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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A F	or the	2014 Calendar year, or tax year beginning and	enaing		
Bc	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	SUMMERS FOUNDATION			
]Name]change	Doing business as		75-2	<u>851505</u>
]Initial return	Number and street (or P 0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
$\overline{}$	Final	P.O. BOX 1399		(903)729-2128
ш.	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	559,347.
	ated 7Amend				
<u> </u>	_tretum ∐Applica			H(a) Is this a group re	
	_tion pendin	F Name and address of principal officer. A. 1106H SOFEMERS		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
<u></u>	ax-exe	mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)
JV	<u>Nebsite</u>	e: ▶ N/A		H(c) Group exemption	n number 🕨
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	A State of legal domicile: TX
		Summary	1		
		Briefly describe the organization's mission or most significant activities: SUPPO	OPT OF	CERTAIN SE	CTTON
çe		501(C)(3) ORGANIZATIONS	OKI OF	CHRIMIN DE	CIION
Governance					
er	1	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
<u>§</u>	1	Number of voting members of the governing body (Part VI, line 1a)		3	3
<u>ن</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Ę	6	Total number of volunteers (estimate if necessary)		6	0
ŧ	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12	* **	7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	 	tet unitelated business taxable mount and coo 1, and co 1.	 -	Prior Year	Current Year
	١	On the books and a seemba (Dark) (III) (may 4 h)	<u> </u>		
Revenue		Contributions and grants (Part VIII, line 1h)	· ·	0.	0.
		Program service revenue (Part VIII, line 2g)		0.	0.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		89,514.	<u>256,076.</u>
<u> </u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.	89,514.	256,076.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		107,000.	146,000.
	1	Benefits paid to or for members (Part IX; column (A), line 4)		0.	0.
	١	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	15	14471	• -	0.	
ë	16a i	Professional fundiasing (tells) (Part X 200 funn (A)) ine 11e)	\ \—		0.
봈	b	Total fundraising expenses (Part IX, column (D) (ji) e 25)	<u> </u>	45 544	
	17 '	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)	<u> </u>	15,511.	14,631.
	18	Total expenses Add lines 13:17 (must equal Part IX, column (A), line 25)	·	122,511.	160,631.
		Revenue less expenses. Subtract line 18 from line 12		<32,997 .	<u>> 95,445.</u>
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,900,310.	1,995,755.
A Bee	21	Total liabilities (Part X, line 26)		0.	0.
Se di	22	Net assets or fund balances. Subtract line 21 from line 20		1,900,310.	1,995,755.
_	art II	Signature Block		177007010	<u> </u>
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etator	ante and to the heat of m	v knowledge and helief it is
					ly knowledge and belief, it is
true	<u>, correc</u>	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	r nas any knowledge.	
		affy suno		<u> </u>	2-13
Sig	jri 📗	Signature of officer		Date	
He	re	A. HUGH SUMMERS, PRESIDENT			<u> </u>
		Type or print name and title	1		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	LARRY J. WEBER	N⊕	V 13 2015 11 13 13 13 13 13 13	
			L.L.I		
	parer		<u> </u>	P Firm's EIN ▶	75-1188801
US	Only	Firm's address P. O. BOX 826			2 500 6000
_		PALESTINE, TX (7/5802		Phone no. 9 0	3-729-2229
Ма	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2014)

Form 990 (2014) SUMMERS FOUNDATION
Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
	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			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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		<u> </u>
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 98-197 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,			
	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			77
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8	-	X
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	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, VIII, IX, or X			- 11
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>_x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			••
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	404		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	204 ::

Form 990 (2014) SUMMERS FOUNDATION Part IV, Checklist of Required Schedules (continued) 75-2851505 Page 4

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
2 2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 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	l		
	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 25a	24a		Х
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), 501(c)(4), and 501(c)(29) 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	1		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):			ł
а	A STATE OF THE STA	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	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			
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
31	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	<u> </u>		
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- C-		
33	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			
.	Part V, line 1	34		X
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
		- SS-0		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	<u> </u>	
36	****	26		X
07	If "Yes," complete Schedule R, Part V, line 2	36	t^-	 ^
37		07		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 -	X
38	· · · · · · · · · · · · · · · · · · ·	00	•	[
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>

Par	t V . Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
<u>·</u>	Officer is deficitle of contains a response of note to any line in this rait v	-	 		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l o	_		110
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	f		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming	1		
•	(gambling) winnings to prize winners?		J	1c		j
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	lo			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	<u> </u>	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anızation solıcit			
	any contributions that were not tax deductible as chantable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired	1		
	to file Form 8282?	,		7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	<u> </u>	1	{	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e	<u> </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	<u> </u>	ļ. <u>.</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F			<u>7g</u>	├	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne e			
	sponsoring organization have excess business holdings at any time during the year?			8	 - -	-
9	Sponsoring organizations maintaining donor advised funds.				ļ	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a_	 	├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-		9b		├
10	Section 501(c)(7) organizations. Enter:	1	1			ŀ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	 	1		ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b		1		ł
11	Gross income from members or shareholders	1440				}
a	Gross income from other sources (Do not net amounts due or paid to other sources against	11a		-		1
D	amounts due or received from them.)	11b				
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	122		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ł .	12a	+	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	L	1		
13	Is the organization licensed to issue qualified health plans in more than one state?			120	 	\vdash
а	Note. See the instructions for additional information the organization must report on Schedule O.		, .	13a	\vdash	+
L	Enter the amount of reserves the organization is required to maintain by the states in which the			1		
D	organization is licensed to issue qualified health plans	13b		1		1
_	Enter the amount of reserves on hand	13c		1		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	\vdash	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu			14b		

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 or note to any line 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			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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_		<u>X</u>
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:			
а	The governing body?	8a	X	
b	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	1	\	
	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_
b	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	<u> </u>	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С				
	in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	_13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	L	<u> X</u>
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?		ŀ	
а		15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ	ļ
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ì	
500	exempt status with respect to such arrangements?	16b	<u> </u>	L
17	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avoile!	No.	
18	for public inspection. Indicate how you made these available. Check all that apply.	avallal	NE	
	Own website Another's website X Upon request Other (explain in Schedule O)			
40		4 E	ouc!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iinar	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	AHNISE V. SUMMERS - (903)729-2128			
	111 W. SPRING ST., PALESTINE, TX 75801-1399	_		
	TIT HE DISTINCT DISTINGUISTED IN TOUT 1000			

Form	$\alpha \alpha \alpha$	(201	1A\
FORM	990	IZU I	41

SUMMERS FOUNDATION

<u>75-2851505</u>

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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 or note to any line in this Part VII

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

- ta 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.

X Check this box if neither the organization n	or any related	orga	anıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(40	Position (do not check more than one			Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	ceran	dad	recto	or/trus	tee)	from	from related	other
	(list any	lecte						the	organizations	compensation
	hours for	50	8			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Test		8	ubeu		(W-2/1099-MISC)		organization
	below	lual	tiona		퉏	ž g	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	e)	Highest compensated employee	orme			organizations
(1) A. HUGH SUMMERS	2.00	<u> </u>	_		-		_		· 	
PRESIDENT		x		X		ļ		0.	0.	0.
(2) HAYWOOD L. HARRIS, JR	1.00		-							<u>~</u>
VICE PRESIDENT		X		X	1			0.	0.	0.
(3) GERALDINE IVEY	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) AHNISE V. SUMMERS	2.00									
SECRETARY/TREASURER				X				0.	0.	0.
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Par	I VIII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	compensated Employe	es (continued)				
	(A)	(B)	(C)		(D)	(E)	ì		(F)					
	Name and title	Average	(de		Pos		n than	one	Reportable	Reportable		Estimated		d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ו ו	am	ount o	of
		week	\vdash	cer an	norad	recto	or/trus	tee)	from	from related	ł		other	
		(list any hours for	Irecto			ĺ			the	organizations		•	ensat	
		related	5 or d	te		ļ	sated	 	organization	(W-2/1099-MIS	(ن)		om the	
		organizations	ruste	il trusi		8	mpen		(W-2/1099-MISC)			_	inizati I relate	
		below	Individual trustee or director	Institutional trustee		key employee	Highest compensated employee	5			ĺ		nızatıc	
		line)	iği iğ	Instr	Officer	Key 6	He He	퉏				3-	/-	
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			1											
1b	Sub-total			1	·	1			0.		0.	_		0.
	Total from continuation sheets to Part V							•	0.		0.			0.
	Total (add lines 1b and 1c)							▶	0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	,000 of reportable	Э			
	compensation from the organization											—,		0
											ſ		Yes	No
3	Did the organization list any former officer						-		-	mployee on				37
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s									the erganization		3		<u>X</u>
4	and related organizations greater than \$15									the organization		4		x
5	Did any person listed on line 1a receive or									 idual for services		-		
_	rendered to the organization? If "Yes," con	•					-					5	ĺ	_X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-									pens	ation fi	rom	
	the organization Report compensation for	the calendar y	ear/	end	ing v	with	or w	<u>/ithii</u>		year				
	(A) Name and busines:	s address	3 .T-	△ ЪТ	107				(B) Description of s	services	^	(C omper		n
	ואמווס מוש טטאוופס	- 4441699	1//	ON.	<u>r</u>	-			Description of s	JOI VIOUS		Simper	-SautiOl	
										ļ				
														_
2	Total number of independent contractors		not I	ımite	ed to	the	_	ste	d above) who received r	nore than				
_	\$100,000 of compensation from the organ	nization >					0							

75-2851505 Form 990 (2014) SUMMERS FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (A) Total revenue exempt function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns Membership dues 1b Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and Program Service

3		similar amounts not included above					
9	9	Noncash contributions included in lines 1a-1f \$					
티		h Total. Add lines 1a-1f	•				
			Business Code				
Ì	2 :	a					
<u>"</u>	ı	b					
Ž		c					
Revenue	,	d					
ř۱		A					
	Ì	All other program service revenue					
		Total. Add lines 2a-2f	•		1 -		†
7	3	Investment income (including dividends, interes	st. and				
	•	other similar amounts)		126,085.			126,085.
	4	Income from investment of tax-exempt bond pro					120,000
	5	Royalties	·				
	Ü	(i) Real	(ii) Personal			 	
	6	a Gross rents	(ii) i cisonai				
	_	b Less: rental expenses					
		c Rental income or (loss)				}	
		a Gross amount from sales of (i) Securities	(ii) Other				
	′	assets other than inventory 433,262.	(ii) Otijei				
		b Less: cost or other basis					
	1	202 054				·	
				120 001			120 001
		d Net gain or (loss)	· •	129,991.			129,991.
3	8	a Gross income from fundraising events (not	ł	•		}	
)		ıncluding \$ of					
2		contributions reported on line 1c). See				,	
5		Part IV, line 18					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓		b Less: direct expenses b				1	
		c Net income or (loss) from fundraising events	· <u>· · · </u>				+ ···
	9	a Gross income from gaming activities. See					
		Part IV, line 19 a					ł
		b Less: direct expenses b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns	ŀ				
		and allowances a					
	ı	b Less: cost of goods sold b		•		1	-
	<u> </u>	c Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11	a		 -	ļ		
		b					
		c					

256,076.

0.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

Form 990 (2014) SUMMERS FOUNDATION
Part IX. Statement of Functional Expenses

Do n	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	146,000.	146,000.		
2	Grants and other assistance to domestic			İ	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	1			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management				
		2,450.		2 450	
	Accounting	4,450.		2,450.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	11,905.		11,905.	
f -	Investment management fees	11,303		11,303.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	5				
15 16					
16 17	_ :				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				•
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		<u>- </u>		
а	FOREIGN TAXES	276.		276.	
b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	160,631.	146,000.	14,631.	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)				

Fai	.,	Dalatice Sileet			
		Check if Schedule O contains a response or note to any line in this Part X	 	 ,	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	30,510.	1	11,372.
	2	Savings and temporary cash investments		2	
ľ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
1		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			
Ì		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6_	
Assets	7	Notes and loans receivable, net		7	
	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	<u>1,869,800.</u>	12	<u>1,984,383.</u>
	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)	1,900,310.	16	<u>1,995,755.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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 ▶			
Ses		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	
덜	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	00	and complete lines 30 through 34.	^	20	^
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	1,900,310.	31	0. 1,995,755.
Net	32		1,900,310.	32	
_	33	***************************************	1,900,310.	_	1,995,755. 1,995,755.
	34	Total liabilities and net assets/fund balances	1,300,310.	<u>j 34</u>	<u> </u>

-orm	990 (2014) SUMMERS FOUNDATION	75-2	4851	505	Page	e 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		256	5,07	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,63	
3	Revenue less expenses Subtract line 2 from line 1	3			5,44	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		31	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7			Ì	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	,995	$\frac{5}{2}$, 75	<u> 55.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			E	
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		}	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		1	
	separate basis, consolidated basis, or both:		İ			
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ			
þ	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both:		l	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ	ŀ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	į			
	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 Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audr	t	ŀ		
	Act and OMB Circular A-133?			3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audr	:			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form 5	990 (2	2014)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

<u>75-2851505</u>

Name of the organization

Employer identification number SUMMERS FOUNDATION

Part I Reason for Public	Charity Status (All organizations must c	omplete th	s part) Se	e instructions			
The organization is not a private four	idation because it is.	(For lines 1 through 11,	check only	one box)				
1 A church, convention of c	hurches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2 A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E)						
3 A hospital or a cooperativ	e hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	i).			
4 A medical research organ	ızatıon operated ın co	njunction with a hospita	al described	In section	n 170(b)(1)(A)(iii). Enter t	he hospital's name,		
city, and state								
5 An organization operated	for the benefit of a co	llege or university owne	d or operat	ed by a go	overnmental unit describe	ed in		
section 170(b)(1)(A)(iv).	(Complete Part II.)							
6 A federal, state, or local g	overnment or governr	nental unit described in	section 17	'O(b)(1)(A)	(v).			
7 An organization that norm						oublic described in		
section 170(b)(1)(A)(vi). (_					
8 A community trust descri	bed in section 170(b)	(1)(A)(vi). (Complete Par	rt II)					
9 An organization that norm	nally receives: (1) more	than 33 1/3% of its su	pport from	contributio	ons, membership fees, ar	nd gross receipts from		
activities related to its exe						-		
	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). (C				·				
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
1 X 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	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 11a through 11d tha	it describes the type o	of supporting organization	on and com	plete lines	11e, 11f, and 11g.			
a Type I. A supporting or								
the supported organiza	tion(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trustees of the su	upporting		
organization. You must	complete Part IV, Se	ections A and B.						
b X Type II. A supporting or	rganization supervised	d or controlled in connec	ction with it	s supporte	ed organization(s), by hav	/ing		
control or management	of the supporting org	anization vested in the	same perso	ons that co	ntrol or manage the supp	ported		
organızatıon(s). You mı	ust complete Part IV,	Sections A and C.						
c Type III functionally in	tegrated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	d with,		
its supported organizati	ion(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.			
d Type III non-functiona	lly integrated. A supp	orting organization ope	rated in co	nnection v	vith its supported organiz	ation(s)		
that is not functionally i	ntegrated. The organiz	zation generally must sa	atisfy a dist	nbution re	quirement and an attentiv	veness		
requirement (see instru	ctions). You must cor	mplete Part IV, Section	s A and D,	and Part	٧.			
e X Check this box if the or	ganızatıon received a	written determination fr	om the IRS	that it is a	Type I, Type II, Type III			
functionally integrated,	or Type III non-functio	onally integrated suppor	ting organi	zation.				
f Enter the number of supported	d organizations					4		
g Provide the following informati	on about the supporte							
(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization n your	· ·	(vi) Amount of		
organization	\	(described on lines 1-9 above or IRC section	governing		support (see	other support (see		
		(see instructions))	Yes	No	Instructions)	Instructions)		
FIRST PRESBITERIAN								
CHURCH OF PALESTIN	E	7	x		35,000.	0.		
FIRST UNITED								
METHODIST CHURCH O	F	1	X		1,000.	0.		
CARTMELL HOME FOR	T							
THE AGED & ORPHANS		9	X		10,000.	0.		
TEXAS AREA FUND		"				<u></u>		
FOUNDATION, INC. &		7	x		100,000.	0.		
Total	1	}			146.000.	0.		

Schedule A (Form 990 or 990-EZ) 2014						Page 2
Part II Support Schedule for	-					vi)
. (Complete only if you check fails to qualify under the tes			-	on failed to qualify	under Part III. If the	e organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızation's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to]		
the organization without charge						
4 Total. Add lines 1 through 3					ļ	
5 The portion of total contributions	-		į			
by each person (other than a						
governmental unit or publicly		j ,				
supported organization) included		}				
on line 1 that exceeds 2% of the				<u> </u>		
amount shown on line 11,						l l
column (f)		- 	<u> </u>		 -	
6 Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section B. Total Support	(1) 0010	(1-) 0011	(-) 0010	(D 0010	430044	(0.7.1.1
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8 Gross income from interest,		 			 	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business	•			 		
activities, whether or not the	1					
business is regularly carned on						
10 Other income. Do not include gain						
or loss from the sale of capital					1]
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10	,					
12 Gross receipts from related activitie	s, etc (see instruct	tions)			12	
13 First five years. If the Form 990 is f	or the organization	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
organization, check this box and st	op here		<u> </u>		<u> </u>	▶
Section C. Computation of Pul	olic Support Pe	ercentage				
14 Public support percentage for 2014	(line 6, column (f)	divided by line 11,	column (f))		14	
15 Public support percentage from 20					15	%
16a 33 1/3% support test - 2014. If the	_			14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifie						▶□
b 33 1/3% support test - 2013. If the	-					this box
and stop here. The organization qu	•					▶└─
17a 10% -facts-and-circumstances to	est - 2014. If the or	rganization did not	cneck a box on lin	ıe 13, 16a, or 16b,	and line 14 is 10%	or more,

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ...

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						-
membership fees received. (Do not		1				
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-		ļ			{	
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					1	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					[[ı
or expended on its behalf						ı
5 The value of services or facilities						 -
furnished by a governmental unit to		}				ı
the organization without charge			l	}		l
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		-				
3 received from disqualified persons		ì				l
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					-	
8 Public support (Subtract line 7c from line 6) Section B. Total Support				<u> </u>	<u> </u>	
	(-) 0010	47,0044	1,10010	(0.0010	() 0014	(n T)
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		-				
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		 			ļ	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		-	<u> </u>	<u> </u>		
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is			ļ		}	
regularly carried on						
12 Other income. Do not include gain			!			
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>			<u> </u>	
14 First five years. If the Form 990 is for	the organization'	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Public	c Support Pe	rcentage			 	
15 Public support percentage for 2014 (lin	ne 8, column (f) d	divided by line 13,	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Inves	tment Incom	e Percentage	' <u> </u>			
17 Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	<u> </u>
19a 33 1/3% support tests - 2014. If the						17 is not
more than 33 1/3%, check this box an	id stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization		-	=		-	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1	х	
	2		X
	3a_		X
	,		
	3b		
	3c	i	
	4a		X
	4b_		
	,		
	4c		
	5a		x
	5b 5c	_	
	_		
	6		X
	_		v
	7		X
	8		X
	9a		X
	9b	ļ	x
	9c		x
	10a		x
			<u> </u>
m 9	10b 90 or 99) 90-EZ	2014

trust on N	izations lov 20, 1970. See instr	
	lov 20 1970 See inch	
	10V 20, 1970. See IIISU	uctions. All
plete Sec	ctions A through E	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
1		
6		
7		
8		
	(A) Pnor Year	(B) Current Year (optional)
į		
		<u></u>
1a		
1b		
1c		
1d		
<u> </u>		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	2 3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8	1 2 3 4 5 5 6 6 7 8 8 1 1 2 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Sche	t V Type III Non-Functionally Integrated 509			5-2851505 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
_	(provide details in Part VI). See instructions	,		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	1		
2	Underdistributions, if any, for years prior to 2014	1.4		
_	(reasonable cause required-see instructions)	,		
3	Excess distributions carryover, if any, to 2014:			
a				
b				
			:	
d			,	
	From 2013			-
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i				
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	 		
4	Distributions for 2014 from Section D,			
~	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	•	•		, f
	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
ю	and 4b from line 1 (if amount greater than zero, see			
	· -			
	instructions).		 	
7	•			
_	and 4c.		 	
8	Breakdown of line 7:		-	
a		 	<u> </u>	
<u> </u>		 		1
<u>c</u>		 		
d	Excess from 2013	<u> </u>	<u> </u>	ļ

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 SUMMERS FOUNDATION	75-2851505 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	
Also complete this part for any additional information (See instructions)	
SCHEDULE A, PART IV, SECTION C	
HACH DIDECTOR OF CHILD OF MILE CURRORS OF ANTEAMYON OF	NITE C
EACH DIRECTOR OR OFFICER OF THIS SUPPORTING ORGANIZATION SEE	(VES
DIRECTLY OR INDIRECTLY AS A MEMBER, TRUSTEE OR DIRECTOR OF O	אור טב הגד
DIRECTLE OR INDIRECTLE AS A MEMBER, INOSTEE OR DIRECTOR OF C	ONE OF THE
SUPPORTED ORGANIZATIONS. ADDITIONALLY, THE OFFICERS AND DIRE	CTORS ALSO
DOTTORING ORGANIZATIONS INDUITABLE THE OTTORING THE DIRE	TOTO TIMBO
MAINTAIN A REGULAR AND DIRECT LINE OF COMMUNICATION WITH THE	SUPPORTED
ORGANIZATIONS IN ORDER TO BE RESPONSIVE TO THEIR NEEDS AND	
REQUIREMENTS.	
	
	_
	· · · · · · · · · · · · · · · · · · ·
	
	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SUMMERS FOUNDATION

Employer identification number 75-2851505

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
Ŭ	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	• • • • •	,
Ū	for charitable purposes and not for the benefit of the donor of		•
	Impermissible private benefit?	was across, or its any said parpose so	Yes No
Par		ganization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certific	-
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
_	year▶	, ,,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	
_	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements		3
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		-
	relating to these items:	•	3
	th Developed included in Comm COO Death/III line 1		• \$
			▶ \$
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under SFAS 1	·	• ,,
а	Boundary France 000 Death/III has d		▶ \$
	Access maked of in Form 000 Dart V		> \$
-	• • • • • • • • • • • • • • • • • • • •		

		FOUNDATIO		orical T		or Oth			51505		ge <u>2</u>
.3	Using the organization's acquisition, accessing	on, and other record	is, check	any of the	tollowing tha	it are a s	significant us	se of its	collection	rtems	
	(check all that apply):		$\overline{}$								
а											
b											
C	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5											
_	to be sold to raise funds rather than to be ma								_ Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" to	Form 990, i	Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for c	contribution	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,								Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo				ustodial acco	ount liab	ılıty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	n has been	provided in	Part XIII					
Par											
	•	(a) Current year	(b) Pr	nor year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	vears b	ack
1a	Beginning of year balance				3-7						
b	Contributions				<u> </u>				<u> </u>		
-	Net investment earnings, gains, and losses										
ď	Grants or scholarships										—
	Other expenditures for facilities		-								
٠	and programs										
	A 1				 				† · · · ·		
g	Provide the estimated percentage of the cur	rent vear end haland	e (line 1	a column (all held as:		L		<u> </u>		
2	Board designated or quasi-endowment	-	رانان عر کر	y, coluinii (ajj Heid as						
a	Permanent endowment	%	_″								
b	Temporanly restricted endowment	% %									
C	The percentages in lines 2a, 2b, and 2c shou										
•		<u>-</u>	ation tha	t are bald s	معمده المسام	rad far	tha araasisa	****			
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are neid a	and administe	erea for	the organiza	ttion	Г		
	by:									Yes	<u>No</u>
	(i) unrelated organizations							•	. 3a(i)		
	(ii) related organizations								. 3a(ii)		
_	If "Yes" to 3a(ii), are the related organization:	•						•	. <u>3b</u>		
<u>4</u>	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment f	unds							
ra) Dart 11 t	line 44 - 6	200 Far- 000) Dart V	line 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o		٠,,	t or other		Accumulated	ı	(d) Book	value	
		basis (investi	nent)	basis	(other)	de	epreciation				
	Land									_	
b	Buildings					ļ			 _		
C	Leasehold improvements	.									
d	Equipment					 					
	Other		\			L					
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)						0.

75-2851505 Page 3

SUMMERS FOUNDATION

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 SUMMERS FOUNDATION		75-2851505 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return.
 -	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1
С	Recovenes of pnor year grants	2c	7
d	Other (Describe in Part XIII.)	2d	7
	Add lines 2a through 2d		7 2e
3	Subtract line 2e from line 1	•	3
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	4a	
b	Other (Describe in Part XIII.)	4b	7
С	Add lines 4s and 4h		7 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
C	Other losses	2c	7
d	50 G 7 C 5 C 1000 5	2d	7
е	Add lines 2a through 2d		7 2e
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 expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	7
	Add lines 4a and 4b		1 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	IV, lines 1b and 2b; Part V, line	4: Part X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi		. , , , , , , , , , , , , , , , , , , ,
		, ,	
			
			
			
		···-	

Schedule D (Form 990) 2014

432054 10-01-14

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.

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

Open to Public

Inspection

OMB No 1545-0047 2014

Name of the organization	XOTH & CIVITOR						Employer identification number $75-2851505$
Part I General Information on Grants and Assistance	nd Assistance						
1 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	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	[
	tance?		:	: .			Yes X No
읈	cedures for moni	toring the use of grant	of grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	Domestic Organi 55.000 Part II car	izations and Domesti be duplicated if additi	c Governments. C lonal space is need	omplete if the orga Jed.	ınızatıon answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH							
422 S. MAGNOLIA PALESTINE TX 75801			1,000	0			YOUTH EDUCATION
BOY SCOUT TROOP 440-FIRST							
PRESBYTERIAN CHURCH - 410 AVENUE A - PALESTINE, TX 75801			35,000.	0			YOUTH EDUCATION
CARTMELL FOUNDTION, INC. 2212 WEST REAGAN							
PALESTINE, TX 75801			10,000.	0			BUILDING FUND
TEXAS AREA FOUNDATION INC.							
P.O. BOX 283							
PALESTINE, TX 75802			100,000.	0.			ANDERSON COUNTY FUNDS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	nd government or	ganizations listed in th	e line 1 table	:			4
14	see the Instruct	ons for Form 990.		_			Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 75-2851505 (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients SUMMERS FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part IV Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization SUMMERS FOUNDATION	Employer identification number 75-2851505
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SEE SCHEDULE I	
EXPENSES \$ 146,000. INCLUDING GRANTS OF \$ 146,000. RE	VENUE \$ 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 PRI	OR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	