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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

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

~	ror the	2014 Calenda	ar year, or tax year beginning 1/1/	, 2014, and end	ing 12/3	1/ , 20 14
В	Check if ap	oplicable	C Name of organization		D Employer	identification number
\sqcup	Address c	change	Summit Education Foundation a.k.a. Education Founda	tion of the Summit		27-2235994
닏	Name cha	-	Number and street (or P O box, if mail is not delivered to street ac	fdress) Room/su	ute E Telephone	number
H	Initial retur			70-468-8000		
H	Amended	rn/terminated	F Group Ex	emption		
Ħ			Breckenridge, CO 80424		Number	•
G		ting Method	☑ Cash ☐ Accrual Other (specify) ▶		H Check ▶	if the organization is not
	Website	. •	www.sefcolorado.org/			ttach Schedule B
			ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no)	☐ 4947(a)(1) or ☐ 527		90-EZ, or 990-PF)
		organization.		Other	(, 0, , , , , , , , , , , , , , , , , ,	
		•	7b to line 9 to determine gross receipts. If gross receipts a		f total assets	
			v) are \$500,000 or more, file Form 990 instead of Form 990		r total assets	¢ 44.700
_	art I		e, Expenses, and Changes in Net Assets or I		the instruction	\$ 41,769
ш	arti		· · · · · · · · · · · · · · · · · · ·	•		•
			the organization used Schedule O to respond to a	any question in this P		
	1		ns, gifts, grants, and similar amounts received.		· · · 1	26,957
	2		ervice revenue including government lees and contile	icts	<u>2</u>	ļ
	3		p dues and assessments	ၣၒၙ႞ႋႋႋႋ	<u>3</u>	
	4	Investment	income	$ \mathbf{S} \cdot \cdot \cdot \cdot$	4	9
	5a		unt from sale of assets other than hoventory 2015	. တြ <u>5a</u>		
	b		or other basis and sales expenses	_] ⊈		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract	line 5b from line 5a)	5c	
	6	Gaming an	d fundraising events			
	а	Gross inco	ome from gaming (attach Schedule G if greate	r than		
ä	-	\$15,000) .		·		1
Revenue	Ь	Gross inco	me from fundraising events (not including \$	of contrib	utions	
ě	}		aising events reported on line 1) (attach Schedule (i i
-			h gross income and contributions exceeds \$15,000)		14,803	
	C	Less: direc	t expenses from gaming and fundraising events .	6c	9,799	
	ď		e or (loss) from gaming and fundraising events (ad			
		line 6c) .	· · · · · · · · · · · · · · · · · · ·		· · · · 6d	5,004
	7a	•	s of inventory, less returns and allowances	7a	75 to 100	1
	b		of goods sold	7b		
			t or (loss) from sales of inventory (Subtract line 7b from		7c	ä
	C					
	8		•		8	
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		> 9	31,970
	10		similar amounts paid (list in Schedule O)		<u>10</u>	33,670
	11	•	aid to or for members		11	
š	12		her compensation, and employee benefits			ļ
Expenses	13		al fees and other payments to independent contractor			511
Ř	14				14	
ш	.0		,, ,, ,,			867
	16		nses (describe in Schedule O)			444
	17	Total expe	nses. Add lines 10 through 16		🕨 17	35,492
ģ	18		deficit) for the year (Subtract line 17 from line 9)			(3,522)
set	19		or fund balances at beginning of year (from line 2			
As		end-of-yea	r figure reported on prior year's return)		19	16,888
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Sched	ule O)	20	
Z	21	Net assets	or fund balances at end of year Combine lines 18 th	rough 20	▶ 21	13,366
Foi	Paperv	•	on Act Notice, see the separate instructions.	Cat No 10642		Form 990-EZ (2014)

4-13

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Pai	ţ II	Balance Sheets (see the instructions	for Part II)	14 1			
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments		[16,888	22	13,366
23	Land	d and buildings				23	
24		er assets (describe in Schedule O)				24	
25		al assets			16,888		13,366
26		al liabilities (describe in Schedule O)				26	0
27		assets or fund balances (line 27 of column			16,888	27	13,366
Par		Statement of Program Service Accom	•		•		Expenses
14/1		Check if the organization used Schedule				(Red	guired for section
		organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m	easure	e organization's program service accompled by expenses. In a clear and concise nefited, and other relevant information for e	nanner, describe the				anizations; optional for ers)
28	Innova	itive Teacher Awards- funded 20 special proje	cts for Summit Count	y School District tea	chers		
	(Grant				••••	28a	0
		s of Columbus - Coats for Kids program. Help					
	abund	ance of children in the public school classroo	ms of Summit County	warmer/winter clot	nes.		
	(Grant	s \$ 3,080) If this amount	uncludes foreign are	ents chack hara		29a	
30		Grants - Aided all school children attending S				230	•
00	<u> </u>	Oranis - Alded an school children attending o	dimini County Board	of Education School	5 - Jood Students		
			•••••				
	(Grant	s \$ 2,500) If this amount	includes foreign gra	ants, check here .	▶ □	30a	a 0
31	Other	program services (describe in Schedule O)					
	(Grant	s \$ 2,340) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	0
32	Total	program service expenses (add lines 28a	through 31a)		🕨	32	0
Part	IV	List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	n one even if not com	pensated—see the in	nstru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
		(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-)		- -	Estimated amount of other compensation
Brad	Piehl						
Chair	man		15		0	0	. 0
Bonn	e Ward	<u> </u>					
Vice (Chair a	nd Secretary	15		0	0	0
Kyle	Spence	<u>r</u>					
Treas	urer		5		0	0	0
Karer	Jo Do	lamore					
<u>Direc</u>			5		0	9_	0
	Moore		[_				_
Direc			5	,	<u>o</u>	0	0
	Camm	arata					٥
Direc	tor		5		<u> </u>	۳	<u>_</u> <u>U</u>
	-	••••••	-		ļ		
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	,\o
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		ر
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	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		<u> </u>
С	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		~
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		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 6			
b	Did the organization file Form 1120-POL for this year?	37b		~
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? .			
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	 -	<i>\</i>
39	Section 501(c)(7) organizations. Enter:	┨		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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			i
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\
41	List the states with which a copy of this return is filed ► Colorado			
42a		70-46		
b	Located at ► PO Box 2787, Dillon, CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80435	_	
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	> 🗆
			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		~
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		V
c	Did the organization receive any payments for indoor tanning services during the year?	44c		\
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 within the meaning of section 512(b)(13)?	45a		7
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		
				, .

	F	age 4
	Yes	No
46		V
es f	or lin	es
	Yes	No
47		~
48		~
49a		1
49b		
	es an	d key
er "N		•
mate r com	d amou	unt of ion
-		
ved	more	than
nsatio	on	
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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 Section 501(c)(3) organizations only Part VI All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . **b** If "Yes," was the related organization a section 527 organization? . . Complete this table for the organization's five highest compensated employees (other than officers, directors, tr employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter (d) Health benefits, (b) Average (c) Reportable contributions to employee (a) Name and title of each employee compensation benefit plans, and deferred othe (Forms W-2/1099-MISC) devoted to position compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each recei \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compe None d Total number of other independent contractors each receiving over \$100,000 0 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A 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. ature of officer Sian Here Kyle A. Spencer, Treasurer Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check 🔲 **Paid** self-employed **Preparer** SELF PREPARED Firm's EIN ▶ Firm's name **Use Only** Phone no May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

Form 990-EZ (2014)

SCHEDULE A (Form'990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number	
	nit Education Foundation a.k.a. Edu					27-2235994		
Par							ons.	
1 ne c	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1							
2	A school described in section			ibed in Se	ection 17	υ(b)(1)(A)(i).		
	☐ A hospital or a cooperative ho		•	n section	170(h)(1)(A)(iii)		
	A medical research organization						(iii). Enter the	
	hospital's name, city, and stat	е					•	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in	
6	☐ A federal, state, or local gover							
7	An organization that normally described in section 170(b)(1)			port from	n a gover	nmental unit or fron	n the general public	
8	A community trust described							
9	An organization that normally							
	receipts from activities relate							
	support from gross investme acquired by the organization a						x) from businesses	
10	☐ An organization organized and		•		•	•		
11	☐ An organization organized and						out the nurnoses of	
	one or more publicly supported							
	the box in lines 11a through 11							
а	☐ Type I A supporting organize the supported organization(s	s) the power to re	egularly appoint or ele					
	organization. You must con	•						
b	Type II. A supporting organi							
	control or management of the organization(s). You must constant the control of th			ie same p	persons ti	nat control or manag	je tne supported	
С	☐ Type III functionally integra	•		ted in cor	nection	with and functionall	v integrated with	
	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Sectio	ns A, D, and E.	-	
d	Type III non-functionally in that is not functionally integree requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty					• • • • • • • • • • • • • • • • • • • •	I, Type III	
f	Enter the number of supported	organizations .						
g	Provide the following informatio	n about the supp	orted organization(s)					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(see instructions))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Par							
	(Complete only if you checked the						ialify under
Sect	Part III. If the organization fails to ion A. Public Support	quality undi	er the tests its	sted below, p	lease comple	ete Part III.)	
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(e) 2014	(i) rotai
•	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					<u> </u>	
	ion B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				ļ	 	
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 VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	_		
Cook	organization, check this box and stop her		· · · · ·	· · · · ·		· · · · ·	· · · <u> </u>
3ect	ion C. Computation of Public Suppor Public support percentage for 2014 (line 6			1 column (f)		14	%
15 16a	Public support percentage for 2014 (in ecc 331/3% support test—2014. If the organization qual	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	 d line 14 is 33¹	15	% theck this
b	331/3% support test—2013. If the organicheck this box and stop here. The organic					e 15 is 33 ¹ / ₃ %	or more, ► □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "factorization".	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiz	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and st	, and line top here.
18	Private foundation. If the organization dispartments	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see 🕨

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.)

Secti	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	38,474	32,814	39,635	22,620	26,957	160,500
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	30,474	56,541	29,830	17,070	14,803	118,244
3	Gross receipts from activities that are not an unrelated trade or business under section 513		00,0 * *	20,000	11,010	14,000	110,234
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	38,474	89,355	69,465	39,690	41,760	278,744
Ь	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			220			220
С	Add lines 7a and 7b			220			220
8	Public support (Subtract line 7c from						
	line 6.)		ļ				
Secti	on B. Total Support	L	<u>.</u> 1	 		L	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	38,474	89,355	69,465	39,690	41,760	278,744
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	30,77	00,000	7	4	9	20
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	38,474	89,355	69,472	39,694	41,769	278,764
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization'	s first, second		or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	• · · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 2014 (line 8			3, column (f))		15	%
16	Public support percentage from 2013 Sch	,	•			16	%
	on D. Computation of Investment In					.	
17	Investment income percentage for 2014 (line 13, colum	nn (f))	17	%
18	Investment income percentage from 2013		• •			18	%
19a	331/3% support tests-2014. If the organ					ore than 331/3%	, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2013. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.	ation did not ch	eck a box on I	ine 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization di		-			-	_

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	'.)	
Secti	on A. All Supporting Organizations			
		,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	ļ	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Part,	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ł
L	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	1110		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1 1 1	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year]_		
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	ļ
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1 2		
	on or type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	} _
	the supported organization(s).	1	Ĺ	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		\vdash
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			'
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			الا
	supported organizations played in this regard.	3		<u></u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s) [.]
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			'
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	25		<u> </u>
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		[
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	···	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-int	egrated Type III supporti	ng organization (see
instructions).	•	21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	J J (200

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	<u> </u>		
	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	onses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets	occor or capporton orga	THE GROWN OF THE STATE OF THE S			
- 5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.		·			
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	······································				
S	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable		
		Excess Distributions	Pre-2014	Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6		·			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014.		·			
а	i i					
b		-				
С	1			······································		
d						
е	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
C	Remainder Subtract lines 4a and 4b from 4.			,		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			,		
				· · · · · · · · · · · · · · · · · · ·		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
d	Excess from 2013					
е	Excess from 2014					
	· · · · · · · · · · · · · · · · · · ·			A /Farm 000 at 000 ET) 2014		

Part _□ VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 12. Also complete this part for any additional information. (See instructions.)	ne 17a or 17b; and

SCHEDULE Q (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.

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Summit Education Foundation a.k.a. Education Foundation of the Summit 27-2235994 Part I Line 10 - List of Grants: Summit County Board of Education = \$25,750; Knights of Columbus Coats for Kids = \$3,080 Part I Line 10 (continued) - Matching STEM grants = \$2,500; College scholarships to Summit High School seniors = \$2,340 Part I Line 16 - Other Expenses: business registration fees = \$10; bank charges = \$138.47; travel and meetings = \$295.58 Part III Line 31: College scholarships to six high school seniors = \$2,340

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Summit Education Foundation a.k.a. Education Foundation of the Summit	27-2235994
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