

2012 TAX RETURN

Government Copy

Client: 4282

Prepared for: FAMILY SUMMITS, INC.
4675 MAC ARTHUR COURT
NEWPORT BEACH, CA 92660

Prepared by: Matt Apodaca CPA, CGMA
NCH WEALTH ADVISORS
1661 E CHAPMAN AVE
FULLERTON, CA 92831-4061
(714) 870-4542

Date: May 7, 2014

Comments:

Route to: _____

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 9/30, 2013		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FAMILY SUMMITS, INC. 4675 MAC ARTHUR COURT NEWPORT BEACH, CA 92660	D Employer identification number 20-5178011 E Telephone number F Group Exemption Number.....►
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► WWW.FAMILYSUMMITS.ORG		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.....► \$ 173,299.		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				
Check if the organization used Schedule O to respond to any question in this Part I..... <input checked="" type="checkbox"/>				
R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1	18,462.
	2	Program service revenue including government fees and contracts.....	2	154,837.
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	
6c	c Less: direct expenses from gaming and fundraising events.....	6c		
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d		
7a	7a Gross sales of inventory, less returns and allowances.....	7a		
7b	b Less: cost of goods sold.....	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	8 Other revenue (describe in Schedule O).....	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....►	9	173,299.	
E X P E N S E S	10	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11	11 Benefits paid to or for members.....	11	
	12	12 Salaries, other compensation, and employee benefits.....	12	
	13	13 Professional fees and other payments to independent contractors.....	13	47,396.
	14	14 Occupancy, rent, utilities, and maintenance.....	14	
	15	15 Printing, publications, postage, and shipping.....	15	
	16	16 Other expenses (describe in Schedule O)..... See Schedule O	16	137,824.
	17	17 Total expenses. Add lines 10 through 16.....►	17	185,220.
A S S E T S	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-11,921.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	45,152.
	20	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20.....►	21	33,231.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	45,152.	22 33,231.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	45,152.	25 33,231.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,152.	27 33,231.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☒**Expenses**What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<u>See Schedule O</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRIS BLANK President	0	0.	0.	0.
THOMAS WILLIAMS Director	0	0.	0.	0.
PAULA CHU Treasurer	0	0.	0.	0.
HELEN STEUSSY Director	0	0.	0.	0.
DANNY MCMURPHY Director	0	0.	0.	0.
AMY HAHN Director	0	0.	0.	0.
BRUCE LAMPRIGHT Director	0	0.	0.	0.
DAVE LINTHICUM Director	0	0.	0.	0.
DAWN SCHROEDER Director	0	0.	0.	0.
SUE SABO Director	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ HEATHER DE SHA Telephone no. ▶ (949) 275-6993
 Located at ▶ 4675 MAC ARTHUR COURT NEWPORT BEACH CA ZIP + 4 ▶ 92660

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If 'Yes,' enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

- 47** 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.

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49 a		X
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- b** If 'Yes,' was the related organization a section 527 organization?

49 b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	CHRIS BLANK		President		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Matt Apodaca CPA, CGMA	Matt Apodaca CPA, CGMA			P00745387
	Firm's name ▶	NCH WEALTH ADVISORS		Firm's EIN ▶	46-2849582
	Firm's address ▶	1661 E CHAPMAN AVE FULLERTON, CA 92831-4061		Phone no. (714) 870-4542	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FAMILY SUMMITS, INC.

Employer identification number

20-5178011

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA 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.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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 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 or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
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. <input type="checkbox"/>		

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 yr 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'.)	13,140.	4,475.	6,655.	25,404.	18,462.	68,136.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	112,101.	111,452.	104,768.	105,607.	154,837.	588,765.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	7,254.	-7,590.	-3,562.	2,417.		-1,481.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	132,495.	108,337.	107,861.	133,428.	173,299.	655,420.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						655,420.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	132,495.	108,337.	107,861.	133,428.	173,299.	655,420.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		67.	65.			132.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	67.	65.	0.	0.	132.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	526.					526.
13 Total support. (Add lns 9, 10c, 11, and 12.)	133,021.	108,404.	107,926.	133,428.	173,299.	656,078.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	99.90 %
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	0.02 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	0.02 %

- 19a **33-1/3% support tests — 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒
- b **33-1/3% support tests — 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

FAMILY SUMMITS, INC.

20-5178011

Part III, Line 12 - Other Income

Nature and Source	2012	2011	2010	2009	2008
					\$ 526.
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 526.</u>

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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FAMILY SUMMITS, INC.

Employer identification number

20-5178011

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO EMPHASIZE EDUCATION AND ADVOCACY WITH RESPECT TO WILDLIFE PRESERVATION AND
CONSERVATION; TO PROVIDE A MULTI-GENERATIONAL NATURE EXPERIENCE WITH AN EMPHASIS
ON CONSERVATION; TO PROMOTE EDUCATION, FAMILY, ENVIRONMENT, HISTORY AND CULTURE
WITHIN THE CONTEXT OF THE SUMMIT FORMAT; AND TO PROMOTE THE BETTERMENT OF THE
COMMUNITIES WHICH IT SERVES.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

PROVIDED 5-DAY PROGRAM FOR ADULTS AND CHILDREN, DEVELOPING HANDS-ON OUTDOOR SKILLS
TO ENCOURAGE MORE TIME SPENT IN NATURE. EXPLORING AND EXPERIENCING THE CULTURAL
AND NATURAL HERITAGE OF THE REGION, INCREASING CONNECTIONS WITH LOCAL ECOSYSTEMS
AND AID PARTICIPANTS TO SEE AND APPRECIATE THE BEAUTY AND VALUE OF THE NATURAL
WORLD.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?..... No

FAMILY SUMMITS, INC.

20-5178011

Form 990-EZ, Part I, Line 16
Other Expenses

ACTIVITY FEES.....	\$	21,770.
Advertising and Promotion.....		4,833.
EQUIPMENT RENTAL.....		800.
FACULTY/PROGRAM.....		47,330.
GUEST SPEAKER.....		700.
Information Technology.....		360.
Insurance.....		2,513.
MERCHANT FEES.....		3,307.
MISC FEE.....		1,595.
Office Expenses.....		1,122.
POSTAGE.....		610.
PROFESSIONAL DEVELOPMENT.....		89.
RECRUITING COORDINATOR.....		11,952.
SCHOLARSHIPS.....		2,376.
SITE PLANNING.....		5,803.
SUPPLIES.....		11,600.
TELEPHONE.....		163.
Travel.....		20,901.
Total	\$	<u>137,824.</u>

Form **990-T****Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))**

OMB No. 1545-0687

For calendar year **2012** or other tax year beginning 10/01, 2012,
and ending 9/30, 2013**2012**Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions.) FAMILY SUMMITS, INC. 4675 MAC ARTHUR COURT NEWPORT BEACH, CA 92660	D Employer identification number (Employees' trust, see instructions.) 20-5178011
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)			E Unrelated business activity codes (see instructions.)
C Book value of all assets at end of year 33,231.	F Group exemption number (See instructions.) ▶		
G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.
▶**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☒ No

If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of ▶ **HEATHER DE SHA** Telephone number ▶ (949) 275-6993

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...				
b Less returns and allowances ... c Balance ▶	1 c			
2 Cost of goods sold (Schedule A, line 7) ...	2			
3 Gross profit. Subtract line 2 from line 1c ...	3			
4 a Capital gain net income (attach Schedule D) ...	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ...	4 b			
c Capital loss deduction for trusts ...	4 c			
5 Income (loss) from partnerships and S corporations (attach statement) ...	5			
6 Rent income (Schedule C) ...	6			
7 Unrelated debt-financed income (Schedule E) ...	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) ...	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) ...	9			
10 Exploited exempt activity income (Schedule I) ...	10			
11 Advertising income (Schedule J) ...	11			
12 Other income (See instructions; attach statement) ...	12			
13 Total. Combine lines 3 through 12 ...	13	0.	0.	0.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)
(except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K) ...	14	
15 Salaries and wages ...	15	
16 Repairs and maintenance ...	16	
17 Bad debts ...	17	
18 Interest (attach statement) ...	18	
19 Taxes and licenses ...	19	
20 Charitable contributions (See instructions for limitation rules) ...	20	
21 Depreciation (attach Form 4562) ...	21	
22 Less depreciation claimed on Schedule A and elsewhere on return ...	22 a	22 b
23 Depletion ...	23	
24 Contributions to deferred compensation plans ...	24	
25 Employee benefit programs ...	25	
26 Excess exempt expenses (Schedule I) ...	26	
27 Excess readership costs (Schedule J) ...	27	
28 Other deductions (attach statement) ...	28	
29 Total deductions. Add lines 14 through 28 ...	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 ...	30	
31 Net operating loss deduction (limited to the amount on line 30) ...	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 ...	32	0.
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.) ...	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 ...	34	0.

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0205L 12/04/12

Form **990-T** (2012)

Part III	Tax Computation
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35 Organizations Taxable as Corporations. (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> c Income tax on the amount on line 34 35 c 0.		
36 Trusts taxable at trust rates. (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36		
37 Proxy tax. (see instructions) 37		
38 Alternative minimum tax 38		
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39 0.		

Part IV	Tax and Payments
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40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . .		40 a		
b Other credits (see instructions)		40 b		
c General business credit. Attach Form 3800 (see instructions)		40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)		40 d		
e Total credits. Add lines 40a through 40d.			40 e	0.
41 Subtract line 40e from line 39.			41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)			42	
43 Total tax. Add lines 41 and 42			43	0.
44 a Payments: A 2011 overpayment credited to 2012		44 a		
b 2012 estimated tax payments.		44 b		
c Tax deposited with Form 8868.		44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions)		44 d		
e Backup withholding (see instructions)		44 e		
f Credit for small employer health insurance premiums (Attach Form 8941)		44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total . . . ▶		44 g		
45 Total payments. Add lines 44a through 44g.			45	0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/>			46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. ▶			47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. ▶			48	
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ Refunded ▶			49	

Part V	Statements Regarding Certain Activities and Other Information (see instructions)
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1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes', see instructions for other forms the organization may have to file.			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year		1	6 Inventory at end of year		6		
2 Purchases		2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2		7		
3 Cost of labor		3					
4 a Additional section 263A costs (attach statement)		4 a					
b Other costs (att. stmt.)		4 b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
5 Total. Add lines 1 through 4b		5					

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
	Signature of officer _____			Date _____		President Title _____	
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Matt Apodaca CPA, CGMA		Matt Apodaca CPA, CGMA				P00745387
	Firm's name	NCH WEALTH ADVISORS				Firm's EIN	46-2849582
	Firm's address	1661 E CHAPMAN AVE FULLERTON, CA 92831-4061				Phone no.	(714) 870-4542

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach stmt)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5 Average adjusted basis of or allocable to debt-financed property (attach statement)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals. ▶				
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals. ▶					

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals..... ▶				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
Totals..... ▶						

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))..... ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, column (A).		Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)..... ▶						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14..... ▶			