	on 4945(e))	?	Yes	⊠ No			
	(2) Influence the outcome of any specific public e directly or indirectly, any voter registration driv	re? .					Yes		1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								5b	N/A	
С	Organizations relying on a current notice regarding disaster assistance check here										
	If "Yes," attach the statement required by Regulat	tions se	ection 53 494	5-5(d)							
6a											
b	Did the foundation, during the year, pay premium: If "Yes" to 6b, file Form 8870	s, dırec	tly or indirect	ly, on a	personal b	enefit o	contract?		6b		X
7a b	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?									N/A	
	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,										
	and Contractors					<u> </u>					
	List all officers, directors, trustees, foundation		gers and the		mpensation		Contribution				
	(a) Name and address	hou devo	irs per week ted to position	` (If :	not paid, nter -0-)	emple	oyee benefit erred comp	plans	(e) Expe	ense ac allowar	
	S NEFF FISHER ISLAND DRIVE MIAMI, FL 33109	TRUS	1.00		0						
	MIT NEFF FISHER ISLAND DRIVE MIAMI, FL 33109	TRUS	TEE 1 00		0						
					0						
				ļ.,	0						
2	Compensation of five highest-paid employees "NONE."	other	than those	includ	ed on line	1—see ———			none,	entei	
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to po	veek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred		ense ac allowar	
NON											
						-					
								,			-
									-		
Total	number of other employees paid over \$50,000 .			<del></del>				<b>•</b>			0

Form **990-PF** (2013)

Form	1990-PF (2013) NEFF, JAMES & SUNNY FDN 06-15	60827 Page <b>7</b>
Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er	nployees,
. 3	and Contractors (continued)  Five highest-paid independent contractors for professional services (see instructions). If none, enter "	NONE "
<u>·                                     </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI		(c) compensation
TÄÕi	NC	
Tota	al number of others receiving over \$50,000 for professional services	L
Pa	art IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
2		1
3		<del> </del>
		ļ
4		
		1
		L
	art IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  NONE	Amount
•	NONE	
2		
		ļ
	I other program-related investments. See instructions	
3	NONE	
		1
Tota	al. Add lines 1 through 3	0
		Form <b>990-PF</b> (2013)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

qualifies for the section 4940(e) reduction of tax in those years.

6

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2013)

26,654

26,654

3a

3b

4

<u>5</u>

NEFF, JAMES & SUNNY FDN

Part	XIII Undistributed Income (see instructions)				
		(a)	(p)	(c)	(d)
· 1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7				28,449
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only			0	·
b	Total for prior years: 20, 20, 20				······································
3	Excess distributions carryover, if any, to 2013:		į		
а	From 2008				
þ	From 2009				
C	From 2010				
d	From 2011				
е	From 2012 99,289				
f	Total of lines 3a through e	101,392			
4	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$ <u>26,654</u>	!			
a	Applied to 2012, but not more than line 2a				
a	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
	Applied to 2013 distributable amount				26,654
	Remaining amount distributed out of corpus .				
5	Excess distributions carryover applied to 2013 .	1,795			1,795
J	(If an amount appears in column (d), the same				1,100
	amount must be shown in column (a)				
6	Enter the net total of each column as				
_	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	99,597			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		. 0		
С	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				
d	Subtract line 6c from line 6b. Taxable		-		
	amount—see instructions				
е	Undistributed income for 2012. Subtract line				
	4a from line 2a Taxable amount—see				
	instructions			0	
f	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions) .				
8	Excess distributions carryover from 2008 not				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.				
-	Subtract lines 7 and 8 from line 6a	99,597			
10	Analysis of line 9.		<u></u>		<del></del>
	Excess from 2009				
b	Excess from 2010				
С	Excess from 2011				
d	Excess from 2012				
е	Excess from 2013				

Form 99	90-PF (2013) NEFF, JAMES & SUN	NY FDN			06-156	60827 Page <b>10</b>
Part	XIV Private Operating Foundation	ons (see instruc	tions and Part V	II-A, question 9)		N/A
1a	If the foundation has received a ruling of	or determination I	etter that it is a pri	vate operating		
•	foundation, and the ruling is effective for				L	
	Check box to indicate whether the foun	dation is a private	e operating founda	tion described in s	ection	(3) or 🔲 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	each year listed		ļ	<del></del>	<b> </b>	0
	85% of line 2a	<del></del>		ļ		0
C	Qualifying distributions from Part XII,			1	[	
_	line 4 for each year listed		<del> </del>	<del></del>	<del> </del>	0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities .	<u>-</u>	<del> </del>	<del></del>	<del> </del>	0
е	Qualifying distributions made directly		{	1		
	for active conduct of exempt activities. Subtract line 2d from line 2c				1	o
•	= =	<del></del>	<del> </del>	<del> </del>	<del> </del>	
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter.					
a	(1) Value of all assets			1	1	o
	(2) Value of assets qualifying under		<del> </del>	<del> </del>	<del> </del>	
	section 4942(j)(3)(B)(i)					o
b	"Endowment" alternative test—enter 2/3		<del> </del>	<del> </del>	<del> </del>	
	of minimum investment return shown in		1			o
С	Part X, line 6 for each year listed "Support" alternative test—enter:		<del> </del>	<del> </del>		
·	(1) Total support other than gross		}	]		
	investment income (interest,		ļ			
	dividends, rents, payments on securities loans (section		1	ļ		
	512(a)(5)), or royalties)			}		o
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from			7		
	an exempt organization		<u> </u>			
	(4) Gross investment income					0
Part	XV Supplementary Information	(Complete thi	s part only if th	e foundation ha	id \$5,000 or mor	e in assets at
	any time during the year—s		s.)			
1	Information Regarding Foundation N					
а	List any managers of the foundation wh					he foundation
	before the close of any tax year (but or	ily if they have co	ntributed more tha	an \$5,000). (See se	ection 507(d)(2).)	
	MIT NEFF			<del></del>		
þ	List any managers of the foundation wh					tion of the
	ownership of a partnership or other ent	ity) of which the f	oundation has a 10	0% or greater intei	est.	
NONE		· · · · · · · ·		<del></del> -		
2	Information Regarding Contribution,					-4
	Check here ▶ ☒ If the foundation or unsolicited requests for funds. If the foundation or					
	under other conditions, complete items		into, granto, etc. (s	ee manuchons) to	individuals of organ	nzauons
	·		draga of the perso	n ta whom applies	tions should be add	drospod
а	The name, address, and telephone nur	inper or e-mail ad	uress or the perso	n to whom applica	uons snoula de ado	nessea.
b	The form in which applications should to	ne submitted and	information and m	aterials they show	ld include:	
IJ	The form in which applications should t	oe oubiliilleu allu	mnomnauom and m	iateriais tricy sillou	ia molade.	
	Any submission deadlines.	<del></del>	<del></del>			<del></del>
·	y saprinosion doddinies.					
d	Any restrictions or limitations on award	s, such as by ged	ographical areas	haritable fields kir	nds of institutions of	or other
	factors:	-, 225 20 b) got	.g. spa, a, easy			

Form 990-PF (2013)

NEFF, JAMES & SUNNY FDN

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Page **11** 

Part XV Supplementary Information (conti 3 Grants and Contributions Paid During	nued)	ed for Fut	ure Payment	
	If recipient is an individual,	Foundation		Ţ <u></u>
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
a Paid during the year See Attached Statement				i
dee Attacheu diatement		)	}	
		}		
		}		
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	}			
		}		
	<u> </u>	<u> </u>	<u> </u>	
Total	T	<del></del>		25,00
NONE				
	}	}		1
		}		
		ì		
	1	1		
		1		}
		]		}
		1		
		[		
	<u> </u>		<u> </u>	
Total		<u> </u>	<u> ▶ 3</u> b	

Page **12** 

Рa	rt X	VI-A Analysis of Income-Producing Ac	tivities				
		oss amounts unless otherwise indicated.	Unrelated bu	usiness income		on 512, 513, or 514	(e) Related or exempt
1	Pro a	ogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	b						
	c d						
	е						
	f g	Fees and contracts from government agencies					
2	Ме	mbership dues and assessments					
3 4		erest on savings and temporary cash investments .			14	2,461	
5		t rental income or (loss) from real estate.			14	2,401	
		Debt-financed property					
6		Not debt-financed property t rental income or (loss) from personal property			-	-	
7		ner investment income					
8		n or (loss) from sales of assets other than inventory			18	-1,980	
9 10		t income or (loss) from special events oss profit or (loss) from sales of inventory					
11		ner revenue: a					
	b						
	c d						
	е	btotal. Add columns (b), (d), and (e)					
12	Sul	btotal. Add columns (b), (d), and (e) ..... tal. Add line 12, columns (b), (d), and (e) ....		0		481 <b>13</b>	0 481
		rksheet in line 13 instructions to verify calculation					701
Pa	rt X	VI-B Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes		
Lir _	e No ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	e is reported in o coses (other than	column (e) of Part by providing fund	XVI-A contributed is for such purpor	d importantly to the ses) (See instructi	ons)
		Not Applicable					
		<del></del>				<del></del>	
_							
	_						
_				<u></u>			
					. <del>-</del>		
_		<del>-   </del>					
			<del>_, ···</del>				
	-						
			<del></del>		**		
						<del></del>	
							· · · · · · · · · · · · · · · · · · ·

Form 990-PF (2013) NEFF, JAMES & SUNNY FDN Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Org	janizations						
• 1	Did	the organization of	directly or indirectly	engage in any of the fo	llowing with a	any other organization described		Yes	No
						in section 527, relating to political			
		anizations?	•	(,,,,	·		1		
а	-		norting foundation to	o a noncharitable exem	not organizatio	on of			
							1a(1)	ĺ	Х
									$\frac{\hat{x}}{x}$
							1a(2)		
D		ner transactions:							
							1b(1)		<u>X</u>
					on		1b(2)		X
	(3)	Rental of facilities,	, equipment, or othe	r assets			1b(3)		X
	(4)	Reimbursement a	rrangements				1b(4)		X
	(5)	Loans or loan gua	rantees				1b(5)		X
	(6)	Performance of se	ervices or membersh	nip or fundraisıng solici	tations		1b(6)		X
C	Sha	aring of facilities, e	quipment, mailing lis	sts, other assets, or pa	id employees		1c		Х
d	If th	e answer to any of t	he above is "Yes," cor	mplete the following sche	dule. Column	(b) should always show the fair market			
						foundation received less than fair mark			
						goods, other assets, or services recei			
(a) Line		(b) Amount involved	<del>,</del>	charitable exempt organization		Description of transfers, transactions, and sh		naeme	nts
		(,	Not Applicable						
			Not Applicable						
		<del> </del>	<del> </del>	<del></del>		<del></del>			
		<del> </del>	<del> </del>	<del></del>	· <b>-</b>				
-		<del> </del>	<del> </del>						
		<del></del>	<del></del>			<del></del>			
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		<del></del>							
						<del></del>			
			ļ., <u>.</u>						
				<u>-</u>					
				<u>-</u> -					
2a	ls t	he foundation direc	ctly or indirectly affili	iated with, or related to	, one or more	e tax-exempt organizations			
	des	scribed in section 5	i01(c) of the Code (d	other than section 501	c)(3)) or in se	ection 527?	Yes	X N	0
b	If "	Yes." complete the	following schedule						
		(a) Name of organ		(b) Type of orga	anization	(c) Description of relation	nship		
				<del> </del>					
				<del>                                     </del>					
				<u> </u>		<del></del>			
				<del> </del>	<del></del>				
		<del></del>		<del> </del>					
	He	der penalties of penury I dec	lare that have examined this a	turn including accompanying sche	edules and statemen	ts, and to the best of my knowledge and belief, it is true			
Ci~-	cor	rect, and complete Declarati	on of prepare (other man taxor	ayor is based on all information of t	which preparer has a	ny knowledge			
Sign	l k	H-and s		// ././/	1 -	May the IR			
Here		y wra		8/29/15	Title	custee with the pri	tions)?	Yes	No
	Ţ,	gnature of officer or true	//_/	Date /	Title				
Paid		Print/Type preparer	// //	Preparer's signature		Check X if	PTIN		
Prep	ara	DONALD J ROI	MAN //	with		8/11/2015 self-employed		<u> 4310</u>	
•	,,	I Firm's name ▶	PricewaterhouseCo			Firm's EIN ► 13-40			
Use	Ψ <u>η</u>	Firm's address	600 GRANT STRE	ET, PITTSBURGH, PA	15219	Phone no 412-3	<u>55-600</u>	0	
							orm <b>99</b> (	0-PF	(2013)

NEFF, JAMES & SUNNY FUN_				06-156	U627Page	<u> </u>
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	I During th	e Year
Recipient(s) paid during the year						
Name MOUNT SINAI MEDICAL CENTER						
Street						
4300 ALTON RD City		State	Zip Code	Foreign Coun	trv	
MIAMI BEACH		FL	33140	i orongin oouii.	,	
Relationship NONE	Foundation Status		-			
Purpose of grant/contribution GENERAL OPERATING					Amount	5,000
Name FISHER ISLAND DAY SCHOOL						
Street						
2 FISHER ISLAND DAY SCHOOL INC	·					
City			Zip Code	Foreign Coun	try	
FISHER ISLAND Relationship	Foundation Status	FL	33109	l		
NONE	PC					
Purpose of grant/contribution GENERAL OPERATING					Amount	5,000
Name			<del></del>			<u></u>
FISHER ISLAND PHILANTHROPIC FU	IND					
Street					<del> </del>	-
7957 FISHER ISLAND DR			<del>,</del>			
City FISHER ISLAND		State FL	Zip Code 33109	Foreign Coun	try	
Relationship	Foundation Status					
NONE Purpose of grant/contribution GENERAL OPERATING	<u> </u>				Amount	15,000
Name	····		<u></u>		_!	15,000
Street					<u> </u>	
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>	<u> </u>			
Purpose of grant/contribution			,,,,,,		Amount	
Name	,,	<del></del>	,		· I	
Street	· · · · · · · · · · · · · · · · · · ·		<del></del>			
City		State	Zip Code	Foreign Coun	try	<u> </u>
Relationship	Foundation Status	L				
Purpose of grant/contribution	.l		<del></del>		Amount	
Name	<u></u>		<del></del>		J	<del></del>
Street		<del></del> -			<u>.</u>	<del></del>
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		<u> </u>			
Purpose of grant/contribution	<u> </u>				Amount	

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Part I	

Γ_	100	20	গ		_	151	-97	155	121	4	358	78	9	6	285	53	-732	407	629	362	147	1.236	1,547	297	1,327	-163	-735	_	121	6-	0	220	-585	-587	7	-276	870	4	-299	3,906	,641 
Gain	İ	098,1-		Net Gam	or Loss	-				,	Y	1				Y .	7	<b>Y</b>	1,6	-			4	1	Ť	·	'T,						7	Υ,		```	,		ŀ	3,5	),, 
Net Gain	5				Adjustments	0	0	0	0	6	0	0	0	0		0	0	0	0		0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
ther	460 774	100,774	5		Depreciation	-					,				-					1		,		•					;		•		- i				F		1		_
Cost, Other				Expense of Sale and Cost of Improve-	ments	-			•													ŧ		2			:						,	-	-				i i		_
	450 704	156,794	5	Valuation	Method		_		,		;											· ·			-		!				-				1				1		
Gross				Cost or	Other Basis	5,328	3,750	3,579	5,157	3,566	380	200	82	5,389	5,267	3,584	3,957	9,317	4.186	10,777	4,868	1.352	5,847	8,975	18,301	3,528	5,604	28	5,059	10,844	0	5,499	5,193	3,764	1	5,565	4,572	3,726	3,469	0	0
Totals	Tagent Lame Clarke	Capital Gains/Losses	Other sales	Gross Sales	Price	5,479	3,653	4,034	5,308	3,122		22	22	5,398	4,982	3,161	3,225	8,910	5,845	12,139	4,721	116	1,300	9,272	16,974	3,365	4,869	91	5,180	10,825	0	5,749	4,608	3,177	7	5,289	5,442	3,770	3,170	3,906	1,641
	ć	3		Date	Sold	9/30/2014	7/15/2014	3/18/2014	9/30/2014	1/30/2014	1/28/2014	1/28/2014	1/28/2014	6/4/2014	9/8/2014	3/12/2014	3/12/2014	7/15/2014	7/31/2014	7/31/2014	4/25/2014	1/28/2014	1/28/2014	4/25/2014	6/4/2014	2/10/2014	8/19/2014	7/18/2014	7/31/2014	4/25/2014	12/19/2013	4/25/2014	5/30/2014	8/19/2014	11/26/2013	8/7/2014	6/17/2014	7/15/2014	7/15/2014	7/1/2014	7/1/2014
				Acquistion	Method				-	ı										ı				ı		•	ı				,		•		i		1		í		
				Date	Acquired	4/25/2014	6/30/2014	12/4/2013	12/11/2013	11/21/2013	7/31/2000	10/16/2000	3/29/2001	5/2/2014	4/25/2014	1/10/2014	2/24/2014	6/30/2014	1/28/2014	2/24/2014	4/10/2014	7/31/2000	8/24/2000	1/28/2014	3/12/2014	12/4/2013	7/15/2014	1/28/2014	6/11/2014	2/24/2014	1/3/1901	3/18/2014	4/2/2014	6/30/2014	6/18/2010	6/17/2014	12/11/2013	6/30/2014	5/12/2014	1/28/2014	12/4/2013
				Check "X" If Purchaser Is a	Business					_										ı			ı	_	-				1			_	_				, ,		<del>_</del> ,	-	
					Purchaser				1		,					ı		1		2 2 1		1	ı	****	:				,		1		·	i i					,		
Amount					CUSIP#	354613101	38526M106	388689101	398438408	43713W107	502161102	502161102	502161102	52729N308	56418H100	62936P103	62936P103	74734M109	74835Y101	74835Y101	803054204	85207U105	871503108	87817A107	88076W103	91324P102	983919101	G0083B108	00724F101	00817Y108	013904305	040790107	042068106	068323104	091929596	116794108	151290889	192446102	231561101	345838106	345838106
	Tomathurana Contract	Long 1em CG Distributions	Short Term CG Distributions		Description	FRANKLIN RES INC	GRAND CANYON EDUCATN IN	GRAPHIC PACKAGING HLDG	GRIFOLSSA	HOME INNS & HOTELS MGMT	LSI CORPORATION	LSI CORPORATION	LSI CORPORATION	LEVEL 3 COMMUNICATINS INC	MANPOWERGROUP	NPS PHARMACEUTICLS INC	NPS PHARMACEUTICLS INC	QIHOO 360 TECHNOLOGIES	OUESTCOR PHARMACEUTICA	QUESTCOR PHARMACEUTICA	SAP SE SHS	SPRINT CORP SHS SERIES -	SYMANTEC CORP COM	₫	TERADATA CORP DEL	UNITEDHEALTH GROUP INC	XILINX INC	ACTAVIS PLC SHS	ADOBE SYS DEL PV\$ 0 001	AETNA INC NEW	ALCATEL SPONSORED ADRS	ARKANSAS BEST CORP	ARM HLDGS PLC SPD ADR	BARRACUDA NETWORKS INC	BLACKROCK SCIENCE &	BRUKER CORP	CEMEX SAB DE CV SPND ADF	COGNIZANT TECH SOLUTINS (	CURTISS WRIGHT	FOREST LABS INC	FOREST LABS INC
				Check "X" to include	In Part IV	×	×	×	×	×	×	×	×	×	e ×	×	- - -	÷	×	15 ×	×	×	<b>2</b> €	- 61 ×	×	×	× 22	×	_	_	×	× ×		_		×	_	_	34 ×		×

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Part I, Line 16c (990-PF) - Other Professional Fees

_						
			4,135	2,481	0	1,654
						Disbursements
	}		Revenue and	]		for Charitable
			Expenses per	Net Investment	Adjusted Net	Purposes
	}	Description	Books _	Income	Income	(Cash Basis Only)
	1	U.S TRUST ACTING AS AGENT	4,135	2,481		1,654

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

		20	20	0	0
ſ		Revenue			Disbursements
٦,		and Expenses	Net Investment	Adjusted	for Charitable
- {	Description	per Books	Income	Net Income	Purposes
ſ	1 FOREIGN TAX WITHHELD	20	20		

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

	6	6	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 ADR FEES	6	6		
2				

8/11/2015 2:41:44 PM - TA7 - TAA - NEFF, JAMES & SUNNY FDN

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			0	238,229	0	204,912
		Num. Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
_						
7	SENSATA TECH HLDNG BV,	0		5,381		5,922
က	TORNIER N.V.	0		7,426		7,170
4	SEADRILL PARTNERS LLC	0		986,6		9,357
သ	AT& T INC	0		469		247
9	ADVISORY BRD CO	0		9,727		6,988
7	AKAMAI TECHNOLOGIES INC	0		418		2,990
œ	ALCATEL SPONSORED ADRS	0		3,079		88
6	AVNET INC	0		5,627		5,354
10	BROADCOM CORP CL A	0		18,867		11,196
11	CBS CORP NEW CL B	0		11,525		9,362
12	CAPITAL BANK FINL CORP	0		9,244		9,552
13	CENTURYTEL INC	0		2,214		409
14	COMCAST CORP NEW CL A	0		785		1,291
15	CORNING INC COM	0		2,003		1,934
16	CREDIT SUISSE GROUP SPONSORED AD	0		9,338		8,292
17	EXPRESS SCRIPTS HLDG CO	0		14,796		14,126
18	FRANKLIN RES INC COM	0		5,322		5,461
19	ACTAVIS PLC SHS	0		13,375		16,890
20		0		5,671		5,474
21	FRONTIER COMMUNICATIONS	0		122		78
22	GILEAD SCIENCES INC	0		18,497		23,951
23	GRIFOLSSA	0		5,157		5,270
24	HALLIBURTON COMPANY COM	0		6,962		11,289
25	HOLLYFRONTIER CORP	0		14,742		13,104
<b>5</b> 6	ILLUMINA INC	0		5,583		5,082
27	LIFELOCK INC	0		8,044		5,716
28	NETAPP INC	0		6,654		6,444
29	NOKIA CORP ADR-A SHS	0		5,417		1,269
30	NORTEL NETWORKS CORP	0		19,218		0
31		0		4,567		4,519
32		0		3,684		3,587
33	VERIZON COMMUNICATIONS INC	0		1,929		2,500

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

			0	63,312	61,712
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg. of Year	End of Year	End of Year
				0	
2 BLACKROCK SCIENCE &	SCIENCE &		0	7,497	3,351
BLACKROCK	3 BLACKROCK EQTY DIVIDEND		0	20,205	21,259
FEDERATED	FEDERATED KAUFMANN LARGE		0	15,000	16,391
LORD ABBETT INTI	TINTL		0	20,610	20,711
LORD ABBET	T INTL			0	0

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anothither Co Distributions	Amount											•	
Short Term CG Distributions	0				158 794		•	0 160,774	-1,980			•	0 -1,98
Description of Property Sold	# disho	How	Date	Date	Gross Sales Price	Depreciation	Adjustments	Cost or Other Basis Plus Expense of Sale	Gain or Loss	FMV as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adi Basis	Gáins Minus Excess of FMV Over Adjusted Basis or Losses
1 FRANKLIN RES INC	354613101	╁╴	t.	9/30/2014	5 479			5 328	15.				0
2 GRAND CANYON EDUCATN INC	38526M106		6/30/2014 7	7/15/2014	3 653			3 750	6-		0		0
3 GRAPHIC PACKAGING HLDG C	388689101		-	3/18/2014	4 034		•	3 579		,	•	,	. 0
4 GRIFOLS S.A.	398438408	-	_	9/30/2014	5 308			0 5,157	15	_			- 0
5 HOME INNS & HOTELS MGMT	43713W107	,	_	1/30/2014	3 122	,		3 566	*	<u> </u>		1	-
6 LSI CORPORATION	502161102		1/31/2000	1/28/2014	22			380	.35				
7 LSI CORPORATION	502161102	-	0/16/2000	1/28/2014	. 22		1	0 200	.178	-8	ا ا		-
8 LSI CORPORATION	502161102	•	3/29/2001	1/28/2014	22			0	ŏ	6			0
9 LEVEL 3 COMMUNICATINS INC	52729N308		5/2/2014	6/4/2014	5 398			5 385		6	0		0
10 MANPOWERGROUP	56418H100	_	-	9/8/2014	4 982			0 5.267	-285	2			7
11 NPS PHARMACEUTICLS INC	62936P103	_	1/10/2014 3	3/12/2014	3 161			3.584	-42:	3	-		۳ 0
12 NPS PHARMACEUTICLS INC	62936P103		224/2014 3	3/12/2014	3 225			3 957	-73	2			- 0
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ſ	91324P102	_	_	2/10/2014	3 365			0 3,528	-16	<u> </u>			-
22 XILINX INC	983919101	_	_	8/19/2014	889	,	-	2,604	-73		5	1 1	
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34 CURTISS WRIGHT	231561101		-	7/15/2014	3170	****	1	3469	-299	,		1	-
35 FOREST LABS INC	345838106	-	1	7/1/2014	3 906			0	3006				35
36 FOREST LABS INC	345838106	_	12/4/2013	7/1/2014	1641				164		_		-

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

_		_	<del></del>	
	, Expense Account			
0	Benefits			
0	Compensation	0	0	
	Avg Hrs Per Week	1 00	1 00	
	Title	TRUSTEE	TRUSTEE	
	Foreign Country			
	State Zip Code	33109	33109	
	State	FL	FL	
	AjiO	MIAMI	MIAMI	
	Street	7892 FISHER ISLAND DRIVE	7892 FISHER ISLAND DRIVE	
	Check "X"			
	Name	JAMES NEFF	CARMIT NEFF	~~
	1		- 1	• •

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

(Rev January 2014)

HTA

► File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) eplete Part II unless you have already be	3-Month E	Extension, complete only Part II (on pa	age 2 of this	form).	
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Forn required to file Form 990-T), or an addition to file any of the ransfers Associated With Certain Personate For more details on the electronic filing o	onal (not a forms liste I Benefit C	utomatic) 3-month extension of time. Yo d in Part I or Part II with the exception of ontracts, which must be sent to the IRS	u can electro Form 8870, in paper forn	nically fil Informati nat (see	e Form on
Part I	Automatic 3-Month Extension of 1	ime. Onl	y submit original (no copies needed)	) <u>.</u>		
	n required to file Form 990-T and requesti				ete	
Part I only .  All other cor	•		MICs, and trusts must use Form 7004 to	request an e	 extension er, see in	structions
Type or	Name of exempt organization or other filer, se	e instruction	ns Emp	oloyer identificati	on number (	(EIN) or
print	NEFF, JAMES & SUNNY FDN		06-1	560827		
File by the	Number, street, and room or suite no If a P.O	box, see ir	nstructions Soc	cial security nu	mber (SSI	N)
due date for	P.O BOX 43250					
filing your return See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions			
instructions	JACKSONVILLE, FL 32202					
	· · · · · · · · · · · · · · · · · · ·					
Enter the Re	eturn code for the return that this application	on is for (file	e a separate application for each return)			04
Application	n	Return	Application			Return
Is For		Code	Is For		ľ	Code
	- Farm 000 F7					07
	r Form 990-EZ	01	Form 1941 A			08
Form 990-E		02	Form 1041-A			
Form 4720		03	Form 4720 (other than individual)			09
Form 990-F		04	Form 5227			10
	(sec_401(a) or 408(a) trust)	05	Form 6069	<del></del>		
Form 990-1	(trust other than above)	06	Form 8870			12
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	tax year beginning 10/1/		<del></del>			
CI	tax year entered in line 1 is for less than 1 hange in accounting period			Final retur	n 	
nonre	application is for Forms 990-BL, 990-PF, 9 fundable credits. See instructions.			any 3a	\$	0
	application is for Forms 990-PF, 990-T, 47 ated tax payments made. Include any prior			3b	\$	0
	ice due. Subtract line 3b from line 3a. Incl				<del></del>	
	S (Electronic Federal Tax Payment Syster	-	· · · · · · · · · · · · · · · · · ·	''9 3c	<b> </b>	0
	ou are going to make an electronic funds withdr					
payment instr		awai (ullect	debity with this Form 0000, see Form 0453-E	.o anu romi o	013-EU 10	ч
	Act and Paperwork Reduction Act Notice, se	e instruction	ons.	Forr	n <b>8868</b> (	Rev 1-2014)

	are filing for an Automatic 3-Month Exter			<del>,</del>		
Part II	Additional (Not Automatic) 3-Mon	th Extension	on of Time. Only file the original (	no copies need	led).	
				s identifying numb		
Type or	Name of exempt organization or other filer,	see instructio	ns. Em	ployer identification nu	ımber (EIN	) or
print	NEFF, JAMES & SUNNY FDN			1560827		
File by the	Number, street, and room or suite no. If a P	'.O box, see ı	nstructions So	cial security numbe	r (SSN)	
due date for	P.O BOX 43250					
filing your return See	City, town or post office, state, and ZIP cod	e For a foreig	n address, see instructions			
instructions	JACKSONVILLE, FL 32202					
Enter the f	Return code for the return that this applica	ition is for (fil	e a separate application for each re	turn)		. 04
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01		<u> </u>		
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)		_	09
Form 990		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		_	11
	0-T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already	oranted an a	tomatic 3-month extension on a prev	iously filed Form	8868.	
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