SCANNED APR 1 6 2018

Paid

Preparer

Use Only

Film's name Firm's address

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.us gov/formed00

	_			- UNITED AND THE STATE OF THE 		
A F	or the	2014 calendar year, or tax year beginning and end	ling			
B c	heck if oplicabl	C Name of organization		D Employer iden	tıficatio	n number
	Addre chang	summit Foundation				
<u>_</u>	Name chang Initial				595477	
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address)	ber			
	Final return			704-	587-1 4	103
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		5,100,189.
	Ameni	Charlotte, NC 28241-7900	ı	H(a) Is this a grou	return	
	Application	F Name and address of principal officer Ronald Williams	1	for subordina		Yes X No
	pendı	same as C above	9	H(b) Are all subordinat		
1 T	2× 0×	empt status: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) gr L	/ 527	` '		(see instructions)
		re: > n/a	-2 021	H(c) Group exemp		•
			L Voor o	of formation: 2009		te of legal domicile, NC
	rt I	Summary	L rear C	n tormation, 2003	I IVI SIAI	te or legal doffliche. AC
Га				vi	<u> </u>	
စ္ပ	1	Briefly describe the organization's mission or most significant activities. To further	r the	KINGGOM OF GOG	БУ	
Activities & Governance		supporting beneficiary organizations.				
e l		Check this box fithe organization discontinued its operations or disposed		than 25% of its ne	assets	•
١٨		Number of voting members of the governing body (Part VI, line 1a)	,ED /	1	4	3
ಹ	. 4	Number of independent voting members of the governing body (Part VI, line 1b)		}	52	2
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 24) N 08	2018	1		0
₹	6	Total number of volunteers (estimate if necessary)	2010	<i></i>	-	1
Ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
`	b	Net unrelated business taxable income from Form 990-T, line 34 FAST M/S	1114		7b	0.
		_ IRS Ogdel	n. UT	Prior Year		Current Year
0	8	Contributions and grants (Part VIII, line 1h)	···,]		0.	0.
Ž.	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,226,04	7.	5,100,189.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII) Ediumn (A), line 12)		7,226,04	7.	5,100,189.
		Grants and similar amounts paid (Part IX, column AR, Fire NUE SERVICE		6,441,10	_+	5,171,210.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
,,	15	Salaries other compensation employee benefits (Part (1) scolumn: (A) lines 5-10)	-	20,00	0	20,000.
Se	160	Salaries, other compensation, employee benefits [Part 1X column; (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	\vdash		0.	0.
ĕ	IUa	Tab-1 from discretion assessment (Part IV, columnity), line (Te)	。 		* 	
Expenses	47	TOTAL CONTROL OF THE PARTY OF T	-	212,48	2	164,867.
	17	Other expenses (Part IX, Column (A), lines 11a CMTCASO II.	-			5,356,077.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	6,673,58		
s S S S	19	Revenue less expenses Subtract line 18 from line 12		552,46	_	-255,888.
ts o			Red	ginning of Current Ye	_	End of Year
Sse		Total assets (Part X, line 16)	ļ	120,159,73		119,904,750.
Net Assets Fund Baland	21	Total liabilities (Part X, line 26)	-	14,50		15,404.
킾		Net assets or fund balances Subtract line 21 from line 20		120,145,23	4.]	119,889,346.
	rt II	Signature Block				
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and			f my kno	wledge and belief, it is
true,	corre	t, and complete. Declaration of prepaier (other than officer) is based on all information of which	preparer	has any knowledge.		
		Said St		9	1/18	//7
Sigr	1	Signature of officer		Date		
Her		Fred C. Ely Treasurer			_	
		Type or print name and title	_			
		Print/Type preparer's name Preparer's signature	Ū	ate Check	$\Box\Box$	PTIN

LHA For Paperwork Reduction Act Notice, see the separate instructions.

1255 Lakes Parkway, STE 130

Lawrenceville, GA 30043

May the IRS discuss this return with the preparer shown above? (see instructions)

Capin Crouse LLP

Form 990 (2014)

X Yes

36-3990892

61436

Phone no.8173286510

Firm's EIN

Form	990'(2014) Summit Foundation	30-0595477	Page 2
Par	t III Statement of Program Service Accomplishments		
	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		_ 100100
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Γ	Yes X No
•	If "Yes," describe these changes on Schedule O.	_	_ (es(to
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magnired by av	noneos
•			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, trie total exp	enses, and
4-	revenue, if any, for each program service reported (Code) (Expenses \$ 5,171,210. including grants of \$ 5,171,210.) (Revenue)		
4a	(Code) (Expenses \$ 5,171,210. including grants of \$ 5,171,210.) (Revenue The Foundation supported 24 beneficiary organizations through cash	1e \$	
	grants that support the beneficiary organization's programs.		
	grants that support the benefittary organization a programs.		
			 -
-			
			
415	/o		
4b	(Code) (Expenses \$) (Revenue)	ue \$,
			
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Reveni	ue \$	
	, , , , , , , , , , , , , , , , , , , ,		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5 , 171 , 210 .		
			Form 990 (2014)

Form 990 (2014) Summit Foundation
Part IV Checklist of Required Schedules

			162	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		}	1
	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		х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete Schedule D,	ĺ	[
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1	İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	114		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	 	T X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	 -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	Ì
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х_
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	ļ	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	X
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	146		x
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	 	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	i	x
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>	1	1
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Į.	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		[Γ-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV	Checklist	of Required	Schedules (c	ontinued)
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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors; trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete S	21 22 23 24a 24b 24c 24d 25a 25b	x	x x x x x x
 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Cid the organization annantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers; directors; trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member,	22 23 24a 24b 24c 24d 25a 25b	x	x
 Part IX, collumn (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers; directors; trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part	24a 24b 24c 24d 25a 25b		x
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 Schedule K If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers; directors; trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 	24c 24d 25a 25b		x
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	- 1] ,	l
	28a		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		<u>x</u>
31 Did the organization liquidate, terminate, or dissolve and cease operations?			x
If "Yes," complete Schedule N, Part I	31		<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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		-
Part V, line 1	34	x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
If "Yes," complete Schedule R, Part V, line 2	36		x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L_	х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O	38	X	L
	Forn	$\Omega\Omega\Omega$	

Par	rt 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	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	0		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit	ı		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page 10 may 1	ayor? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	i		
	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 contract?	7e	<u> </u>	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	· · · · · · · · · · · · · · · · · · ·			<u> </u>
h	•	3-C? 7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		}	
а	, , , , , , , , , , , , , , , , , , , ,	<u>9a</u>	ļ	⊢ —
b		9b	<u> </u>	—
10	Section 501(c)(7) organizations. Enter:			1
а				
b				
11	Section 501(c)(12) organizations. Enter:			
а			ļ	1
b	, , , , , , , , , , , , , , , , , , ,			1
	amounts due or received from them)	<u> </u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	₩
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	—		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	-	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	ऻ
	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
b	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	 		
	Enter the amount of reserves on hand	 	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		_
	persons other than the governing body?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
- b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Soc	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		Α.
<u> </u>	tion D. I onoles (mis section b requests information about policies not required by the internal Nevertae code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	The state of the s	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent	İ		İ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ľ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			۱.,
	taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation]		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466	}	l
500	exempt status with respect to such arrangements?	16b	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le le	
.0	for public inspection. Indicate how you made these available. Check all that apply	uvullat.	,,,,	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.		·	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_	Fred Ely - 704-587-1403			
	14830 Choate Circle, Charlotte, NC 28241-7900			

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Form 990 (2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization n	orga	ınıza	tion	cor	nper	nsat	ed any current officer, o	irector, or trustee.		
(A)	(B)	(C) Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	tion	l than i	one	Reportable	Reportable	Estimated
	hours per	box.	, unle:	ss pei	rson i	ıs boll	h an	compensation	compensation	amount of
	week	officer a		officer and a director			tee)	from	from related	other
	(list any	cto						the	organizations	compensation
	hours for	Ę.				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	nste			eusa		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	. below	vidua	otato	ie.	emp	hest o	ner			organizations
	line)	Į.	lust	Officer	Key	Hg em	Former			
(1) Ronald Williams	1.00						l			
President	1.00	Х		X			L	0.	0.	0.
(2) Fred Ely	2.00						ŀ		· !	
Treasurer	40.00	х		Х	L	<u> </u>		10,000.	46,551.	29,064.
(3) Max Smith	1.00	1					1	}		
Secretary		х	_	х	L	<u> </u>	$ldsymbol{ld}}}}}}$	10,000.	0.	0.
		1	1							
		_				_	_			
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rar	t VII Section A. Officers, Directors, Trus		ploy	ees			igne	st C					(E)	_	
	(A)	(B) Average	Destar Control						(E)	Į	Г	(F)	d		
	Name and title	hours per	(do not check more than one				than		Reportable Reportable compensation compensation						
		week officer and a director/trustee) from from related								other	,				
		(list any	tor				Г		the	organization	1		pensat	tion	
		hours for	Individual trustee or director			l	8	1	organization	(W-2/1099-MIS			om the		
		related	tee or	ste	1	ĺ	ensat	((W-2/1099-MISC)		İ	anızatı	on		
		organizations	l trus	Institutional trustee		oyee	de a	1			and rela				
		below	Mdus	tutho	į	e B	hest (Ē			ľ	orga	nızatıc	ons	
		related organizations below line) line) line) organization line) line) organization line) line organization line) line organization line) line organization line organization line organization (W-2/1099-MISC) organization (W-2/1099-MISC)													
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1b Sub-total 20,000. 46,5								551.		29,	064.				
	Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.	
	Total (add lines 1b and 1c)	•						•	20,000.	46,	551.		29,	064.	
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	/e) w	ho r	received more than \$100	,000 of reportab	le				
	compensation from the organization						•							(
													Yes	No	
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey ei	mple	oyee	, or	highest compensated e	mployee on				-	
	line 1a? If "Yes," complete Schedule J for s			-,	•	•			,	, ,		з		Х	
4	For any individual fisted on line 1a, is the si			omo	ens	atıo	n an	d ot	ther compensation from	the organization					
	and related organizations greater than \$15									J		4	- 1	х	
5	Did any person listed on line 1a receive or									idual for services	,				
_	rendered to the organization? If "Yes," con	•										5	l	Х	
Sec	tion B. Independent Contractors	<u>-</u>				,			 						
1	Complete this table for your five highest co	ompensated in	dep	ende	ent o	cont	tract	ors	that received more than	\$100.000 of con	npens	ation f	rom		
•	the organization Report compensation for										,				
_	(A)				<u> </u>				(B)	<u></u>		(0	;)		
	Name and business	address	NC	NE					Description of s	services	С	ompe		n	
										į					
_												-			
_				_											
			_									-	-		
		-			-								-		
	Total number of independent contractors (including but	not I	ımıtı	-d +c	the	Dee I	iste	d above) who received a	nore than	-				
_	\$100,000 of compensation from the organ		.00				0	.3.66	a above, who received h	ioio triari					
	w 100,000 of compensation from the organ	ILAGOII				_							000		

30-0595477

			Check if Schedule O cont	ains <u>a</u> response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
ig ja		b	Membership dues	1b					
Am (С	Fundraising events	1c					
탈희		d	Related organizations	1d					
S.E		е	Government grants (contribut	tions) 1e					
를 있		f	All other contributions, gifts, gran	its, and	l				1
호취			similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in lines	s 1a-1f \$					
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f		_				
					Business Code				
Program Service Revenue	2	а			<u> </u>		ļ		
e s		b							-
n S		С							
ara Re		d							
ž	ĺ	е						-	
_			, ,	enue					
			Total. Add lines 2a-2f	 :	>				
-	3		Investment income (including	rdividends, intere	est, and	5,100,189.			5 100 180
			other similar amounts)			3,100,103.			5,100,189.
	4		Income from investment of ta	x-exempt bona p	proceeds			·-	
	5		Royalties	(A Dool	(a) Damanal				
	_	_	Cross roots	(ı) Real	(II) Personal				
	6		Gross rents Less rental expenses						
			Rental income or (loss)		 				1
	l .		Net rental income or (loss)	L	<u> </u>				
			Gross amount from sales of	(i) Securities	(II) Other	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	′	а	assets other than inventory	(i) Securities	(ii) Other				1
		h	Less: cost or other basis						
	ļ		and sales expenses						
		c	Gain or (loss)						i
			Net gain or (loss)	L	<u> </u>		ļ		
4			Gross income from fundraisin	na events (not					
evenue	ľ	_	including \$	of	1		İ	· 	1
eve			contributions reported on line						1
Ē.	İ		Part IV, line 18	а					
Other R		b	Less direct expenses	b					
0		С	Net income or (loss) from fun	draising events	•				
			Gross income from gaming a	-					
			Part IV, line 19	а					
		b	Less direct expenses	b					
		С	Net income or (loss) from gar	ning activities					
	10	а	Gross sales of inventory, less	returns		•			
			and allowances	а					Į.
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	es of inventory	>				
			Miscellaneous Revent	ue	Business Code				
	11	а				<u> </u>			
	1	b							
	1	С							
		d	All other revenue						
		е	Total. Add lines 11a-11d						
7222	12		Total revenue. See instructions.		> _	5,100,189.	0.		5,100,189
4320(11-07)9 '-14		1						Form 990 (2014)

Form 990 (2014) Summit Foundation Part IX Statement of Functional Expenses

Jeca	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			implete Column (A)	
	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 domestic organizations				-
	and domestic governments. See Part IV, line 21	5,171,210.	5,171,210.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	20 000		20 000	
e	trustees, and key employees Compensation not included above, to disqualified	20,000.		20,000.	-
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	· · · · · · · · · · · ·			
10	Payroll taxes				
11	Fees for services (non-employees)		-		
а	Management				
b	Legal	164,744.		164,744.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	,				
g	•				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties Occupancy				
17	Travel				
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 0.)				
а					
b					
C					
đ		4.00			
	All other expenses	123.	E 121 010	123.	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	5,356,077.	5,171,210.	184,867.	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Part X | Balance Sheet

		Check if Schedule O contains a response or note to any lii	ne in this Part X		<u>-</u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		138.	1	161.
	2	Savings and temporary cash investments	_	551,580.	2	296,569
	3	Pledges and grants receivable, net	<u> </u>		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	ers, directors,			
		trustees, key employees, and highest compensated employees	yees Complete			
		Part II of Schedule L	ļ		5	
	6	Loans and other receivables from other disqualified person	ns (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			
əts		employees' beneficiary organizations (see instr) Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
٨	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less. accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12 -	Investments - other securities See Part IV, line 11-		- 119,608,020.	12 -	119,608,020
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		120,159,738.	16	119,904,750
	17	Accounts payable and accrued expenses		14,504.	17	15,404
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
es	22	Loans and other payables to current and former officers, of	lirectors, trustees,			
₽ .		key employees, highest compensated employees, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities (including federal income tax, payables to r	elated third	,		
		parties, and other liabilities not included on lines 17-24) C	omplete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		14,504.	26	15,404
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets		120,145,234.	27	119,889,346
žai	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
בֿ בֿ		Organizations that do not follow SFAS 117 (ASC 958), o	check here 🕨 🔲 🏻			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
188	31	Paid-in or capital surplus, or land, building, or equipment for	und		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or o	-		32	
Ź	33	Total net assets or fund balances	Ţ	120,145,234.	33	119,889,346
	34	Total liabilities and net assets/fund balances	Ī	120,159,738.	34	119,904,750.

Form	990 (2014) Summit Foundation	30-0595477		Pag	ge 12
Pai	t XI Reconciliation of Net Assets	- "			
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,100	189.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,356	077.
3	Revenue less expenses Subtract line 2 from line 1	3		- 255	888.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120	,145	234.
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,				
	column (B))	10	119	,889	346.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990		1		٠
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			Ì
	separate basis, consolidated basis, or both				
-	Separate basis Consolidated basis Both consolidated and separate basis			Ī	"
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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		•		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	ļ		ļ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
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?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>		<u> </u>
			Form	990	(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.

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule A (F

Employer identification number Name of the organization 30-0595477 Summit Foundation Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (IV) is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (III) Type of organization (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes Νn (see instructions)) 22-1936391 125,210 SIM USA X 125,210

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

٠,٠							
	edule A (Form 990 or 990-EZ) 2014 IT II Support Schedule for ((Complete only if you checked	-					
	fails to qualify under the tests			•	in failed to qualify t	under Part III II III	e organization
Sec	ction A. Public Support		<u> </u>				
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	√(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(3)	(,,==,=	(3,30.2		
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 the organization without charge					f	
4	Total. Add lines 1 through 3				//		
5	The portion of total contributions					1	
	by each person (other than a				/		
	governmental unit or publicly				-	-	Ì
	supported organization) included				/		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					ľ	
	column (f)				<u> </u>		
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	//(c) 2012_	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			1			
8	Gross income from interest,		/			}	
	dividends, payments received on		/				
	securities loans, rents, royalties	'	<i>f</i>		ļ		
	and income from similar sources		<i>f'</i>				
9	Net income from unrelated business		<i></i>				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		f.		ļ	ļ	
	or loss from the sale of capital	/					1
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		l	<u> </u>	<u> </u>		<u> </u>
12	Gross receipts from related activities,	· 4				12	
13	First five years. If the Form 990 is for	- <i>li</i>	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
 	organization, check this box and stor						▶└ᆜ
<u>Se</u>	ction C. Computation of Publ		_			, , 	
14	Public support percentage for 2014 (I	,		column (f))		14	%
	Public support percentage from 2013	•		- 1 40	44 - 00 4 (00)	15	%
16:	33 1/3% support test - 2014 If the ô	arganization did no	IT Check the hoy o	in une 13 and line	1/1 IC 33 1/396 OF F	more check this h	ov and

6a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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)

Se	ction A. Public Support	<u>-</u>					
Cale	ndar 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						
	ınclude any "unusual grants ")		<u></u>				//
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		-			1	
	are not an unrelated trade or bus- iness under section 513				<i>j</i>		
4	Tax revenues levied for the organ-			-	1		
	ization's benefit and either paid to	1			1		
	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						
7:	a Amounts included on lines 1, 2, and		-	- J			
	3 received from disqualified persons			L			
ı	n 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			, 		, _	
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011 /	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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 VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		L	L	<u> </u>	L	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organi	zation,
_	check this box and stop here	/					
	ction C. Computation of Publ					,,	
	Public support percentage for 2014 (I			column (f))		15	%
	Public support percentage from 2013					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests -/2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶□
	b 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		-	
_	Private foundation. If the organization	THE HOL CHECK A	55x 511 jine 14, 18	, or 130, crieck t			0 or 990-EZ) 2014

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)

		, ou on our ou	,
Section A	. All Supporting	Organizations	

ec	tion 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	Х	
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		Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		Х
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	3с		<u> </u>
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		х
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	-	-	٠ .
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
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		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		ĺ	
	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		Х
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	<u> </u>	
С	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		ļ	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	Х	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			l
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			l
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	-	X
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	1	х
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		х
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	ļ.,_	Х
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.	9c	<u> </u>	х
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		1	
	organizations)? If "Yes, " answer (b) below	10a	<u> </u>	Х

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)

10b

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

1 2

3

<u>4</u>

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

and 4c

b

Breakdown of line 7:

e Excess from 2013

Excess distributions carryover to 2015. Add lines 3_j

Schedule A (Form 990 or 990-EZ) 2014 Summit Foundation	30-0595477	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	ne 17a or 17b, and Part III, line	e 12
Also complete this part for any additional information. (See instructions).	,	
services and parties only describe and maneral (See Mendelland)		
Part IV, Section A, Line 6:		
The expaningation made grants to expaningations other than CIW MCA. The		
The organization made grants to organizations other than SIM USA. The		
grantee organizations are listed in Schedule I, Part II.		
		
		
		
		_

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/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Summit Foundation Employer identification number 30-0595477

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified 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	mod donicor valleri cojimbadori iri grig rom	i di di distributi di di di di di di di di di di di di di
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	riscture included in (a)	2c
	Number of conservation easements included in (c) acquired		
u	listed in the National Register	arter of 17700, and flot off a flotone strae	2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by th	
	year >		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		·
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		<u> </u>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or G	Other 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 state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue 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 tre	easures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	D	-	> \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2014 Summit Four					30-05954		Pag	_{Je} 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures, or Ot	<u>her Simi</u>	lar Asse	ts (contint	red)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following that are a	significant	t use of its	collection	ıtems	
	(check all that apply):								
а	Public exhibition	d	∫ Loan or e	exchange programs					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	er the organization's e	kempt purp	ose in Par	XIII		
5	During the year, did the organization solicit of		-	•					
	to be sold to raise funds rather than to be ma			•			Yes		No
Par	t IV Escrow and Custodial Arran				to Form 99	0. Part IV. I			
	reported an amount on Form 990, Pa					-,,.			
	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribut	ions or other assets n	ot included	1			
	on Form 990, Part X?		and y for our mod	10110 01 011101 000010 11	0.111010000		Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing table:			_			
_	Tres, explain the arrangement in rail xiii	and complete the le	moving table.			T	Amount		
_	Beginning balance				1c	 	Amount		
	Additions during the year				1d				
	Distributions during the year				1e	+			
	Ending balance				1f	 			
	Did the organization include an amount on F	orm 000 Part V line	21 for accress a	r custodial account lia			Yes	$\overline{}$	No
					•		1 (62	Ħ	140
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								
<u> </u>	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year			years back	(e) Four	vears h	ack
12	Beginning of year balance	(a) Current year	(b) Filor year	(C) TWO YOURS BUCK	1 (0) 11800	yours buok	(e) / our	yours be	uon
	Contributions		<u> </u>		+				
					 				
	Net investment earnings, gains, and losses				+				
	Grants or scholarships		 		+		ļ		
е	Other expenditures for facilities								
	and programs	 			┼				
	Administrative expenses	<u> </u>			 				
g	End of year balance			()) 11:	ــــــــــــــــــــــــــــــــــــــ		L		
2	Provide the estimated percentage of the cur	rent year end baland		n (a)) held as					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	· ·							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are hel	d and administered to	r the organ	nization	г		
	by.							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ıi)		
	If "Yes" to 3a(II), are the related organization	· ·					3b		
4	Describe in Part XIII the intended uses of the		owment funds						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere						<u> </u>		
	Description of property	(a) Cost or o basis (invest	' '	' '	Accumula depreciatio		(d) Book	value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
_ e	Other								
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pan	t X, column (B), lii	ne 10c)					0.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n. Cost or end	or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		<u> </u>		
(3) Other (A) Ownership interest in limited				
<u> </u>	119,608,020	. Cost		
	119,000,020	. cosc	_	
(C)				
(D)				
(E)				
(F) (G)				·
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	119,608,020			
Part VIII Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		·
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11c See Form 990, Part X.	line 13	
(a) Description of investment	(b) Book value	(c) Method of valuatio		-of-year market value
(1)				
(2)	···			
(3)				
(4)				
(5)				<u></u>
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		**
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	e 11d. See Form 990, Part X,	line 15	(b) Book value
	Description			(b) book value
(1)				
		·		
(3)		<u> </u>		
(5)			-	
(6)		·		•
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15)		>	
Complete if the organization answered "Yes"	to Form 990, Part IV, Im	e 11e or 11f See Form 990,	Part X, line 25	
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) lin				
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	ck here if the text of the foot	note has been	provided in Part XIII X

Sche	dule D (Form 990) 2014 Summit Foundation			30-0595477	Page 4
Par		Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form	<u>990, Part IV, line 12a</u>			
1	Total revenue, gains, and other support per audited financia	Il statements		T1 T	5,100,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, li	ne 12			
а	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities		2b		
	Recoveries of prior year grants		2c		
	Other (Describe in Part XIII)		2d		
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,100,189.
4	Amounts included on Form 990, Part VIII, line 12, but not on	line 1·		<u> </u>	
7	Investment expenses not included on Form 990, Part VIII, lin		4a		
b	Other (Describe in Part XIII.)	IC 1 D	4b		
	Add lines 4a and 4b		40		0.
-	Total revenue Add lines 3 and 4c. (This must equal Form 99	10 Part I line 12)		4c 5	5,100,189.
	t XII Reconciliation of Expenses per Audited		ente With Evnens		3,100,103.
Liai				es per netum.	
	Complete if the organization answered "Yes" to Form				5 356 077
1	Total expenses and losses per audited financial statements			1	5,356,077.
2	Amounts included on line 1 but not on Form 990, Part IX, lin	ie 25	1.1	1	
a	Donated services and use of facilities		2a	 	
b	Prior year adjustments		2b		
_	Other losses		2c		
– d	Other (Describe in Part XIII.)		2d		
е	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1			3	5,356,077.
4	Amounts included on Form 990, Part IX, line 25, but not on	line 1.			
а	Investment expenses not included on Form 990, Part VIII, lin	ne 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 9	990 <u>, Part I, line 18</u>)		5	5,356,077.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; Par	t IV, lines 1b and 2b, Par	t V, line 4; Part X, line	2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this j	part to provide any ad	ditional information		
Part	X, Line 2:		- 		
The	financial statement effects of a tax position	taken or expecte	ed to be		
take	n are recognized in the financial statements	when it is more l	likely		
than	not, based on the technical merits, that the	position will be	<u> </u>		
sust	ained upon examination. Interest and penaltie	s, if any, are in	acluded		
in e	xpenses in the statements of activities.				
			-		_
As c	f December 31, 2014 and 2013, the IRS has rev	roked the Foundat:	ion's		
tax-	exempt status effective September 2009, As di	scussed in Note	7 to the		
comp	iled financial statements, the Foundation has	appealed this de	ecision.		
					
The	financial statements have not been adjusted t	o reflect any pos	tential		
loss	contingencies as a result of this revocation	1.			
43205 10-01				Schedule D	(Form 990) 2014
- '				· · · · · · ·	

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Schedule D (Form 990) 2014	Summit Foundation	30-0595477	Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental I	nformation (continued)		
			
		_	
<u> </u>			
			
			
			
		 	
			0001 55
	· · · · · · · · · · · · · · · · · · ·	Schedule D (For	m 990) 2014

432055 10-01-14

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public

OMB No 1545-0047

Employer identification number å [Inspection (h) Purpose of grant 30-0595477 or assistance Ministry support Ministry support Ministry support X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 。 0 <u>.</u> (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1,000,000,1 750,000 700,000 (d) Amount of cash grant (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 52-1206938 23-6393344 22-2513811 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Baltimore St - Baltimore, MD 21202 1 (a) Name and address of organization Association of Evangelicals - 7 E World Relief Corp of National PO Box 444, 285 Lynnwood Ave or government 10123 William Carey Dr. Operation Mobilization Name of the organization Orlando, FL 32832 Tyrone, GA 30290 Department of the Treasury Internal Revenue Service Pioneers Inc. Part ! Part II

Schedule I (Form 990) (2014)		, see the Instructions for Form 990.	LHA For Paperwork Reduction Act Notice, see the Instructions for F
• 0		s listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table
▼ 24.	line 1 table	and government organizations listed in the	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
Ministry support	234,000.	13-1623940 501(c)(3)	Colorado Springs, CO 80920
			Alliance - 8595 Explorer Dr -
			The Christian and Missionary

Ministry support

0

425,000.

501(c)(3)

35-1333030

Overseas Council International

Indianapolis, IN 46217 Inc. - PO Box 17368 -

432101 10-15-14

New Cumberland, PA 17070

Cure International

774 Limekiln Road

finistry support

0

000

200

501(c)(3)

58-2248383

Schedule (Form 990) Summit Foundation	Lion	Con Charles	all odt an oneitoria	- Cdos) notes	oo (000 mio) I olive		30-0595477 Page 1
	(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
ABWE International Inc. 522 Lewisberry Rd New Cumberland, PA 17070	22-3176019	501(c)(3)	225,000.				Medical relief
International Fellowship of Evangelical Students USA Inc 30 S. Bonson PO Box 436 - Platteville, WI 53818	26-3538114	501(c)(3)	175,000.				Ministry support
SIM USA 14830 Choate Circle Charlotte, NC 28273	22-1936391	501(c)(3)	125,210.	0			Ministry support
Partners International 1117 E. Westview Court Spokane, WA 99218	94-1393427	501(c)(3)	125,000.	0.			Ministry support
Avant Ministries/ Gospel Missionary Union - 10000 N Oak Trfwy - Kansas City, MO 64155	44-0594428	501(c)(3)	108,000.				Ministry support
Greater Europe Mission 18950 Base Camp Rđ Monument, CO 80132	36-2345199	501(c)(3)	100,000.	0			Evangelism
ActBeyond PO Box 860548 Plano, TX 75086	27-1928559	501(c)(3)	87,000.	o-			Ministry support
CityTeam Ministries 2304 Zanker Rd. Corporate Headquar San Jose, CA 95131	94-1501265	501(c)(3)	75,000.	o			Ministry support
Scripture Union 1481 Valley Forge Rd, PO Box 215 Valley Forge, PA 19481	25-1228715	501(c)(3)	75,000.				Ministry support Schedule (Form 990)

ΨI	ion	1		. 			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	overnments and Orga	nizations in the U	nited States (Sch	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
World Mission Prayer League Inc. 232 Clifton Ave Minneapolis, MN 55403	41-0786986	501(c)(3)	73,000.				Ministry support
TEAM/ Evangelical Alliance Mission 400 S Main Pl. Carol Stream, IL 60188	36-2169146	501(c)(3)	.000,59				Ministry support
Columbia International University 7435 Monticello Rd Columbia, SC 29203	57-0352247	501(c)(3)	. 000, 000				Ministry support
World Venture 1501 W. Mineral Ave Littleton, CO 80120	36-2216163	501(c)(3)	.000,000	<u>.</u>			Evangelism
Global Mapping Project Inc. PO Box 63719 Colorado Springs, CO 80962	95-3911549	501(c)(3)	. 000, 000	0			Ministry support
J-Life Africa 305 Wood Duck Lane McKinney, TX 75070	20-0291664	501(c)(3)	.000,03	0			Theological education
Asian Access Life Ministries PO Box 3307 Cerritos, CA 90703	95-6120630	501(c)(3)	44,000.				Ministry support
Youth for Christ International Ministries - 7670 Vaughn Cr Englewood, CO 80112	84-1188718	501(c)(3)	40,000.	0	1		Theological education
Great Commission Global Ministries/ Boundless Ministries Inc - 6809 District Heights Pkwy - District Heights, MD 20747	52-2205950	501(c)(3)	.000,25,000	0	-		Ministry support
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 30-0595477 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of hon-cash assistance (c) Amount of cash grant The Foundation requires recipients to provide reports detailing the use of (b) Number of recipients Summit Foundation (a) Type of grant or assistance funds and program outcomes. Schedule I (Form 990) (2014) Part I, Line 2: 432102 10-15-14 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

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: 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 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. The governing documents and financial statements are available upon request. Form 990, Part XII, Line 2c: 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.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047 -

Open to Public Inspection 2014

> Information about Schedule R (Form 990) and its instructions is at www.is.gov/form990. Attach to Form 990.

Section 512(b)(13) controlled Schedule R (Form 990) 2014 Employer identification number No × entity? Direct controlling Yes entity 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 30-0595477 Direct controlling entity SIM USA End-of-year assets Public charity status (if section 501(c)(3)) Line 1 Total income Exempt Code section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, Inle 33. Legal domicile (state or foreign country) foreign country) Worth Carolina Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Missions Summit Foundation Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity SIM USAA - 22-1936391 Charlotte, NC 28273 14830 Choate Circle Name of the organization Part II Part

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Page 2

Schedule R (Form 990) 2014 General or Percentage managing ownership 88.00% Yes No (i) 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 Percentage ownership 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 res No 9 Ξ 30-0595477 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets N/A Ξ <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income 14 427 677, 217 975 694 Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Investment <u>e</u> Legal domicile (state or foreign country) Û Direct controlling entity Holdings, LLC Fordon Family ਉ Primary activity (c)
Legal
domicile
(state or
foreign Ω Primary activity Investments Summit Foundation <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 1897 Limited Partnership PO Box 276 Schedule R (Form 990) 2014 49630 27-1725628, 432162 08-14-14 Empire, MI Part III Part IV

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

		-					-1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					۶	Yes No	Ol
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?	is with one or more re	lated organizatie	ons listed II	n Parts II-IV?	+	+	- 1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			<u></u>	+	<u>* </u>	- 1
b Gift, grant, or capital contribution to related organization(s)				₽	×	\dashv	
c Gift, grant, or capital contribution from related organization(s)				5		×	
				14	Б	×	
					0	×	
f Dividends from related organization(s)				#	_	×	
g Sale of assets to related organization(s)				19		×	
		_		-th	ч	×	
				;=	į	x	
j Lease of facilities, equipment, or other assets to related organization(s)				=		×	l . l
				*		×	
R Lease of racinities, equipment, or other assets from related organization (s) 1. Deformance of secures or membership or fundrating solicitations for related organization (s)	anization(s)			=	┢	×	l.,
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			#F	ے	×	l l
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	_		1h	_	×	١
		-		10	0	X	
				,		>	
				= =	1 5	×	. 1
d neimbursement paid by related organization(s) for expenses					_	\vdash	1
r Other transfer of cash or property to related organization(s)				+		×	
				15	×		
If the answer to any of the above is "Yes," see the instructions t	who must complete the	iis line, including	covered r	or information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	olved	(d) Method of determining amount involved	g l		
(1) 1897 Limited Partnership	ß	5,1	,100,000.F	Partnership distributions			
(2) SIM USA	В	1	125,210.Cash	ash grants made		:	
(3)			-			İ	
(4)							
(5)							1
432163 08-14-14	i			Schedule R (Form 990) 2014	orm 9	90) 20	÷

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Schedule R (Form 990) 2014 Summit Foundation

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

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3	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?																													ł			Schedule R (Form 990) 2014
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Ξ	Dispropor tionate allocations?	Yes No				_									L							_							_	4			
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(6)	Share of end-of-year	assets																															
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€	Share of total	ıncome																															
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(e)	P partners sec 501(c)(3)	Yes No																															1
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Schedule F	R (Form 990) 2014 Summit Foundation	30-0595477	Page 5
Part VII	Supplemental Information	<u> </u>	
	Provide additional information for responses to questions on Schedule R (see instructions)		
	Provide additional information for responses to questions on Schedule A (see instructions)		
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Schedule R (Form 990) 2014