Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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<u>A</u> [	or the	2018 calenda	ar year, or tax year beginning	April 1	, 2018,	and ending	M	arch 3	, 20 19
В			C Name of organization 22				D Emp!	•	entification number
	Address c	change	Summit Luminary Fund					2	6-3328391
_	Name cha	~	Number and street (or P O box, if mail is not	delivered to street address	?:	Room/suite	E Telep	hone nu	
=	Initial retui		10 Westminster Road				l	908	8-522-9575
=	i inai ratur Amended	m/terminated	City or town, state or province, country, and	IP or foreign postal code		M	F Grou	ıp Exer	nption
=		on pending	Summit, NJ 07901			())	Num	ber 🕨	?1
		ting Method	✓ Cash ☐ Accrual Other (specif	(y) ►		Н	Check I	▶ ☐ ıf	the organization is no
	Vebsite	•		··					ch Schedule B
JΤ	ax-exen	npt status (che	ck only one) - 🗸 501(c)(3) 🔲 501(c) (	) ◀ (insert no ) ☐ 49	947(a)(1) or	527	•		-EZ, or 990-PF)
			☐ Corporation ☐ Trust	Association	Other				
LA	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts	If gross receipts are \$20	00,000 or n	nore, or if tota	assets		
(Pai	rt II, coli	lumn (B)) are \$	500,000 or more, file Form 990 instead o	f Form 990-EZ				<b>▶</b> \$	98,152.00
Р	art I	Revenu	e, Expenses, and Changes in N	et Assets or Fund	Balanc	es (see the	ınstruc	tions	for Part I) 21
			the organization used Schedule O						· · · · · ·
?:	1		ons, gifts, grants, and similar amount		·			1	11,075.00
?1	2		ervice revenue including government					2	0
?1	3	_	p dues and assessments					3	
21	4	Investment						4	
_	5a		unt from sale of assets other than in	ventory	5a		0	÷	
	b		or other basis and sales expenses	vontory	5b	_	0		
	C		ss) from sale of assets other than inv	entony (Subtract line :		ne 5a)		5c	0
	6		d fundraising events:	entory (odbiract line	00 110111 11	110 Ou, .		-	
	a	_	ome from gaming (attach Schedu	ile G if greater tha	an				
ā	a	\$15,000) .	one from gaming (attach oched	ile d'il greater the	6a		0		
Revenue	h		me from fundraising events (not incli	ıdına \$		contribution			
ě	"	Gross income from fundraising events (not including \$					13		
Œ			h gross income and contributions ex		6b		0		
			t expenses from gaming and fundrai	•	6c	<u> </u>	<u> </u>		
	d		e or (loss) from gaming and fundral			1 6b and sul	otract		
	"	line 6c)		sing events (add line	oo da anc	ob and sui	Stract	6d	0
	70	•			70	   87	077.00	ou	<u>_</u>
	7a		s of inventory, less returns and allow		7a 7b		262.51		
	b		of goods sold t or (loss) from sales of inventory (Su		لتنا			70	74,814.49
	C	•	• •		ie /a)	•		7c   8	77,014.43
	8		nue (describe in Schedule O)		•			9	85,889.49
	9	<u></u>	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	<del></del>	·····	<u>:</u>			83,000.00
	10		sımılar amounts paid (list in Schedu	ie O)	DEC	CEN /ED		10	03,000.00
	11	· ·	ud to or for members		-1450	CEIVED	: []	11	
ses	12		ther compensation, and employee be				၂႘၂	12	0
en	13	• •	al fees and other payments to indepe	,—,	· MAY	<b>2 9</b> 2019	S-0S(	13	
Expense	14		r, rent, utilities, and maintenance .	1 1		,	· S	14	0
ш	15		ublications, postage, and shipping.		005		-니뜨	15	07.50
	16		nses (describe in Schedule O) 2		_UGL	DEN, UT	· .	16	87.50
	17		nses. Add lines 10 through 16					17	83.087.50
ţ	18		deficit) for the year (Subtract line 17				:	18	2,801.99
SSe	19		or fund balances at beginning of y		iumn (A))	(must agree	with		A = 4 = -
Ä	l	-	r figure reported on prior year's retui	=		•	.	19	2,788.51
Net Assets	20	*	ges in net assets or fund balances (e				ا ،	20	0
_	21	Net assets	or fund balances at end of year. Cor	nbine lines 18 throug	h 20 .		. ▶	21	5,590.50

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 106421

Form **990-EZ** (2018)





Pa	rt II Balance Sheets (see the instructions	for Part II)				<u> </u>
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u> </u>
			Ļ	(A) Beginning of year	Ļ.,	(B) End of year
22	Cash, savings, and investments			6,288.51	22	5,590.50
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) .			0	24	0
25	Total assets			6,288.51	25	5,590.50
26	Total liabilities (describe in Schedule O) .			0	26	0
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	h line 21)	2,788.51	27	5,590.50
Par	t III Statement of Program Service Accom	nplishments (see th	ne instructions for F	Part III)	ł	
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part I <u>II</u> 🗹	] ,_	Expenses
Wha	t is the organization's primary exempt purpose?	Sell luminaries to r	aise funds for local c	harities.		quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompl	ishments for each o	of its three largest p	rogram services.		anizations, optional for
	neasured by expenses In a clear and concise r				oth	ers)
pers	ons benefited, and other relevant information for e	ach program title.				
28	Luminaries are sold, prepared and delivered by vo	lunteers. Revenues for	rom luminary sales si	upport local		
	charities. See list of grantees.					
?:	(Grants \$ 83,000.00 ) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	282	83,000.00
29						
					[	
					1	
	(Grants \$ ) If this amount	t includes foreign ara	ants, check here .	▶ □	298	0
30	To the second se					
			**		ļ	}
		•••••			1	
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here	▶ □	30a	. 0
31	Other program services (describe in Schedule O)			<u>, , , , , , , , , , , , , , , , , , , </u>	1000	<del></del>
٠.		t includes foreign gra	nte check here		318	
32	Total program service expenses (add lines 28a		· · · · ·		32	<del></del>
Par						
, GI	Check if the organization used Schedule					
	Officer if the organization used deficult	T	(c) Reportable ?		Τ.	· · · · · · · · · · · · · · · · · · ·
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Hallio and allo	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Bar	bara Romano, President	13	(er pana, enter e ,		<del>``</del>	
	Vestminster Road, Summit, NJ 07901		0	1	0	0
	a Romano, Treasurer	10	<del></del>	<del> </del>	-	
			_			•
	Vestminster Road, Summit, NJ 07901	<del>  -                                   </del>	0		0	
	nela Kuhn, Secretary	1			_	_
	Pine Grove Avenue, Summit, NJ 07901	<u> </u>	0		0	
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 Fait	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO /	_
?1	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		.,	
	b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		<u> </u>	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>	?1
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_
	b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved				
		Gross receipts, included on line 9, for public use of club facilities	-			
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	 40b			?1
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
	41	List the states with which a copy of this return is filed ▶ New Jersey				
	42a	The organization observed in our core	908-52		5	
		Located at ► 10 Westminster Road, Summit, NJ ZIP + 4 ►	07901	-3732		
	b	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)?  If "Yes," enter the name of the foreign country	42b	Yes	No ✓	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ل_	
		At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c	<u></u>		
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► ⊔ No	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7	
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>_</u>	
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d		\ \ \	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	~	
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		J	

rm 990-E	Z (2018)							age 4
	•						Yes	No
	d the organization engage, directly or ir			on behalf of o	r in oppositio	n		
to	candidates for public office? If "Yes," of	complete Schedule C	, Part i	<u> </u>	<u>.</u> .	46		~
rt VI	Section 501(c)(3) Organization			_				
	All section 501(c)(3) organization	is must answer que	estions 47-49b an	d 52, and co	implete the t	tables fo	or line	s
	50 and 51.							
	Check if the organization used Sci	hedule O to respond	d to any question in	this Part VI				
							Yes	No
7 Die	d the organization engage in lobbying	activities or have a	section 501(h) elec	tion in effect	during the ta	× 🖳		
ye	ar? If "Yes," complete Schedule C, Par	tll				47	- 1	~
ls '	the organization a school as described ii	n section 170(b)(1)(A)(i	ıı)? If "Yes," complet	e Schedule E		48		~
	d the organization make any transfers t					49a		~
	"Yes," was the related organization a se		-			49b		
Co	omplete this table for the organization's	five highest compen	sated employees (c	ther than offic	cers, directors	s, trustee	s, and	l ke
en	ployees) who each received more than	1 \$100,000 of compe	nsation from the org	janization. If t	here is none,	enter "N	one."	
		(b) Average	(c) Reportable		benefits,			
	(a) Name and title of each employee	hours per week	compensation	henefit plane		e) Estimate other com		
		devoted to position	(Forms W-2/1099-MIS		nsation	Other Com	pensau	011
one								
					ļ			
		<u>-</u>	<del></del>					
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	ital number of other employees paid ov		. ▶0					
Co	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
Co	omplete this table for the organization'	's five highest companization. If there is no	ensated independe	nt contractors		eceived		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
\$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independe one, enter "None."	nt contractors		_		thar
Cc \$1	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent	's five highest companization. If there is no dent contractor	ensated independe one, enter "None." (b) Type of s	nt contractors	(c) Co	_		thar
Cc \$1	omplete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no dent contractor	ensated independe one, enter "None." (b) Type of s	nt contractors		_		thar
Cc \$1	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent	's five highest companization. If there is no dent contractor	ensated independe one, enter "None." (b) Type of s	nt contractors	(c) Co	ompensatio		thar
cd To	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent	's five highest companization. If there is no dent contractor	ensated independe one, enter "None." (b) Type of s	nt contractors	(e) Co	ompensatio	on	thar
d To	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent contract of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor	ensated independe one, enter "None."  (b) Type of s  over \$100,000  ection 501(c)(3) ore	ervice  panizations n	(c) Co	ompensation	on N	
cd To	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor	ensated independe one, enter "None."  (b) Type of s  over \$100,000  ection 501(c)(3) ore	ervice  panizations n	(c) Co	ompensation	on N	
d To	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent contract of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor	ensated independe one, enter "None."  (b) Type of s  over \$100,000  ection 501(c)(3) ore	ervice  panizations n	(c) Co	ompensation	on N	
d To	omplete this table for the organization 00,000 of compensation from the orga  (a) Name and business address of each independent contract of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor	ensated independe one, enter "None."  (b) Type of s  over \$100,000  ection 501(c)(3) ore	ervice  panizations n	(c) Co	ompensation	on N	
d To co correct,	omplete this table for the organization 00,000 of compensation from the organization from the organization of the organization of the organization complete Schedumpleted Schedule A ties of perjury, I declare that I have examined this is, and complete Declaration of preparer (other than Signature of officer	's five highest companization. If there is no dent contractor	ensated independe one, enter "None."  (b) Type of s  over \$100,000  ection 501(c)(3) ore	ervice  panizations in the per has any knowle	(c) Co	ompensation	on N	
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d To co correct,	omplete this table for the organization 00,000 of compensation from the organization from the organization from the organization of each independent control of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor	over \$100,000 . ection 501(c)(3) or sying schedules and state ormation of which prepare	ervice  panizations in the per has any knowle	onust attach a best of my knowledge	ompensation	on N	lo
d Toole Coorer penalt correct,	omplete this table for the organization 00,000 of compensation from the organization from the organization of the organization complete schedule and the organization complete schedule and complete Declaration of preparer (other than and complete Declaration of preparer (other than a signature of officer    Barbara Romano, President   Type or print name and title	dent contractor  actors each receiving ale A? Note: All service, including accompan officer) is based on all info	over \$100,000 . ection 501(c)(3) or sying schedules and state ormation of which prepare	ervice  ganizations n  ments, and to the er has any knowle	(c) Co	a Yes	on N	lo
d To co correct,	complete this table for the organization on,00,000 of compensation from the organization from the organization from the organization from the organization of the organization complete Schedumpleted Schedule A ties of perjury, I declare that I have examined this in, and complete Declaration of preparer (other than Signature of officer  Barbara Romano, President Type or print name and title  Print/Type preparer's name	dent contractor  actors each receiving ale A? Note: All service, including accompan officer) is based on all info	over \$100,000 . ection 501(c)(3) or sying schedules and state ormation of which prepare	ervice  ganizations in ments, and to the er has any knowle	Onust attach as best of my knowledge	a Yes	on N	lo

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number 26-3328391 **Summit Luminary Fund** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (in EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,577	10,980	8,588	11,868	11,075	56,088
2	Gross receipts from admissions, merchandise	,	.0,000			, ,	
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	63,000	60,000	69,566	78,075	87,077	357,718
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the			-	-		
•	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
. 5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5.	76,577	70,980	78,154	89,943	98,152	413,806
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000				44 000	44.075	55,000
	or 1% of the amount on line 13 for the year	13,577	10,980	8,588	11,868	11,075 11,075	56,088 56,088
	Add lines 7a and 7b	13,577	10,980	8,588	11,868	11,075	
8	Public support. (Subtract line 7c from line 6)						357,718
	on B. Total Support	(-) 0044	(h) 0045	(-) 001C	(4) 0017	(a) 2010	(A Total
	dar year (or fiscal year beginning in)	(a) 2014 76,577	(b) 2015 70,980	(c) 2016 78,154	(d) 2017 89,943	(e) 2018 98,152	(f) Total 413,806
9	Amounts from line 6	70,377	70,300	70,134	00,040	30,102	110,000
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0_
13	Total support. (Add lines 9, 10c, 11, and 12.)	76,577	70,980	78,154	89,943	98,152	413,806
14	First five years. If the Form 990 is for the organization, check this box and stop he					ear as a sectio	
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2018 (line					15	86.4 %
16	Public support percentage from 2017 Scl			<u> </u>		16	85.3 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (					17	0 %
18	Investment income percentage from 2017	<b>7</b> Schedule A, I	Part III, line 17			18	0 %
19a	331/3% support tests—2018. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz						
00	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	и пот спеск а	DOX OF TIME 14	, 19a, or 19b, C	THECK THIS DOX	and see instru	CHOIS 🚩 🔲

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **Summit Luminary Fund** 26-3328391 Other Expense: **New Jersey DOR Annual Report** \$27.50 New Jersey Charity Renewal Registration \$87.50