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

1212

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

ONB-NO 1545-0047	
2013	
Open to Public Inspection	•

A F	or the 2	2013 calendar year, or tax year beginning	and	ending	S. QUVITO HISSO.		
	heck if	C Name of organization		Onland	D Employer iden	tificatio	n number
ar	plicable	O Name of organization			Linproyer racii	imoutio	ii iidiiboi
	Address change	Summit Foundation					
F	Name	Doing Business As			30-0	595477	,
\vdash	_change _initial	Number and street (or P.O. box if mail is not del	ivered to etreet address)	Room/suite	 		
\vdash	_return]Termin-	14830 Choate Circle	ivered to succi address;	Noull/Suite	р	iber 587-14	10.3
-	Jated]Amende∈	,	710 - (L		307-14	
<u> </u>	Jreturn ∏Applica-	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		7,226,047.
L_	Jtiòn pending	Charlotte, NC 28241-7900	A 17/11/10-0		H(a) Is this a group		
		F Name and address of principal officer:Ronal same as C above	u wiiilams	0-6	for subordina		Yes X No
			4 () () () ()	<u> </u> /co-	H(b) Are all subordinate		
				of/527			(see instructions)
		n/a	acception Tother	-1	H(c) Group exemp		
		94	sociation Other	L Year	of formation: 2009	M Stat	te of legal domicile: NC
Ра		Summary					
- ၉၂		nefly describe the organization's mission or most	significant activities: To fur	ther the	Kingdom of God	ру	
Governance	_	upporting beneficiary organizations.					
era		heck this box 🕨 📖 if the organization disco			of its ne	t assets	•
્રે		umber of voting members of the governing body	•		<u> </u>	3	3
8	4 N	umber of independent voting members of the go	verning body (Part VI, line ⁻		Ļ	4	2
es	5 Te	otal number of individuals employed in calendar y	/ear 2013 (Part V, line 2a)		<u>_</u>	5	0
₹		otal number of volunteers (estimate if necessary)			L	6	1
Activities &		otal unrelated business revenue from Part VIII, co			 -	7a	<u> </u>
_	bΝ	et unrelated business taxable income from Form	990-THECELVED			7b	<u></u>
¥				<u> </u>	Prior Year		Current Year
9	8 C	ontributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	JAN 08 2018			0.	<u> </u>
و	10 In	vestment income (Part VIII, column (A), lines 3,(4	5,000,46	5.	7,226,047.		
-	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 80	<u> </u> _		0.	0.	
	12 T	otal revenue - add lines 8 through 11 (must equal	Ractifeld, column (At, line 12)		5,000,46	5.	7,226,047.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	5,000,97	3.	6,441,100.
	14 B	enefits paid to or for members (Part IX, column (A	A), line 4)			0.	0.
န္	15 S	alaries, other compensation, employee benefits (Pe匠(定字如归n (A), lines 5-10)			0.	20,000.
Expenses	16a P	rofessional fundraising fees (Part IX, deligible)	DREVENUE SERVICE	_		0.	0.
ğ	b To	otal fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.			
ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d	-1:1f-24e) 2042		18,52	5.	212,483.
	18 ⊤	otal expenses Add lines 13-17 (must equal Part	X, column (A), line 25)		5,019,49	8.	6,673,583.
_	19 R	evenue less expenses. Subtract line 18 trom line	12		-19,03	3.	552,464.
ces			- 000112EJ	В	eginning of Current Ye	ar	End of Year
sets	20 T	otal assets (Part X, line 16)	ICAGO, IL		119,610,90	6.	120,159,738.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			18,13	6.	14,504.
-Se	22 N	et assets or fund balances. Subtract line 21 from	line 20		119,592,77	0.	120,145,234.
Pa	rt II	Signature Block					
Unde	er penalti	es of perjury, I declare that I have examined this return,	including accompanying schedul	es and staten	nents, and to the best o	f my kno	wledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge.		
		95.1(8)			4	1/8/	17
Sigr	, []	Signature of officer			Date		
Her	e	Fred C. Ely	ressaver				
	- }	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Check		PTIN
Paid				}	ıf self-em	ployed	
Prep	arer F	rm's name Capin Crouse LLP			Firm's EIN		-3990892
Use	Only 1	irm's address 1255 Lakes Parkway, STB	130				
		Lawrenceville, GA 30043			Phone no.8	173286	510
May	the IR	discuss this return with the preparer shown about	ove? (see instructions)				X Yes No
	01 10-29-			ions.			Form 990 (2013)

Pai	rt III Statement of Program Service Accomplishments	Page Z
	Check if Schedule O contains a response or note to any line in this Part III	x
1	Briefly describe the organization's mission	
•	The Foundation seeks to further the Kingdom of God by supporting	
	beneficiary organizations as an integral part of the Evangelical	
	purposes of the beneficiary organizations and the worldwide	
	Evangelical Christian missions and activities being carried on by the	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	163110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	T tes T INO
4	· · · · · · · · · · · · · · · · · · ·	d by avagage
-	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	ital expenses, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 6,441,100. Including grants of \$ 6,441,100.) (Revenue \$	
44	(Code) (Expenses 5,441,100. including grants of \$ 6,441,100.) (Revenue \$ The Foundation supported 29 beneficiary organizations through cash)
	grants that support the beneficiary organization's programs.	
	grants that support the beneficiary organization's programs.	
		
		
		
	<u> </u>	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code) (Expenses #) (nevenue #) (nevenue #	
		
		
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,441,100.	
		Form 990 (2013)

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Yes No

Form 990 (2013) Summit Foundation Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			i
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,,
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ı	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
	Schedule D, Part III	8	'	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			[
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	ŀ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	- 10		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>x</u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	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 ⁹ If "Yes," complete Schedule G, Part I	17		х
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,"			
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
<u> </u>	1 165 to line 20a, did the organization attach a copy of its addited infancial statements to this return?	20b Form	000	

Yes No

Form 990 (2013) Summit Foundation Part IV Checklist of Required Schedules (continued)

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	36		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	"		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	х	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
	If "Yes," complete Schedule N, Part I	31		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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):	1		
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV	27		Х
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			•
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	{		
	complete Schedule L, Part II	26	<u> </u>	х
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	[[
	Schedule L, Part I	25b		х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	[[
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c	}	{
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}	!	
	Schedule J	23	<u> </u>	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	[}
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	<u> </u>	_	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	1	1

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Page 5

Form	990 (2013) Summit Foundation		30-0595477		Р	age 5
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	_				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng		1	ì
	(gambling) winnings to prize winners?		İ	1c	х	1
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	0			Į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		х
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	author	ıty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		х
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	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		1
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 p	rovided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			_
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	ıd the s	upporting	-		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tım	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter:	, ,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	j j				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		į	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	200	
				Form	990	(2013)

Summit Foundation Form 990 (2013) Page 6 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 Х Section 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 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 O. b Enter the number of voting members included in line 1a, above, who are independent 1b 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision х of officers, directors, or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O х Section 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Upon request J Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Fred Ely - 704-587-1403

14830 Choate Circle, Charlotte, NC 28241-7900

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

(A)	(B)	1		(C Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	box, unless person is both an officer and a director/trustee)				nan tee)	compensation from	compensation	amount of other
	(list any	è	Γ	$\neg \neg \neg$				the	from related organizations	compensation
	hours for	a E E	l			-D		organization	(W-2/1099-MISC)	from the
	related	50 BB	ste		ļ	nsate		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		e A	adwo		,		and related
	below	를	te ta	 -	Key employee	esto	Je.		ļ	organizations
	line)	lpdi	Instr	Officer	Key (Highest compensated employee	Former			
(1) Ronald Williams	1.00	1								
President	1.00	Х	<u> </u>	х	L	L	L	0.	0.	
(2) Fred Ely	2.00				ŀ					
Treasurer	40.00	х	_	х	<u> </u>	<u> </u>	_	10,000.	44,916.	28,56
(3) Max Smith	1.00									
Secretary		х	 	х			_	10,000.	0.	
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Form 990 (2013) Summit Fou									30-0595477		P	age 8	
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)		(F)		
Name and title	Average	(do		Posi heck i			one	Reportable	Reportable	E	stimat	ed	
	hours per	box.	, unle:	ss per id a di	rson	ıs bot	th an	compensation	compensation	ar	nount		
	week	\vdash	C an	u a u	I	Ji/ u us	T	from	from related		other		
	(list any hours for	recto		1		[}	the	organizations		pensa		
	related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	organizations	l ste	1 trus		8	ubeu	1	(44-2/1099-141130)		1 `	d relai		
	below	la t	tiona	ĺ. I	ploy	15 a	_			1	anızat		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Ì		ا	α .		
	- 		<u> </u>	-	<u> </u>	-	<u> </u>			t -			
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		1	l			l	l			l			
1b Sub-total						_	▶	20,000.	44,916.		28	,560	
c Total from continuation sheets to Par	t VII, Section A						•	0.	0.			0	
d Total (add lines 1b and 1c)							•	20,000.	44,916.		28	,560	
2 Total number of individuals (including b	ut not limited to t	hose	liste	ed al	bov	e) w	ho re	eceived more than \$100	0,000 of reportable				
compensation from the organization	>											(
											Yes	No	
3 Did the organization list any former offi	cer, director, or tr	uste	e, ke	ey er	mplo	oyee	, or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J t	or such individua	1								3	ŀ	х	
4 For any individual listed on line 1a, is th	e sum of reportat	ole co	omp	ensa	atio	n an	d oth	her compensation from	the organization				
and related organizations greater than	\$150,000? If "Yes	," co	mpl	ete S	Sch	edul	le J f	for such individual		4		х	
5 Did any person listed on line 1a receive	or accrue compe	ensat	ion	from	any	y un	relat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," or	complete Schedu	le J f	for s	uch	per:	son				5		х	
Section B. Independent Contractors													
1 Complete this table for your five highes	t compensated in	depe	ende	ent c	cont	ract	ors t	hat received more than	\$100,000 of compens	sation	from		
the organization. Report compensation	for the calendar	year	end	ıng v	with	or v	vithir	n the organization's tax	year.				
(A)							l	(B)			C)		
Name and busin	ess address	NO	NE	_				Description of s	services (Compe	nsatio	n	
							ì						
							_						
									ľ				
							I						
2 Total number of independent contractor		not li	mite	ed to	the	se l	isted	d above) who received n	nore than				
\$100,000 of compensation from the org	ganization 🕨					0_			<u></u>				
222009			1							Form	990 (2013)	
332008 10-29-13			ì								ĺ		

تــنــا			Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			<u> </u>
		_	Officer in defrigation of confi	ams a response	or note to any limit	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a	Federated campaigns	1a					
ion i		b	Membership dues	1b					
S, (] ,	С	Fundraising events	1c			:		1
a git	,	d	Related organizations	1d					į.
in,	,	e	Government grants (contribut	tions) 1e					
tio S	i 1	f	All other contributions, gifts, gran	its, and					1
혈축			similar amounts not included abo	ve 1f					ļ
d O		g	Noncash contributions included in lines	a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		▶				
					Business Code				
Se	2	а							
e ₹		b							
n S	١ ٠	С			<u> </u>			 -	
Zev Sev	·	d							
Program Service Revenue) ·	е			<u> </u>				
<u>а</u>			All other program service reve	enue				- 	
	-	g	Total. Add lines 2a-2f						 _
	3		Investment income (including	dividends, intere	est, and	T 006 047			
	١.		other similar amounts)		>	7,226,047.			7,226,047.
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties	(A D1	(A) Damasal				
		_	Cuana ranta	(ı) Real	(ii) Personal				
	6		Gross rents Less: rental expenses		 		,		
	l		Rental income or (loss)						
	l		Net rental income or (loss)	L					
			Gross amount from sales of	(i) Securities	(II) Other				
	l	.	assets other than inventory	(i) Cedarities	(ii) Other				
		h	Less: cost or other basis						
	l	_	and sales expenses	l.		,	i		
		С	Gain or (loss)						
	l		Net gain or (loss)		•				
ø.	1		Gross income from fundraising	g events (not					Ţ
enne	}		including \$	of	i i				
ě	Ì		contributions reported on line	1c). See	1				
Other Rev			Part IV, line 18	а	L				ļ
ŧ		b	Less: direct expenses	b]		ļ
Ŭ	1	С	Net income or (loss) from fund	draising events	>				
	9	а	Gross income from gaming a	ctivities See	1				
	1		Part IV, line 19	а					
	ı		Less direct expenses	b	L				
	1		Net income or (loss) from gan	-					
	10	а	Gross sales of inventory, less	returns]				1
	1		and allowances	а					Ì
	1		Less. cost of goods sold	b	L				ļ
	├	C	Net income or (loss) from sale						
	11	_	Miscellaneous Revenu		Business Code)	÷	1
	1	a b			 				
	ı	C			 				
	l		All other revenue		 		 		
	l l		Total. Add lines 11a-11d		<u> </u>				
	12		Total revenue. See instructions.			7,226,047.	o.	0.	7,226,047.
33200 10-29)9 - 13								Form 990 (2013)

Form 990 (2013) Summit Foundation Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	···
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	6,441,100.	6,441,100.		
2	Grants and other assistance to individuals in	}			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	20,000.		20,000.	,
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	į			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	200 202		200 202	
þ	Legal	209,393.		209,393.	
C	Accounting	2,500.		2,500.	
d	Lobbying Professional fundrations convers See Port IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				-
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		 		
13	Office expenses				 -
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	575.		575.	
18	Payments of travel or entertainment expenses				
	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.)				
а			<u></u>		
Ь					
C					
d		1=	<u></u>		
	All other expenses	15.	6 441 100	15.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	6,673,583.	6,441,100.	232,483.	0.
26	Joint costs. Complete this line only if the organization		ļ	l	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here figure 1 (following SOP 98-2 (ASC 958-720)				
	11 Ioliowing 30F 96-2 (A3C 936-720)		L		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 303 138. 1 Cash - non-interest-bearing 551,580. 2,583. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 119,608,020. 119,608,020. Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 119,610,906 120,159,738. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,136. 14,504. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 18,136. 14.504. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 119,592,770. 120,145,234. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 119,592,770. 33 120,145,234. 33 Total net assets or fund balances 119 610 906. 120,159,738. 34 Total liabilities and net assets/fund balances

	990 (2013) Summit Foundation	30-0595477	<u></u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total review (Fund and Flort VIII) address (A) line 10)		7	226	,047.
	Total revenue (must equal Part IV, column (A), line 12)	1			583.
2	Total expenses (must equal Part IX, column (A), line 25)	3	<u> </u>	<u></u>	464.
3	Revenue less expenses Subtract line 2 from line 1		110		, 4 04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 332	, 770.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
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,				
D -	column (B))	10	120	,145	,234.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			ra	LX.
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	l
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		\		1
	X Separate basis Consolidated basis Both consolidated and separate basis		[1
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	}		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b_		
			Form	990	(2013)

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 Inspection

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Name of the organization					E	Employer identification number				
	Foundation						3(0-0595477		
Part I Reason for Public C	harity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions				
The organization is not a private founda	ation because it is. (For lines	1 through 1	1, check	only one b	ox.)			1	7	
1 A church, convention of chu	irches, or association of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)			- 1	7	
2 A school described in section	on 170(b)(1)(A)(ii). (Attach Sc	hedule E.)						' '		
3 A hospital or a cooperative I	nospital service organization o	described i	n section	170(b)(1)(A)(iii).					
4 A medical research organiza	ation operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	e,
city, and state										
5 An organization operated fo	r the benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
section 170(b)(1)(A)(iv). (C	omplete Part II.)									
6 A federal, state, or local gov	ernment or governmental unr	t described	d ın sectio	n 170(b)(1)(A)(v).					
7 An organization that normal	ly receives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	cribed ii	ו
section 170(b)(1)(A)(vi). (Co										
8 A community trust describe	d in section 170(b)(1)(A)(vi).	(Complete	Part II)							
· ·	ly receives (1) more than 33 ⁻							_		
	pt functions - subject to certa	-	•	-				•		
	ess taxable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon	after June	30, 197	5
See section 509(a)(2). (Con	•									
	nd operated exclusively to te	=	-			-				
•	nd operated exclusively for the		•				•			r
	ganizations described in secti		-		?). See sec	tion 509(a)(3). Ch	eck the box	that	
`` ``=	orting organization and compl		•							
<u> </u>	• • • • • • • • • • • • • • • • • • • •	ype III - Fu	-	•				n-functiona		
-	fy that the organization is not									1
•	ther than one or more publicly a written determination from t		-				9(a)(1) or	section 50	9(a)(2)	
		uie ii io ui	инвату	pe i, Type	ii, or Type	7 111				х
supporting organization, ch	the organization accepted ar	ny ouft or co	ontribution	from any	of the follo	אווימת הפיני	cone?			
	or indirectly controls, either al							,	Yes	No
	the supported organization?	ione or tog	ealer wia:	persons c	iescribed i	יין נוון מוזע ני	iii) below	, 11g(i)	1,63	X
• • •	erson described in (i) above?	•						11g(ii)	1	x
·	y of a person described in (i)		92					11g(iii)	$\overline{}$	x
, <u>.</u>	ation about the supported or							[• • • • • • • • • • • • • • • • • • •	<u>'</u>	
		J	·-/							
(i) Name of supported (ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amoun	t of mon	etary
organization	(described on lines 1-9	in col. (i) h		organızat	ion in col.	organizátio (i) organiz	on in col. ed in the		port	o.a. y
	above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	?	ļ		
	(see instructions))	Yes	No	Yes	No	Yes	No			
	-/-]]]						
SIM USA 22-1936391	(501(C)(3)	х	\	х		х		1	820,	000.
		}	1							· <u></u> -
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		 	ļ	<u> </u>		ļ		ļ		

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

Schedule A (Form 990 or 990-EZ) 2013

1,820,000.

Total

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/Page 2 /i)
(Complete only if you checked						
fails to qualify under the tests				, , , , , , , , , , , , , , , , , , , ,		gameano.
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and				· · · · · · · · · · · · · · · · · · ·		
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		!				
3 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge		L				
4 Total. Add lines 1 through 3					/	
5 The portion of total contributions				-	<i>'</i>	
by each person (other than a						
governmental unit or publicly	,		•		i i	
supported organization) included		ļ				
on line 1 that exceeds 2% of the						
amount shown on line 11,					1	
column (f)		l				
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011//	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				<u> </u>		
8 Gross income from interest,	İ		/]		
dividends, payments received on						
securities loans, rents, royalties					l	
and income from similar sources						
9 Net income from unrelated business		 				
activities, whether or not the						
business is regularly carried on				<u> </u>		
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	L	L		<u> </u>		
12 Gross receipts from related activities,	, etc. (see instructi	ons)//			12	
13 First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
organization, check this box and stor Section C. Computation of Publ		rcentage				
			(0)			
14 Public support percentage for 2013 (I	· //· ·	•	column (1))		14	%
15 Public support percentage from 2012			n line 12 and line	14 is 22 1/204 or	15	%
16a 33 1/3% support test - 2013. If the c stop here. The organization qualifies				14 15 33 1/3% 011	nore, check this bo	x and
b 33 1/3% support test - 2012. If the o	. /			d line 15 is 33 1/30	6 or more check th	us boy
and stop here. The organization qual				u iii le 13 is 33 1/37	o of more, check th	lis box
17a 10% -facts-and-circumstances tes	,	· · ·		na 13 16a or 16h	and line 1/1 is 10%	or more
and if the organization meets the "fac	<i>y</i>					
meets the "facts-and-circumstances"	/		•	•	activition the organ	L
b 10% -facts-and-circumstances tes	_				17a, and line 15 is 1	10% or
more, and if the organization meets the						
organization meets the "facts and-circ						
18 Private foundation. If the organization						, [
				, =====================================		

Schedule A (Form 990 or 990-EZ) 2013 Summit Foundation 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

še	ction A. Public Support	ow, piease com	plete Part II)				
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(4) 2000	(5) 2010	(0) 2011	(4) 2012	(8) 2010	(i) rotal
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					,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					,	
6	Total. Add lines 1 through 5						<u> </u>
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons			<u> </u>			
1	h 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						
	Public support (Subtract line 7c from line 6) ction B. Total Support					I	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 20 [″] 11	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			//			
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	d, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
_	check this box and stop here						
Se	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2013 (lir	те 8, column (f) с	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Par	t III, l <u>i</u> ne 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 201	13,(line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	012 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
	b 33 1/3% support tests - 2012. If the α	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		-		•		▶ ∐
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	

Schedule A	(Form 990 or 990-EZ) 2013 Summit Foundation	30-0595477	Page 4
Part IV	(Form 990 or 990-EZ) 2013 Summit Foundation Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b; and Part III, lin	e 12
	Also complete the post for any additional information (Coc instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Also complete this part for any additional information (See instructions)		
			
			
			
			_
	 		
			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www urs gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Summit Foundation

Employer identification number 30-0595477

Par			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		<u>.</u>
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	——————————————————————————————————————	└── Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	
<u> </u>	impermissible private benefit?		Yes No
Par			V, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		•
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		<u> </u>
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	• • •	after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	janization during the tax
	year >		
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		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) abo		
	and section 170(h)(4)(B)(ii)?	To satisfy the requirements of design from the	Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organization	-	
	conservation easements		o, ga <u></u>
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items.	ı
b	If the organization elected, as permitted under SFAS 116 (A		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

	t III Organizations Maintaining C	ollections of A	rt. Hist	orical Tr	easures	or Oth	er Simi	ar Asse	ts/contin	rage Z
	Using the organization's acquisition, accession									
	(check all that apply)	on, and other record	15, CH C C	Carry Of the	TOROWING LITE	at are a s	signincan	use of its	Collection	i ireili2
_	1. "	لم ا			baaaa auaau					
a	Public exhibition	_			hange progra	ams				
b	Scholarly research	е	• 📖 '	Other						
C	Preservation for future generations							_		
4	Provide a description of the organization's co							ose in Pa	rt XIII.	
5	During the year, did the organization solicit o					ier simila	ır assets	_	7	<u> </u>
	to be sold to raise funds rather than to be ma								_ Yes	No_
Par			ete if the	organizatio	n answered	"Yes" to	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par							 		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other as	ssets no	t included	' ر	٦	<u> </u>
	on Form 990, Part X?							_	_ Yes	L No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
							-	<u> </u>	Amount	
	Beginning balance						10			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						11	<u> </u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						_ Yes	U No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								<u> </u>	
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities							<u>—</u>		
	and programs				1					
f	Administrative expenses									
g	End of year balance							·		
2	Provide the estimated percentage of the cur-	rent year end baland	ce (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment	-	%							
ь	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posse		ation the	at are held a	and administ	ered for	the organ	ızatıon		
	by	· ·					J		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule B?					3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		<u> </u>	10,100	_					
Ļ	Complete if the organization answere		0. Part I\	/. line 11a. 9	See Form 990). Part X	. line 10			
	Description of property	(a) Cost or o			t or other		Accumulat	ed	(d) Book	value
	becompared of property	basis (invest			(other)		epreciation		(=, 500)	
	Land		<u> </u>		<u>.</u>	 				
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colui	nn (B), line	10(c))			▶		0.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Ownership interest in limited	 	<u> </u>	
(B) partnership	119,608,020	. Cost	
(C)		<u> </u>	
(D)			
(F)		ļ	
(G)			
(H)	110 600 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	119,608,020	· <u>l</u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, line (b) Book value	(c) Method of valuation Cost or er	ed of year market value
	(b) Book value	(c) Method of Valuation Cost of er	
(1)		 	
(2)		 	
(3)		<u> </u>	
<u>(4)</u> (5)		 	
(6)		 	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			ļ
(4)			
(5)			
(6)			
			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15)		<u> </u>
Complete if the organization answered "Yes"	to Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740), Chec	k here if the text of the footnote has beer	provided in Part XIII

The financial statements have not been adjusted to reflect any potential

loss contingencies as a result of this revocation.

Schedule D	(Form 990) 2013 Summit Foundation	30-0595477	Page 5
Part XIII	(Form 990) 2013 Summit Foundation Supplemental Information (continued)		
			
	· · · · · · · · · · · · · · · · · · ·		
			
			
		 _	
			
			
			
		Schedule D (Forr	n 000\ 2012
		Scriedale D (LOU	11 2201 20 13

332055 09-25-13

SCHEDULE 1 (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.irs.gov/form990.

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OMB No 1545-0047

Open to Public Inspection

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Employer identification number 30-0595477 X Yes 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 Summit Foundation

Part | General Information on Grants and Assistance Name of the organization

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

criteria used to award the grants or assistance?

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if addit	ional space is need	led			
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
SIM USA 14830 Choate Circle Charlotte, NC 28273	22-1936391	501(c)(3)	1,820,000,	0			Theological education
Wycliffe Seed Company 220 Westway Place, Ste 100 Arlington, TX 76018	33-0838929	501(c)(3)	1,000,000.	0.			Bible translation
Cure International 774 Limekiln Road New Cumberland, PA 17070	58-2248383	501(c)(3)	1,000,000,	.0			Medical relief
Overseas Council International Inc PO Box 17368 Indianapolis, IN 46217	35-1333030	501(c)(3)	.000,009	0			Theological education
The Evangelical Alliance Mission 400 S Main Plance Carol Stream, IL 60188	36-2169146	501(c)(3)	315,000.	0			Ministry support
World Relief 7 E Baltimore St Baltimore, MD 21202	23-6393344	501(c)(3)	200,000.	0			Ministry support
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 lessed in the line 1 table	nd government or	rganizations listed in th	e line 1 table				29.
14	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)
							להי השל להפה ווויה הלי הושהקונהם

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Schedule (Form 990) Schedule (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	Assistance to Go	overnments and Organ	nizations in the Ur	nited States (Sche	edule I (Form 990), Pa		
(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
Josiah Venture PO Box 4317 Wheaton, IL 60189	36-4469008	501(c)(3)	200,000.	0.			Student outreach
OCTInternational 5801 N Union Blvd Colorado Springs, CO 80918	94-1501634	501(c)(3)	200,000.	0			Ministry support
Lausanne Committee for World Evangelism - 10524 Moss Park Rd, Ste 201 #358 - Orlando, FL 32832	33-0901290	501(c)(3)	150,000.	0			Ministry support
Youth for Christ 202 E Main Street Charleston, MS 38921	23-7185121	501(c)(3)	125,000.	0			Ministry support
Scripture Union 1481 Valley Forge Rd, PO Box 215 Valley Forge, PA 19481	25-1228715	501(c)(3)	100,000.	0.			Ministry support
Favor of God Ministries Inc 3431 Brushcreek Way San Jose, CA 95151	30-0860935	501(c)(3)	75,000.	0.			Ministry support
Scriptures in Use 101 S La Canada Dr, Ste 49D Green Valley, AZ 85614	86-0578728	501(c)(3)	75,000.	.0			Training intiative
CityTeam Ministries 2304 Zanker Road San Jose, CA 95131	94-1501265	501(c)(3)	75,000.	0.	į		Training initiative
Global Aid Network / Gáin International - PO Box 139020 - Dallas, TX 75313	95-4578963	501(c)(3)	70,000.	0			Compassion ministry

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Schedule I (Form 990) Summit Foundation Part II Continuation of Grants and Other Assistance to Governments	tion Assistance to G		nizations in the U	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		30-0595477 Page 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
Partners in Compassionate Care 1000 Front Ave NW Grand Rapids, MI 49504	20-1224185	501(c)(3)	.000,02	.0			Ministry center construction
Converge Worldwide 2002 S Arlington Heights Rd Arlington Heights, IL 60005	36-2181949	501(c)(3)	50,000.	.0			Theological education
Global Opportunities for Christ PO Box 4446 Charlottesville, VA 22905	54-1815340	501(c)(3)	50,000.	0			Evangelism
Friends of Saiacs 1799 Winchester Blvd Cambell, CA 95808	82-0569350	501(c)(3)	40,000.	0			Ministry support
Campus Crusade for Christ Inc 100 Lake Hart Dr Orlando, FL 32832	95-6006173	501(c)(3)	33,000.	0			Ministry support
Oasis International Ltd 1770 S Randall Rd, Ste A 188 Geneva, IL 60134	36-4200033	501(c)(3)	30,000.	0.			Book distribution
Love China Ministries International - PO Box 1775 - North Bend, WA 98045	91-1720302	501(c)(3)	29,400.	0			Theological education
Actea/Theological Training in Africa - 7101 White Oak Ct - Mason, OH 45040	23-2938542	501(c)(3)	28,700.	0			Ministry support
BMI/Global Signet Group PO Box 484 Wichita, KS 67201	48-1215585	501(c)(3)	25,000.	.0			Evangelism
							Schodule I (Eorm 000)

	ion						30-0595477 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	4 ≡)	
(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
India Partners PO Box 5470 Eugene, OR 97405	93-1164757	501(c)(3)	25,000.	.0			Chicken farm
Target Ministries PO Box 47566 Baton Rouge, LA 70895	98-0134249	501(c)(3)	25,000.	0			Ministry support
Missionary Athletes International 1020 Crews Road, Ste N Matthews, NC 28105	33-0017152	501(c)(3)	20,000.	.0			Ministry support
Great Commission Global Ministries 6809 District Heights Pkw District Heights, MD 20747	52-2205950	501(c)(3)	20,000.	0			Ministry support
Frontier Mission Fellowship 1605 E Blizabeth St Pasadena, CA 91104	95-3095682	501(c)(3)	10,000.	0.			Ministry support

Schedule I (Form 990)

Page 2

30-0595477

Summit Foundation

SCHEDULE 0 (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

Summit Foundation	30-0595477
Form 990, Part III, Line 1, Description of Organization Mission:	
beneficiary organizations.	
Form 990, Part VI, Section B, line 11:	
Explanation: The Form 990 is prepared by an independent CPA firm. The 990	
is reviewed in detail by the board. Because the Foundation is an	
integrated auxiliary of SIM USA, the Foundation is exempt from the	
requirement to file IRS Form 990, accordingly Form 990 is not filed with	
the IRS. The form is prepared for internal review and analysis only.	
Form 990, Part VI, Section B, Line 15.	
Explanation: The Foundation pays modest compensation to two directors for	
their service as Treasurer and Secretary. Due to the modest level of their	
compensation, the board has not deemed it necessary to seek comparable	
compensation figures from other similarly situated organizations.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Section C, Line 19:	
Explanation: The governing documents and financial statements are available	
upon request.	
Form 990, Part XII, Line 2c:	
Explanation: The Foundation's Board assumes responsibility for	
oversight of the compilation of its financial statements and selection	
of its independent accountant. This process has not changed from the	
prior year.	

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www irs gov/form990. Related Organizations and Unrelated Partnerships ➤ See separate instructions. ▶ Attach to Form 990. Summit Foundation Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identrification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

OMB No 1545-0047 2013 Open to Public Inspection

Employer identification number 30-0595477

(g) Section 512(b)(13) controlled Schédule R (Form 990) 2013 ŝ × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity Ξ End-of-year assets status (if section 501(c)(3)) Public charity **e** Line 1 Total income Exempt Code ூ section 501(c)(3) ፱ Legal domicile (state or Legal domicile (state or foreign country) foreign country) North Carolina <u>ပ</u> Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Missions Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Charlotte, NC 28273 SIM USA - 22-1936391 14830 Choate Circle Part II

332161 09-12-13 LHA

Schedule R (Form 990) 2013 Summit Foundation

General or Percentage managing ownership 88.00% Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership YesNo 9 Ξ amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Share of end-of-year assets N/A <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income 208,689,484, Share of end-of-year assets **(6**) Type of entity (C corp, S corp, or trust) **e** Share of total income 13,080,255. Direct controlling entity Predominant income (related, unrelated, excluded from tax under, sections 512-514) € Investment Legal domicile (state or foreign country) <u>ပ</u> (d)
(Direct controlling entity Holdings, LLC ordon Family Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) DΕ Primary activity Investments Name, address, and EIN of related organization Name, address, and EIN of related organization 1897 Limited Partnership 27-1725628, PO Box 276, 49630 Empire, MI Part III Part IV

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?	1	+	 ,
				+	╅	۰
 b Gift, grant, or capital contribution to related organization(s) 				<u>a</u>	×	
c Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarantees to or for related organization(s)				1d	_	×
e Loans or loan guarantees by related organization(s)				1	_	×
					-	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ	-	×
i Exchange of assets with related organization(s)				1;		×
j Lease of facilities, equipment, or other assets to related organization(s)				į-		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
o Sharing of paid employees with related organization(s)				9		×
Dombar man and to related and and and and and and and and and an						×
p reinbursement paid to related organization(s) for expenses o Reimbursement paid by related organization(s) for expenses				2 5	+	_×
				2	+-	
r Other transfer of cash or property to related organization(s)					-+	×
				18	_ ×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		!
(1) 1897 Limited Partnership	S	7,225,000.	Partnership distributions			
(2) SIM USA	æ	1,820,000.	1,820,000.Cash grants made			
(3)						
(4)				l u		
(5)						
9						
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) rcentage rnership	}						Schedule R (Form 990) 2013
o G					 L		36 W
(j) General or managing partner? Yes NO				 	 	· · · · · · · · · · · · · · · · · · ·	(For
-120 -120 -120 -120				 	 		le R
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) Yes No							Schedu
Dispropertionate allocations?							
Disp tho Allocs				 			
(g) Share of end-of-year assets							
(f) Share of total Income							
(e) Are all partners sec 501(c)(3) orgs ?				 			
Yes		(
Predominant income prediction (related, unrelated, excluded from tax under section 512-514) p							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

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Part VII	R (Form 990) 2013 Supplemental Info	ormation		
<u> </u>				
	Provide additional inform	mation for responses to questions on Schedule R (see instructions)	 	
			 	
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