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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.

Open to Public Inspection

OMB No 1545-0047

A	For the	2012 calendar year, or tax year beginning and	enaing	_	
В	Check if applicable	C Name of organization		D Employer identific	eation number
	Addres	SUMMERS FOUNDATION			
	Name change			75-28	851505
\Box	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Termin		7.0011202110		729-2128
┌	ated Amend			G Gross receipts \$	436,200.
⊢	—iretum ⊟Applici				
_	ltion pendin	F Name and address of principal officer: A. HUGH SUMMERS		H(a) Is this a group re	Yes X No
		· · ·		for affiliates?	
-	-	SAME AS C ABOVE	507	H(b) Are all affiliates incl	
		mpt status: X 501(c)(3)	or 527	· ·	list. (see instructions)
		e: N/A	I. V	H(c) Group exemption	
		organization: X Corporation	L Year	or formation: 1999 M	State of legal domicile: TX
ø	1 1	Briefly describe the organization's mission or most significant activities: SUPP	ORT OF	CERTAIN SEC	CTION
Activities & Governance		501(C)(3) ORGANIZATIONS			
Ę	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
8	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
~į	6	Total acceptant of columbia and footiments if a conserva		6	0
≘ફ	7 a	Fotal unrelated business revenue from Part VIII, column.(C), line_12		7a	0.
-	ь	Net unrelated business taxable income from Form 990 R, line 34-11/F	j		0.
2		1	1	Prior Year	Current Year
	8		חות	0.	0.
그들	1	Contributions and grants (Part VIII, line 1h) 133 AUG 3 € 2013 6	. -	0.	0.
) OF P Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		59,161.	97,668.
_ ਛ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c and 11e)	- i -	0.	0.
			_ 🖁 📙	59,161.	97,668.
<u>-</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,000.	55,000.
F	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	• ••••	0.	33,000.
~	ا حدا	Benefits paid to or for members (Part IX, column (A), line 4)	···· ·	0.	0.
ال Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<i>√</i> ⊢	0.	
X	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	13 450	13,380.
	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	13,459.	68,380.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	···	53,459.	
	19	Revenue less expenses. Subtract line 18 from line 12		5,702.	29,288.
SO			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	·	1,904,019.	1,933,307.
et A	21	Total liabilities (Part X, line 26)	·	0.	0.
꾩	22	Net assets or fund balances. Subtract line 21 from line 20		1,904,019.	1,933,307.
_	art II	Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	
		Signature of officer		Date	3/3
Sig		•		Date	
He	re	A. HUGH SUMMERS, PRESIDENT Type or print name and title			
				Doto latest	T OTIN
		Print/Type preparer's name LARRY J. WEBER	1 L	Date Check	PTIN
Pai				8/13/13 self-employe	
	parer	Firm's name BOLTON, SULLIVAN, TAXLOR & WEBER,	L.L.E	P . Firm's EIN ▶	75-1188801
Use	Only	Firm's address P. O. BOX 826			
		PALESTINE, TX 75802		Phone no. 9	<u>03-729-2229 </u>
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No
		12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions	· 	Form 990 (2012)

Form 990 (2012)

	· · · · · · · · · · · · · · · · · · ·		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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? If "Yes," complete Schedule C, Part II	4_		X
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_		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	İ		
_				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
ь	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	x	
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<u>'</u>		
10		18		x
19	To and 8a? If "Yes," complete Schedule G, Part II	<u></u>		
	annualists Outside to O. Doublill	19		x
2 0a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) SUMMERS FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		X
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? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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_		X
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		X
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		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- T
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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_		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	<u>X</u>	(2012

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		
b Enter the number of Forms W.2G included in line 1a. Enter -0 if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmital of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return filled for the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yeas, I had a filled a Form 990 for this year? If No., Provide an explanation in Schedule O 4 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) 5 If Yeas, I had the foreign country for the year? 5 Was the organization a party to a prohibited tea schelitr transaction at any time during the tax year? 5 Was the organization and the organization that it was or is a party to a prohibited law shelter transaction? 6 If Yeas, I online Sao r 5b, did the organization that it was or is a party to a prohibited the organization and or it is any contributions that were not tax deductible as charitable contributions? 6 If Yeas, I online Sao r 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yeas, I office organization include with every solicitation are suppress statement that such contributions or gifts were not tax deductible? 9 Organization development on the value of the goods or services provided? 10 If Yeas, I middle the organization include with every solicitation are suppress statement that such contribution of country of the value of the goods	Yes	No
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization file all (equipad federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 5 If all the soft one is reported on line 2a, did the organization file all (equipad federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 5 If Yes, "hai it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4 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. If year, y		
gambing) wrinings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return 3 I all teast one is reported on line 2a, did the organization file all required federal employment tax returns? 3 I but the organization have unrelated business gross income of \$1,000 or more during the year? 4 I was not line 3 and 2 as greater than 250, you may be required to e-file (see instructions) 3 I but the organization have unrelated business gross income of \$1,000 or more during the year? 4 If Yeas, * I set if filed a Form 990-07 for this year? If Yeb, * provide an explanation in Schedule O 4 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)? 5 If Yes, * to time 5 are 55, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organization receive a payment in excess of \$75 made party as a contribution of property of which it was required to the Form 8282? fixed during the year and party for goods and services provided to the payor?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 b If at least one is reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated buseness gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an inferest 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 At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country. 5b If "Yes," orient the name of the foreign country. 5c less the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as cheritable contributions? 6a Dess 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 cheritable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization section section with every solicitation and express of the party of		
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b If at least one is reported on line 2a, did the organization file all required to e-rite (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If 'Yes,' has it filed a Form 990-T for this year? If 'Yos, 'provide an explanation in Schedule O 3b If 'Yes,' has it filed a Form 990-T for this year? If 'Yos, 'provide an explanation in Schedule O 4a 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; lead a bank account, securities account, or other financial accountly? 4a If 'Yes,' enter the name of the foreign country; lead in the organization approach to the foreign country; lead in the organization approach to the organization file Form 8886-T? 5a Was 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? 5b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 5c Did the organization that may receive deductible contributions under section 170(c). 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? 5c Did the organization receive any funds, directly or indirectly, no pay premums on a personal benefit contract? 7c Did the organization received a contribution of cas, boats, singhases, or other vehicles, did the organizations. Did the supporting organization make any taxable distributions under section 899(a); a supporting organizations. Did the supporting organization make any taxable distribution under		
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If Yes,* has it filed a Form 590-T for this year? If You, * provide an explanation in Schedule O. 3 a than you will be calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) or other financial account)? 4 a If Yes,* enter the name of the foreign country: Implication in your search of the financial account)? 5 a If Yes,* enter the name of the foreign country: Implication in your search of the organization and your search of the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5 b If Yes,* of 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? 6 a 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? 6 a If Yes,* did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes,* did the organization notify the donor of the value of the goods or services provided? 9 b If Yes,* did the organization notify the donor of the value of the goods or services provided? 10 b If Yes,* did the organization notify the donor of the value of the goods or services provided? 10 b If the organization received any funds, directly or indirectly, to pay premume on a pe		
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organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
	<u> </u>	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	↓	X
	1	<u> </u>

Form 990 (2012) SUMMERS FOUNDATION 75-2851505 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		*****
ь	Enter the number of voting members included in line 1a, above, who are independent 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 <u>a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this was done	12c	-	X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14_		^
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
a h		15b		X
	Other officers or key employees of the organization			
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·	
	AHNISE V. SUMMERS - (903)729-2128			
	111 W. SPRING ST., PALESTINE, TX 75801-1399			
23200 12-10-		Forn	990	(2012)

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SUMMERS FOUNDATION

75-2851505

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

Check if Schedule O	contains a response to a	ny question in this Pa	art VII	

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, and 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 n	or any related	orga	anıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition mere	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	٢ —	ceran	lo a a	Irecto	or/trus	(ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	P	92			돭		organization	(W-2/1099-MISC)	from the
	related	뵱	F			Bells		(W-2/1099-MISC)		organization
	organizations	돌	ag		훒	8 8				and related
	below	ğ	Institutional trustee		e e	Highest compensated employee	Ботшег	}		organizations
	line)	Ĕ	Ë	5	포	도 5	요	 		
(1) A. HUGH SUMMERS	2.00			7.				0.	0.	_
PRESIDENT	1 00	X		X	_	┢		<u> </u>	U•	0.
(2) HAYWOOD L. HARRIS, JR	1.00		,	,	}]		٥.	0.	
VICE PRESIDENT	1 00	X	-	X		-		<u> </u>	<u> </u>	0.
(3) GERALDINE IVEY	1.00	.,						0.	0.	_
VICE PRESIDENT	2 00	X		X		<u> </u>	-	0.		0.
(4) AHNISE V. SUMMERS	2.00	ł			ŀ			٥.	0.	0.
SECRETARY/TREASURER		├	\vdash	X	\vdash					<u></u>
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(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

0.

0.

0.

0

No

X

X

X

Yes

3

(C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2012)

\$100,000 of compensation from the organization

		Check of Schedule O conta	ins a response t	to any question i	n this Part VIII			. <u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
記記	1 ε	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b					
A.E.		Fundraising events	1.1					
	c	Related organizations	. 1d					
S,E	•	Government grants (contribution	F			}		
ig L	f	All other contributions, gifts, grants	s, and			İ		
ま		similar amounts not included abov	1 1			l		
들임	ç							
3 8	-	Total. Add lines 1a-1f	• • • • • • • • • • • • • • • • • • • •					
		-		Business Code				
8	2 8	·						
ه ڲ	ŧ							
8 5	c	>						
e a	•	1	·					
Program Service Revenue	•	·						
ا تە	f	All other program service rever	nue					
		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including of	dividends, intere	est, and				
		other similar amounts)		▶ ↓	71,471.	<u> </u>	·	71,471.
1	4	Income from investment of tax	exempt bond p	roceeds 🕨				<u> </u>
	5	Royalties		▶				ļ
			(i) Real	(ii) Personal				
	6 8	Gross rents .						
	t	Less: rental expenses						
	C	Rental income or (loss)		L				
	•	Net rental income or (loss) .						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		=	<u>364,729.</u>					
	t	Less: cost or other basis		!				
			<u>338,532.</u>					
	•	Gain or (loss)	26,197.		06 107			26 107
	•	• • • • • • • • • • • • • • • • • • • •			26,197.			26,197.
e n	8 4							
Other Reven		including \$						
Re		contributions reported on line						
Je.		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund						-
	י פ	Gross income from gaming ac						
		Part IV, line 19						
		Net income or (loss) from gam Gross sales of inventory, less		· · · · ·	· · · · · · · · · · · · · · · · · · ·			
	10 8			[
		and allowances						
		•						
		Net income or (loss) from sale: Miscellaneous Revenue		Business Code				
	11 (24311033 0046				
		a					· · · · · · · · · · · · · · · · · · ·	
		·						
	'	d All other revenue						
		e Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			97,668.	0.	0	. 97,668.
23200 12-10		sai to toliao. Oco mon soliono.						Form 990 (2012)

Form 990 (2012) SUMMERS FOUND. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			трасе сошти (м.	[
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	55,000.	55,000.		
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				
C	Accounting	2,325.		2,325.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,347.		8,347.	
g	Other. (If line 11g amount exceeds 10% of line 25,			1	
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			İ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,521.		2,521.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
a	FOREIGN TAXES	187.		187.	
b	- 9112011 112120				
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	68,380.	55,000.	13,380.	0.
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)				
					000

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	35,382.	1	38,138.
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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	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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,868,637.	12	1,895,169.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,904,019.	16	1,933,307.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified 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	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
Ъ		and complete lines 30 through 34.	_		_
ets	30	Capital stock or trust principal, or current funds	0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let,	32	Retained earnings, endowment, accumulated income, or other funds	1,904,019.		1,933,307.
Z	33	Total net assets or fund balances	1,904,019.		1,933,307.
	34	Total liabilities and net assets/fund balances	1,904,019.	34	1,933,307.

orm	990 (2012) SUMMERS FOUNDATION 75-285	1505	Pag	e 12
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		,60	
2	Total expenses (must equal Part IX, column (A), line 25) 2			<u>80.</u>
3	Revenue less expenses. Subtract line 2 from line 1	29	, 21	<u>88.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>1,904</u>	.,0:	<u> 19.</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
		<u>1,933</u>	3,3	<u>07.</u>
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		ŀ	
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis		l	
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
	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:	1		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ı
	Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		ļ	ı
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

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. ► See separate Instructions.

2012

Open to Public Inspection

Name of the organization

SUMMERS FOUNDATION Employer identification number 75-2851505

Part I	Heason	for Public Char	ITY Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization (described i	in section	170(b)(1)(A)(iii).					
4	A medical res	earch organization of	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter t	the hospita	l's nam	10,
	city, and state	e:										
5 🔲	An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describ	ed in		
	section 170((b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 🗀	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desi	cnbed ı	n
	section 170(I	b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 📖	An organization	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	embershi	o fees, a	nd gross re	ceipts	from
		•	nctions - subject to certa	=						=		
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June	30, 197	′ 5.
—		509(a)(2). (Complete										
10	•	•	perated exclusively to tes	-	-			•				
11 🛣		-	perated exclusively for the									or
	-		ations described in section		-). 500 sec	tion 509(a	a)(3). Ch	eck the bo	x tnat	
			organization and comple					T.m.	o III. Nios	n functions	lly undo	aratad
e X	a Type I	-	•	ype III - Fui	-	-				n-functiona persons of	•	_
6 (20)	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f		=	ten determination from t						(α)(1) Οι	3001.011 00	O(4)(-).	
•	•	ganization, check th			-		11, O. 13pc	,				
g	•	•	rganization accepted an				of the follo	wina pers	ons?		•••	
9	•		irectly controls, either al			•					Yes	No
	••	-	upported organization?	_						11g(i)		X
	•	•	n described in (i) above?	•						11g(ii		X
	(iii) A 35% c	controlled entity of a	person described in (i) o							11g(iii)	X
h			about the supported org									
				_								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you		(vi) is organizațio	the	(vii) Amour	nt of mo	netary
	anization	,	(described on lines 1-9	in col. (i) lis		organizat		(i) organiz	ed in the	, ,	pport	
			above or IRC section (see instructions)	governing		(i) of your	Supportr	U.S.				
			(500 111022040110))	Yes	No	Yes	No	Yes	No			
FIRST			_									
	SITERIAN		7_	X		X		X			<u>25,0</u>	00.
	UNITED								}			_
	DIST C		11	X		X	<u> </u>	X				0.
CARTM												
	FOR THE		9	X		X		X			10,0	00.
	AREA		_	<u> </u>					ļ		20 0	
FUND	FOUNDAT		7	X	_	Х		<u> </u>			20,0	<u>, , , , , , , , , , , , , , , , , , , </u>
				ļ 			 -					
F-A-!	,]			55,0	100
<u> </u>	4	<u></u>	<u> </u>	<u> </u>		L	Ļ	<u> </u>			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>, </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and]	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf				<u> </u>	<u> </u>	
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			Ì	ľ	Ì	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		}	1	i	1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on .						
10	Other income. Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part IV.)				<u> </u>	ļ	
11	Total support. Add lines 7 through 10	******	l		<u>L</u>		
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here			<u>·_ · · · · · · · · · · · · · · · · · · </u>	···	
	ction C. Computation of Publi			.			
	Public support percentage for 2012 (li		•	column (f))		14	
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o						ox and
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2011. If the d					or more, check ti	nis dox
	and stop here. The organization quali		, ,	•• •• •• • • • • • • • • • • • • • • • •			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		· · · · · · · · · · · · · · · · · · ·	•		it iv now the orgal	iization
	meets the "facts-and-circumstances"	_					. P
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ		=				
18	Private foundation. If the organization	n ala not check a	DOX ON IING 13, 16	ea, 100, 1/a, 011/			or 990-EZ) 2012
					Sch		, UI 000-LE) EU IZ

Schedule A (Form 990 or 990-EZ) 2012 Part III | 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	iow, piease com	piete r ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		1				
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that				1		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b		ļ				
8 Public support (Subtract line 7c from line 6)		l		<u> </u>	<u> </u>	
Section B. Total Support		,	T			
Calendar year (or fiscal year beginning in) ► 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				<u></u>		
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		<u> </u>				
11 Net income from unrelated business				 	<u> </u>	
activities not included in line 10b,						
whether or not the business is					1	
regularly carned on		 			 	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)				ļ	 	
13 Total support. (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>			<u> </u>		▶□
Section C. Computation of Public	Support Pe	ercentage	_			
15 Public support percentage for 2012 (lir	ne 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2011		•	····	.	16	%
Section D. Computation of Inves	•					
17 Investment income percentage for 201				·	17	%
			to, oolaniii (ij)		18	%
18 Investment income percentage from 2			on line 14 and lin	e 15 is more than		
19a 33 1/3% support tests - 2012. If the c						., is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2011. If the c						
line 18 is not more than 33 1/3%, chec						· · • •
20 Private foundation. If the organization	did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see in	structions .	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

SUMMERS FOUNDATION

Employer identification number 75-2851505

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(-)
2	Accorded another stines to (dumps upper)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	unting that the assets held in donor advi	seed funde
5	are the organization's property, subject to the organization's		Yes No
	Did the organization inform all grantees, donors, and donor ac		· · · · · — · · — · · · — · · · · · · ·
6	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	donor advisor, or for any other purpose	· · · Yes No
Pai		anization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		1 4177, 1110 7.
'	Preservation of land for public use (e.g., recreation or ea	· — · · · ·	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	1 10361 4411011 01 4 061	Timed Historic Structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
2	day of the tax year	ed conservation contribution in the form	TOTA CONSTITUTION GASONIGHT ON THE ILST
	day of the tax year		Held at the End of the Tax Year
	Total number of conservation easements		2a
	The state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		2b
b	Number of conservation easements on a certified historic structure.		2c
	Number of conservation easements included in (c) acquired a		
a			2d
3	Number of conservation easements modified, transferred, rel	assed extinguished or terminated by the	
3	year	oassa, extinguished, or terrimated by th	to organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		•
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
Ū	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		se statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organization		
	conservation easements		o uno organizament e decessioning ver
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		• • • • • • • • • • • • • • • • • • • •
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
		addation, or roboaron in forther action of p	and connect provide the following amount
	relating to these items:		> \$
	(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, historical treation follows are suited to be reported under SEAS 1.		iai gairi, provide
	the following amounts required to be reported under SFAS 1	to (ASC 336) relating to these items:	▶ €
а	Revenues included in Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		Ψ Ψ

		FOUNDATIO				<u>5-285150</u>		<u>ge 2</u>
Par	t III Organizations Maintaining Co							
3	Using the organization's acquisition, accession	n, and other record	is, check any of the	following that are a	significant us	e of its collectio	n items	š
	(check all that apply):							
a	Public exhibition	c	Loan or exc	hange programs				
ь	Scholarly research	•	Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explai	n how they further t	he organization's ex	empt purpose	ın Part XIII.		
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mail	ntained as part of	the organization's c	ollection?		Yes	[No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the organization	on answered "Yes" to	o Form 990, F	Part IV, line 9, or		
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n or other interme	diary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?					. Yes		No
ь	If "Yes," explain the arrangement in Part XIII a							
	•	•	•			Amoun	t	
c	Beginning balance				1c			
	Additions during the year				1d			
e	Distributions during the year			•	1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For		21?			Yes		No
	If "Yes," explain the arrangement in Part XIII.			provided in Part XII	1			<u> </u>
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back (e) Fou	r years	back
1a	Beginning of year balance							
b	Contributions		·					
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
Ω	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balan	ce (line 1g, column ((a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the posses	·	zation that are held	and administered for	the organiza	tion		
	by:						Yes	No
	(i) unrelated organizations					3a(i)		
	700					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required				3b		Ĺ
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Part X, line 10.					
	Description of property	(a) Cost or basis (invest	, , ,	, , ,	Accumulated lepreciation	(d) Boo	k valu	θ
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Par	t X, column (B), line	10(c))		<u> </u>		<u>0.</u>

Schedule D (Form 990) 2012 SUMMERS FOUN	NDATION		75-2851505 Page 3
Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value		: Cost or end-of-year market value
(4) #	(D) BOOK VAIUE	(c) Method of Valuation	: Cost or end-or-year market value
(1) Financial derivatives (2) Closely-held equity interests	·		
(3) Other			
(A) PUBLICLY TRADED			
(B) SECURITIES	1,895,169.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)	1 005 160		_
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,895,169.		
Part VIII Investments - Program Related. Set	e Form 990, Part X, line 1 (b) Book value	3. (c) Method of valuation	: Cost or end-of-year market value
(1)	(b) DOOR VAIDE	(C) Would of Valuation	. Cost of one of your market value
(2)	····		
(3)		 	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u>.</u>	<u> </u>	
	escription		(b) Book value
(1)	- Scription		(b) Book Value
(2)	*****	· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)		 	
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		·	
Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·
<u> </u>		(D) DOOK VAIGO	
(1) Federal income taxes			
(2)			
(4)			
(5)	····		
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			

	edule D (Form 990) 2012 SUMMERS FOUNDATION		5-2851505 Pa	<u>ige 4</u>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Reti	ım	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants . 2c			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2	е	
3	Subtract line 2e from line 1		_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4	c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3	
	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2	e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expanses not included an Form 900 Part VIII line 7h			
b	Othor (Describe in Dest VIII.)			
	Add then 4 and 41	4	c	
		· · · · ·	5	
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			²art

SCHEDULE I (Form 990) Department of the Treasury internal Revenue Service

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.

2012 2012

CUICOpen to Public Inspection

% |X Employer identification number 75-2851505 INDERSON COUNTY FUNDS (h) Purpose of grant or assistance Yes **COUTH EDUCATION** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any BUILDING FUND Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) ö ö (e) Amount of assistance non-cash -Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. : recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 25,000 10,000 20,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table SUMMERS FOUNDATION General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? PRESBYTERIAN CHURCH - 410 AVENUE A 1 (a) Name and address of organization TEXAS AREA FOUNDATION, INC. BOY SCOUT TROOP 440-FIRST or government CARTMELL FOUNDTION, INC. - PALESTINE TX 75801 PALESTINE TX 75802 PALESTINE, TX 75801 Name of the organization 2212 WEST REAGAN P.O. BOX 283 Parti Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

75-2851505

Page 2

Schedule I (Form 990) (2012) SUMMERS FOUNDATION

Part III 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 Grants and Other Assistance to Individuals in the United States.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.	de the informatio	n required in Part I,	lne 2, Part III, colum	n (b), and any other additional in	formation.
•					
232102 12-18-12					Schedule I (Form 990) (2012

SCHEDULE 0

(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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUMMERS FOUNDATION

Employer identification number 75-2851505

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SEE SCHEDULE I
EXPENSES \$ 55,000. INCLUDING GRANTS OF \$ 55,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: A. HUGH SUMMERS (PRESIDENT) AND AHNISE SUMMERS (SECRETARY/TREASURER) ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS THE FORM 990 AT A SCHEDULED METTING PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			▶ X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not co	mplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6 months for a	corporation
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically f	ile Form 8	868 to request	an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers	Associated Wit	h Certain
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the ele	ctronic filing of	this form,
	irs.gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).		
corporat	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only						.▶ □
W other c	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exter	sion of time	
o file ınco	me tax returns					
уре ог	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification i	number (EIN) or
rint						, ,
- 1	SUMMERS FOUNDATION				75-285	1505
ile by the ue date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social se	curity number	
ling your	P.O. BOX 1399				,	, ,
sturn See Instructions	City, town or post office, state, and ZIP code. For a fo	oreian add	ress, see instructions.		<u> </u>	•
	PALESTINE, TX 75802					
						
nter the F	Return code for the return that this application is for (file	a senara	te application for each return)			0 1
	Total Total Total Trial trib application is for the	o a sopaia	to application for odon rotally		•	. []
pplication	an	Return	Application			Return
s For	···	Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-		02	Form 1041-A			08
) (Individual)	03	Form 4720			09
orm 990-l		03	Form 5227			10
						
_	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
<u> </u>	T (trust other than above)	06	Form 8870			12
	AHNISE V. SUMMI		DATEGRAND MY 750	01 12	00	
	oks are in the care of \triangleright 111 W. SPRING S	5T		<u>01-13</u>	99	
	one No. ► (903)729-2128		FAX No.			. —
	ganization does not have an office or place of business				• ••	
	for a Group Return, enter the organization's four digit	,			_	• -
ox 🕨 📙	. If it is for part of the group, check this box				ers the extensi	on is for.
	uest an automatic 3-month (6 months for a corporation					
	AUGUST 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	the organization's return for:					
▶₫	X calendar year 2012 or					
	tax year beginning	, an	d ending		·	
2 If the	tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 I	Final retur	n	
	Change in accounting period					
_						
3a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
	efundable credits. See instructions	,		За	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	<u> </u>	T	
	nated tax payments made. Include any prior year overp	-		3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa			35		<u> </u>
		-		2-	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System).			3c		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.