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GOVERNMENT COPY

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SUMMIT FOUNDATION		D Employer identification number 74-2341399
	Doing business as		E Telephone number (970) 453-5970
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4000	G Gross receipts \$ 6,792,298.	
	City or town, state or province, country, and ZIP or foreign postal code BRECKENRIDGE, CO 80424		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JEANNE BISTRANIN P.O. BOX 4000, BRECKENRIDGE, CO 80424		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.SUMMITFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTING QUALIFIED TAX-EXEMPT ORGANIZATIONS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 32		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 32		
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5		
	6	Total number of volunteers (estimate if necessary) 0		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b	Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,745,996.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 0.	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 227,797.	227,797.	164,349.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <30,500.>	<30,500.>	<39,093.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,943,293.	2,943,293.	6,064,257.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,169,628.	2,169,628.	2,208,287.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 336,312.	336,312.	374,543.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 151,954.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 336,890.	336,890.	399,731.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,842,830.	2,842,830.	2,982,561.
19	Revenue less expenses. Subtract line 18 from line 12 100,463.	100,463.	3,081,696.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 8,292,483.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 1,705,728.	8,292,483.	10,575,726.
	22	Net assets or fund balances. Subtract line 21 from line 20 6,586,755.	1,705,728.	1,440,301.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JEANNE BISTRANIN, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	G. LANCE MCGAUGHEY		
Preparer Use Only	Firm's name ▶ YANARI WATSON MCGAUGHEY P.C.	Firm's EIN ▶ 84-0805144	Check if self-employed <input type="checkbox"/> PTIN P00086424
	Firm's address ▶ 9250 E. COSTILLA AVENUE, SUITE 450 GREENWOOD VILLAGE, CO 80112	Phone no. (303) 792-3020	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE SUMMIT FOUNDATION IS A LEADER IN BUILDING A LEGACY OF GENEROSITY, SUPPORTING NONPROFIT ORGANIZATIONS IN THEIR COMMUNITY THAT FOSTER ART & CULTURE, HEALTH & HUMAN SERVICES, EDUCATION, THE ENVIRONMENT, SCHOLARSHIPS, AND SPORTS & RECREATION.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,456,736. including grants of \$ 2,208,287.) (Revenue \$) SUPPORTING QUALIFIED TAX-EXEMPT ORGANIZATIONS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,456,736.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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 (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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: **THE SUMMIT FOUNDATION - 970-453-5970**
103 S HARRIS ST, SUITE 204, BRECKENRIDGE, CO 80424

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARY D. COOPER IMMEDIATE PAST PRESIDENT	1.00	X					0.	0.	0.	
(2) VIRGINIA G. BRADLEY TRUSTEE	1.00	X					0.	0.	0.	
(3) THOMAS C. DAVIDSON TRUSTEE	1.00	X					0.	0.	0.	
(4) ED CASIAS TRUSTEE	1.00	X					0.	0.	0.	
(5) NICOLE DEFORD TRUSTEE	1.00	X					0.	0.	0.	
(6) KATHLEEN G. GROTEMEYER TRUSTEE	1.00	X					0.	0.	0.	
(7) ALAN HENCEROOTH TRUSTEE	1.00	X					0.	0.	0.	
(8) PHYLLIS A. MARTINEZ TRUSTEE	1.00	X					0.	0.	0.	
(9) ROBERT A. MILLISOR TRUSTEE	1.00	X					0.	0.	0.	
(10) ERIC L. OSHLO TRUSTEE	1.00	X					0.	0.	0.	
(11) GARY H. RODGERS TRUSTEE	1.00	X					0.	0.	0.	
(12) STEVEN R. SMITH TRUSTEE	1.00	X					0.	0.	0.	
(13) HANS C. WURSTER TRUSTEE	1.00	X					0.	0.	0.	
(14) ANDREW B. LEWIS TRUSTEE	1.00	X					0.	0.	0.	
(15) TIMOTHY J. GAGEN TRUSTEE	1.00	X					0.	0.	0.	
(16) KELLY ANN RENOUX TRUSTEE	1.00	X					0.	0.	0.	
(17) JOHN BUHLER TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAT CAMPBELL TRUSTEE	1.00	X						0.	0.	0.
(19) TOM KELTNER TRUSTEE	1.00	X						0.	0.	0.
(20) CARRE WARNER TRUSTEE	1.00	X						0.	0.	0.
(21) MAUREEN WESTERLAND TRUSTEE	1.00	X						0.	0.	0.
(22) WENDY WOLFE TRUSTEE	1.00	X						0.	0.	0.
(23) DEB CROOK TRUSTEE	1.00	X						0.	0.	0.
(24) JEFF LEIGH TRUSTEE	1.00	X						0.	0.	0.
(25) SUSAN PROPPER TRUSTEE	1.00	X						0.	0.	0.
(26) MARK SPIERS TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								129,013.	0.	0.
d Total (add lines 1b and 1c)								129,013.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BLAKE DAVIS TRUSTEE	1.00	X						0.	0.	0.
(28) JEANNE BISTRANIN EXECUTIVE DIRECTOR	40.00	X						80,000.	0.	0.
(29) CINDY BARGELL TRUSTEE	1.00	X						0.	0.	0.
(30) LUCY KAY SECRETARY	1.00			X				0.	0.	0.
(31) KEVIN MCDONALD PRESIDENT	2.00			X				0.	0.	0.
(32) WALLY DUCAYET TREASURER	1.00			X				0.	0.	0.
(33) MICHAEL SHILLING VICE PRESIDENT	1.00			X				0.	0.	0.
(34) LEE ZIMMERMAN FORMER EXECUTIVE DIRECTOR	40.00					X		49,013.	0.	0.
Total to Part VII, Section A, line 1c								129,013.		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 38,114.				
	b Membership dues	1b				
	c Fundraising events	1c 383,813.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,517,074.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 5,939,001.				
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 165,853.			165,853.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	86,114.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	87,618.			
		c Gain or (loss)	<1,504.>			
	d Net gain or (loss)	▶ <1,504.>			<1,504.>	
	8 a Gross income from fundraising events (not including \$ 383,813. of contributions reported on line 1c). See Part IV, line 18	a 601,330.				
		b Less: direct expenses	640,423.			
c Net income or (loss) from fundraising events		▶ <39,093.>			<39,093.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a _____					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶ 6,064,257.	0.	0.	125,256.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	2,009,708.	2,009,708.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	198,579.	198,579.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,013.	50,154.	63,100.	15,759.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	205,657.	87,960.	55,239.	62,458.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,762.	4,775.	4,604.	5,383.
9 Other employee benefits				
10 Payroll taxes	25,111.	11,549.	7,872.	5,690.
11 Fees for services (non-employees):				
a Management				
b Legal	1,410.		1,128.	282.
c Accounting	15,431.	1,543.	10,802.	3,086.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	63,752.		63,752.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,620.		724.	2,896.
12 Advertising and promotion	66,868.	53,494.	6,687.	6,687.
13 Office expenses	14,729.	1,473.	10,310.	2,946.
14 Information technology	13,891.	1,389.	9,724.	2,778.
15 Royalties				
16 Occupancy	28,351.	2,835.	19,846.	5,670.
17 Travel	12,211.	1,221.	8,548.	2,442.
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	10,263.	1,026.	7,184.	2,053.
23 Insurance	5,251.	525.	3,676.	1,050.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INSURANCE - PAYROLL EXP	68,113.	27,320.	18,791.	22,002.
b LOSS ON DISPOSAL OF ASS	40,858.		40,858.	
c BOARD OF TRUSTEE EXPENS	38,471.		30,777.	7,694.
d NEW HIRES - PAYROLL EXP	6,736.	2,702.	1,858.	2,176.
e All other expenses	9,776.	483.	8,391.	902.
25 Total functional expenses. Add lines 1 through 24e	2,982,561.	2,456,736.	373,871.	151,954.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	877,345.	1	1,379,745.
	2 Savings and temporary cash investments	5,856,797.	2	7,849,371.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,394,294.	4	1,170,231.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	10,847.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,944.		
	b Less: accumulated depreciation	10b 58,213.	51,378.	10c 52,731.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	112,669.	15	112,801.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,292,483.	16	10,575,726.	
Liabilities	17 Accounts payable and accrued expenses	10,725.	17	14,527.
	18 Grants payable	96,220.	18	89,323.
	19 Deferred revenue	1,486,114.	19	1,223,750.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	112,669.	21	112,701.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,705,728.	26	1,440,301.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,586,755.	27	9,135,425.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,586,755.	33	9,135,425.	
34 Total liabilities and net assets/fund balances	8,292,483.	34	10,575,726.	

Part 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	6,064,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,982,561.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,081,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,586,755.
5	Net unrealized gains (losses) on investments	5	<533,026.>
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	9,135,425.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2543323.	2685485.	3003357.	2745996.	5939001.	16917162.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2543323.	2685485.	3003357.	2745996.	5939001.	16917162.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3357149.
6 Public support. Subtract line 5 from line 4.						13560013.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2543323.	2685485.	3003357.	2745996.	5939001.	16917162.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,137.	129,031.	135,590.	132,627.	165,853.	565,238.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17482400.
12 Gross receipts from related activities, etc. (see instructions)					12	5,168,707.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	77.56 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	82.66 %
16a 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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **THE SUMMIT FOUNDATION** Employer identification number **74-2341399**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	41	
2 Aggregate value of contributions to (during year)	1,842,761.	
3 Aggregate value of grants from (during year)	635,903.	
4 Aggregate value at end of year	3,549,349.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	112,669.
d Additions during the year	146,546.
e Distributions during the year	146,513.
f Ending balance	112,701.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,935,202.	5,595,147.	5,066,255.	4,216,477.	4,277,216.
b Contributions	3,766,032.	658,985.	1,085,645.	691,623.	530,467.
c Net investment earnings, gains, and losses	<371,279.>	450,290.	553,415.	733,865.	<104,955.>
d Grants or scholarships	705,903.	712,570.	1,023,618.	530,577.	479,889.
e Other expenditures for facilities and programs			35,010.	3,352.	3,742.
f Administrative expenses	65,352.	56,650.	51,540.	41,781.	36,477.
g End of year balance	8,558,700.	5,935,202.	5,595,147.	5,066,255.	4,186,362.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,185.	2,218.	19,967.
d Equipment				
e Other		88,759.	55,995.	32,764.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,731.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 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) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,107,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<598,281.>	
b	Donated services and use of facilities	2b	601,330.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	3,049.
3	Subtract line 2e from line 1		3	6,104,854.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<40,597.>	
c	Add lines 4a and 4b		4c	<40,597.>
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,064,257.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,559,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	601,330.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	39,093.	
e	Add lines 2a through 2d		2e	640,423.
3	Subtract line 2e from line 1		3	2,918,810.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,752.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	63,752.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,982,562.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THESE ARE JOINT BANK ACCOUNTS OF THE SUMMIT FOUNDATION AND OTHER NONPROFIT ORGANIZATIONS WHICH THE SUMMIT FOUNDATION IS THE FISCAL SPONSOR/AGENT FOR THE NONPROFIT ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION ADOPTED ASC 740-10-25, INCOME TAXES- OVERALL-RECOGNITION, ON JULY 1, 2009, WHICH PROVIDES CRITERIA FOR THE RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF UNCERTAIN TAX POSITION. THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF

Part XIII Supplemental Information (continued)

THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION. THE ORGANIZATION DID NOT RECOGNIZE ANY ADDITIONAL LIABILITIES FOR UNCERTAIN TAX POSITIONS AS A RESULT OF THE IMPLEMENTATION OF ASC 740-10-25. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUND RAISING EXPENSES	-39,093.
REALIZED LOSS ON INVESTMENT	-1,504.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-40,597.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUND RAISING EXPENSES	39,093.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Name of the organization **THE SUMMIT FOUNDATION** Employer identification number **74-2341399**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	RUBBER DUCK RACE (event type)	3 (total number)		
Revenue	1	Gross receipts	140,816.	201,673.	642,654.	985,143.
	2	Less: Contributions	140,816.	201,673.	642,654.	985,143.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	33,717.	33,454.	<28,078.>	39,093.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,093.
	11	Net income summary. Subtract line 10 from line 3, column (d)				<39,093.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE SUMMIT FOUNDATION

Employer identification number

74-2341399

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACKSTAGE THEATRE, INC. P. O. BOX 297 BRECKENRIDGE, CO 80424	84-0716066	501 C(3)	22,600.	0.			JUNGLE BOOK PRODUCTION; 2ND PART OF SKI AREA TRILOGY
BRECKENRIDGE MUSIC FESTIVAL P. O. BOX 1254 BRECKENRIDGE, CO 80424	74-2156870	501 C(3)	80,626.	0.			MUSIC IN SCHOOLS, FREE FAMILY CONCERT, DAY CAMP PROGRAMS
LAKE DILLON FOUNDATION FOR THE PERFORMING ARTS - P. O. BOX 2625 - DILLON, CO 80435	84-1234015	501 C(3)	40,500.	0.			GENERAL SUPPORT OF LAKE DILLON THEATRE CO. GENERAL SUPPORT OF LAKE DILLON THEATRE CO
NATIONAL REPERTORY ORCHESTRA P. O. BOX 6336 BRECKENRIDGE, CO 80424	84-0566793	501 C(3)	20,000.	0.			GENERAL SUPPORT OF COMMUNITY
ADVOCATES FOR VICTIMS OF ASSAULT, INC. - P. O. BOX 1859 - FRISCO, CO 80443	84-0950954	501 C(3)	70,000.	0.			RESOURCE DEVELOPMENT/VICTIM ADVOCATE, LATINA OUTREACH COORD, OUTREACH & EDUC
BRECKENRIDGE OUTDOOR EDUCATION CENTER (BOEC) - P. O. BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501 C(3)	33,500.	0.			SCHOLARSHIPS AND 15-PASSENGER VAN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 70.

3 Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRISTLECONE FOUNDATION P. O. BOX 738 FRISCO, CO 80443	84-0902211		58,730.	0.			GRIEF COUSELING/SUPPORT, HOSPICE VOLUNTEER TRAINING
CASA OF THE CONTINENTAL DIVIDE P. O. BOX 2092 DILLON, CO 80435	84-1471924	501 C (3)	38,500.	0.			CASACD PROGRAM
EARLY INTERVENTION COLORADO P. O. BOX 2280 FRISCO, CO 80443		501 C (3)	15,000.	0.			MENTAL HEALTH CRISIS SERVICES FOR FAMILIES, SPEECH THERAPY, RESPITE
FAMILY & INTERCULTURAL RESOURCE CENTER (FIRC) - P. O. BOX 4056 - DILLON, CO 80435	84-1252900	501 C (3)	180,520.	0.			GENERAL PROGRAM SUPPORT
LEAGUE FOR ANIMALS & PEOPLE OF THE SUMMIT - P. O. BOX 2512 - FRISCO, CO 80443	84-1157625	501 C (3)	8,000.	0.			SPAY/NEUTER ASSISTANCE PROGRAMS
SUMMIT COMMUNITY CARE CLINIC P. O. BOX 4337 FRISCO, CO 80443	20-1139635	501 C (3)	165,500.	0.			GENERAL OPERATING SUPPORT
SUMMIT COUNTY GOV'T - YOUTH & FAMILY SERVICES - P. O. BOX 4326 - FRISCO, CO 80443		COUNTY GOVERNMENT	35,110.	0.			PROGRAMING SUPPORT
SUMMIT MEDICAL CENTER HEALTH FOUNDATION - P. O. BOX 738 - FRISCO, CO 80443	84-0902211		30,765.	0.			SANE PROGRAM
TIMBERLINE ADULT DAY SERVICES P. O. BOX 1357 FRISCO, CO 80443	47-0885742	501 C (3)	19,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARRIAGE HOUSE EARLY LEARNING CENTER - P. O. BOX 1681 - BRECKENRIDGE, CO 80424	84-0659476	501 C (3)	12,100.	0.			LED LIGHTING CONVERSION & OTHER EQUIPMENT
EARLY CHILDHOOD OPTIONS P. O. BOX 3355 DILLON, CO 80435	84-1172882	501 C (3)	45,000.	0.			CHILDCARE RESOURCE & REFERRAL PROGRAM AND TRAINING
KEYSTONE SCIENCE SCHOOL 1628 STS. JOHN ROAD KEYSTONE, CO 80435	84-0688506	501 C (3)	78,500.	0.			TRANSITIONS PROGRAM AT SMS, CATCH PROGRAM
LAKE DILLON PRESCHOOL P. O. BOX 1535 DILLON, CO 80435	84-1139106	501 C (3)	25,000.	0.			BUILDING REPAIRS
MOUNTAIN TOP CHILDREN'S MUSEUM P. O. BOX 4359 BRECKENRIDGE, CO 80424	30-0101161	501 C (3)	12,500.	0.			SCHOLARSHIPS, DAY CAMP, OUTREACH
SUMMIT COUNTY SCHOOL DISTRICT P. O. BOX 7 FRISCO, CO 80443			151,600.	0.			PRE-COLLEGIATE, SCHOLARSHIPS
HIGH COUNTRY SOCCER ASSOCIATION P. O. BOX 1996 SILVERTHORNE, CO 80498	36-4483959	501 C (3)	17,500.	0.			LATINO OUTREACH PROJECT
SNOWBOARD OUTREACH SOCIETY P. O. BOX 2020 AVON, CO 81620	84-1332544	501 C (3)	15,000.	0.			YOUTH DEVELOPMENT PROGRAMS
SUMMIT NORDIC SKI CLUB P. O. BOX 1862 FRISCO, CO 80443	20-1811513	501 C (3)	14,000.	0.			ATHLETE RECRUITMENT, RETENTION & SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TEAM SUMMIT P. O. BOX 3307 COPPER MOUNTAIN, CO 80443	74-2529909	501 C (3)	35,000.	0.			SCHOLARSHIP FUNDING AND SUMMIT CUP RACE
ADVOCATES OF LAKE COUNTY P. O. BOX 325 LEADVILLE, CO 80461	84-0912821	501 C (3)	7,500.	0.			SHELTER & COUNSELING
LAKE COUNTY SCHOOL DISTRICT 107 SPRUCE STREET LEADVILLE, CO 80461			26,941.	0.			MUSICAL INSTRUMENT PURCH/REPLACE & PRE-COLLEGIATE PROGRAMS
MOUNTAIN FAMILY CENTER P. O. BOX 276 HOT SULPHUR SPRINGS, CO 80451	74-2446890	501 C (3)	7,500.	0.			KREMMLING FOOD BANK, CATCH PROGRAM, HUNGER RELIEF PROGRAM, TOTS PROGRAM
DOMUS PACIS FAMILY RESPITE P. O. BOX 3366 BRECKENRIDGE, CO 80424	26-3676451	501 C (3)	16,000.	0.			FOOD FOR THE FAMILIES FRIDAY & GENERAL SUPPORT
SWAN CENTER OUTREACH P. O. BOX 25749 SILVERTHORNE, CO 80498	58-2461094	501 C (3)	15,500.	0.			LEADERSHIP & SUSTAINABILITY WITH HORSES PROGRAM
TEAM BRECKENRIDGE SPORTS CLUB P. O. BOX 336 FRISCO, CO 80443	84-1561722	501 C (3)	14,000.	0.			SCHOLARSHIPS & PROGRAM OPERATIONS
EASTER SEALS COLORADO P. O. BOX 115 EMPIRE, CO 80438	84-0412575	501 C (3)	9,000.	0.			SUMMIT COUNTY SUMMER DAY CAMP PROGRAM, EVENING PARENT WORKSHOPS
SUMMIT COUNTY ROTARY FOUNDATION P. O. BOX 4401 FRISCO, CO 80443	84-1215233	501 C (3)	10,000.	0.			COMMUNITY DINNER, FRIDAY BACKPACK PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COLORADO MOUNTAIN COLLEGE FOUNDATION - P. O. BOX 1763 - GLENWOOD SPRINGS, CO 81601	74-2393418	501 C (3)	14,500.	0.			DEVELOPMENTAL EDUCATION PROGRAM, LEADERSHIP SUMMIT
EDUCATION FOUNDATION OF THE SUMMIT P. O. BOX 6702 BRECKENRIDGE, CO 80424	27-2235994	501 C (3)	10,000.	0.			TEACHER GRANTS
SUMMIT COUNTY PRESCHOOL P. O. BOX 631 FRISCO, CO 80443	84-0681886	501 C (3)	25,000.	0.			SCHOLARSHIPS
CONTINENTAL DIVIDE LAND TRUST P. O. BOX 4488 FRISCO, CO 80443	84-1263709	501 C (3)	5,800.	0.			ORGANIZATIONAL PROGRAMMING
HIGH COUNTRY CONSERVATION CENTER P. O. BOX 4506 FRISCO, CO 80443	84-0740775	501 C (3)	28,700.	0.			GENERAL OPERATING FUNDS AND GROW TO SHARE FOOD PROGRAM
BRECKENRIDGE HERITAGE ALLIANCE P. O. BOX 2460 BRECKENRIDGE, CO 80424	20-8196263	501 C (3)	8,000.	0.			OUR HISTORY MATTERS STUDENT OUTREACH PROGRAM, ARCHIVE FACILITY
BOYS & GIRLS CLUB OF SOUTH PARK P. O. BOX 216 FAIRPLAY, CO 80440	68-0538363	501 C (3)	7,500.	0.			GENERAL OPERATING SUPPORT
BRISTLECONE MONTESSORI P. O. BOX 236 ALMA, CO 80430	86-1164315	501 C (3)	7,500.	0.			SCHOLARSHIPS
THE VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVE, SUITE 201 VIRGINIA BEACH, VA 23451	26-1698094	501 C (3)	25,000.	0.			DAF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SUMMIT COUNTY COMMUNITY & SENIOR CENTER - P. O. BOX 1845 - FRISCO, CO 80443		COUNTY GOVERNMENT	20,000.	0.			NUTRITION, CARE MANAGEMENT, MEDICAL TRANSPORTATION
FRIENDS OF THE DILLON RANGER DISTRICT - P. O. BOX 1648 - SILVERTHORNE, CO 80498	20-2343008	501 C (3)	14,000.	0.			VOLUNTEER AND YOUTH STEWARDSHIP PROJECTS
CLOUD CITY CONSERVATION 119 W. 9TH STREET LEADVILLE, CO 80461	46-0616024	501 C (3)	7,500.	0.			CONSERVATION PROJECTS IN LEADVILLE
FAR VIEW HORSE RESCUE P. O. BOX 1529 FAIRPLAY, CO 80440	20-2098277	501 C (3)	6,350.	0.			CONSTRUCTION OF NEW RIDING ARENA, SUMMER YOUTH PROGRAM, HAY FEEDING CONTAINERS
HEART OF THE MOUNTAINS HOSPICE P. O. BOX 140 HOT SULPHUR SPRINGS, CO 80451	84-1587731	501 C (3)	7,500.	0.			PATIENT CARE SUPPORT
SOUTH PARK FOOD BANK P. O. BOX 2068 FAIRPLAY, CO 80440	33-1106905	501 C (3)	6,500.	0.			IMPROVE THE HEALTH AND NUTRITION OF CLIENTS
MIND SPRINGS HEALTH P. O. BOX 544 FRISCO, CO 80443	84-0625890	501 C (3)	30,000.	0.			SUMMIT SAFE HAVEN, DETOX, MENTAL HEALTH TRIAGE UNIT
BRECKENRIDGE FILM FESTIVAL P. O. BOX 718 BRECKENRIDGE, CO 80424	23-7413673	501 C (3)	12,000.	0.			YEAR-ROUND FILM OFFERINGS
SUMMIT COUNTY YOUTH BASEBALL & SOFTBALL - P. O. BOX 1406 - FRISCO, CO 80443	84-0565768	501 C (3)	21,000.	0.			SCHOLARSHIPS, UNIFORMS, FACILITY IMPROVEMENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRECKENRIDGE MONTESSORI P. O. BOX 1508 BRECKENRIDGE, CO 80424	20-4962786	501 C (3)	9,300.	0.			SCHOLARSHIPS
SUMMIT HUTS ASSOCIATION P. O. BOX 2830 BRECKENRIDGE, CO 80424	84-1072451	501 C (3)	7,000.	0.			SUPPORT FOR HUT NIGHTS FOR NONPROFIT EDUCATIONAL GROUPS
COLORADO FOURTEENERS 607 10TH ST, STE 107N GOLDEN, CO 80401	84-1354844	501 C (3)	11,000.	0.			QUANDARY PEAK TRAIL STEWARDSHIP PROJECTS & LEAVE NO TRACE EDUCATION PROGRAM
BRECKENRIDGE CREATIVE ARTS P. O. BOX 4269 BRECKENRIDGE, CO 80424		501 C (3)	25,000.	0.			GENERAL PROGRAM SUPPORT
BRECKENRIDGE ELEMENTARY SCHOOL PTA P. O. BOX 1213 BRECKENRIDGE, CO 80424	74-2594896	501 C (3)	7,500.	0.			GENERAL PROGRAM SUPPORT
COLORADO COLLEGE 14 E CACHE LA POUDE ST COLORADO SPRINGS, CO 80903	84-0402510	501 C (3)	10,000.	0.			JOURNALIST IN RESIDENCE PROGRAM
FRIENDS OF THE COLORADO AVALANCHE INFO CENTER - P. O. BOX 267 - GRAND JUNCTION, CO 81502	76-0788329	501 C (3)	11,000.	0.			PROGRAMMING SUPPORT
FRIENDS OF THE EAGLE NEST WILDERNESS - P. O. BOX 4504 - FRISCO, CO 80443	84-1305851	501 C (3)	6,000.	0.			LUMBER FOR BOARDWALK ON GORE RANGE/WHEELER LAKE TRAIL
FRIENDS OF THE LOWER BLUE RIVER P. O. BOX 2191 SILVERTHORNE, CO 80498	26-0037637	501 C (3)	11,000.	0.			SLATE CREEK HALL RESTORATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FULL CIRCLE OF LAKE COUNTY INC P. O. BOX 622 LEADVILLE, CO 80461	84-1386727	501 C (3)	7,500.	0.			YOUTH MENTOR DREAM PROJECT
GRAND BEGINNINGS P. O. BOX 95 HOT SULPHUR SPRINGS, CO 80451	11-3659478	501 C (3)	6,000.	0.			SERVICE & SUPPORT THROUGH CCR&R AND PYRAMID PLUS ACTIVITIES
GRAND COUNTY RURAL HEALTH NETWORK INC - P. O. BOX 95 - HOT SULPHUR SPRINGS, CO 80451	84-1587575	501 C (3)	7,500.	0.			PATIENT NAVIGATION PROGRAM FOR KREMMLING RESIDENTS
HABITAT FOR HUMANITY P. O. BOX 4430 BRECKENRIDGE, CO 80424	84-1312622	501 C (3)	10,000.	0.			PROGRAMMING SUPPORT
LITTLE RED SCHOOLHOUSE P. O. BOX 2740 BRECKENRIDGE, CO 80443	84-1356466	501 C (3)	16,800.	0.			OUTDOOR MATERIALS, PLANNING TIME FOR TEACHERS, BUILDING IMPROVEMENTS
PARK COUNTY SCHOOL DISTRICT P. O. BOX 189 FAIRPLAY, CO 80440			7,436.	0.			FAMILY RESOURCE SPECIALIST
ST VINCENT GENERAL HOSPITAL DISTRICT - 822 W 4TH ST - LEADVILLE, CO 80461	84-0424585	501 C (3)	7,500.	0.			NEW AMBULANCE AND AMBULANCE EQUIPMENT
SUMMIT FINE ARTS FOR YOUTH P. O. BOX 738 BRECKENRIDGE, CO 80424	84-1426543	501 C (3)	10,000.	0.			PROFESSIONAL MUSICIANS AND COMMUNITY INTERACTION PROGRAM
SUMMIT FOUNDATION P. O. BOX 4000 BRECKENRIDGE, CO 80424	74-2341399	501 C (3)	8,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SUMMIT MUSIC & ARTS ANNUAL FUND P. O. BOX 7272 BRECKENRIDGE, CO 80424	45-3782120	501 C (3)	8,600.	0.			ARTIST IN RESIDENCE/COMPOSER AT SUMMIT MIDDLE SCHOOL
SUMMIT PUBLIC RADIO P. O. BOX 6392 BRECKENRIDGE, CO 80424	84-1467619	501 C (3)	50,000.	0.			CAPITAL CAMPAIGN
SUMMIT RUGBY P. O. BOX 4399, PMB 373 BRECKENRIDGE, CO 80424	46-3052952	501 C (3)	7,000.	0.			SCHOLARSHIPS, PROGRAM EXPANSION, SAFETY EQUIPMENT & UNIFORMS
SUMMIT YOUTH HOCKEY P. O. BOX 8470 BRECKENRIDGE, CO 80424	84-1413423	501 C (3)	23,000.	0.			SCHOLARSHIPS, EQUIPMENT, ICE TIME
THE CYCLE EFFECT P. O. BOX 1503 EAGLE, CO 81631	46-0961369	501 C (3)	18,500.	0.			PROGRAMMING SUPPORT & EQUIPMENT
UPPER BLUE ELEMENTARY SCHOOL P. O. BOX 1255 BRECKENRIDGE, CO 80424			7,500.	0.			PROGRAMMING SUPPORT
VOLUNTEERS FOR OUTDOOR COLORADO 600 S MARION PKWY DENVER, CO 80209	74-2357211	501 C (3)	7,000.	0.			PROGRAMMING SUPPORT

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	109	198,579.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ADVOCATES FOR VICTIMS OF ASSAULT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESOURCE DEVELOPMENT/VICTIM

ADVOCATE, LATINA OUTREACH COORD, OUTREACH & EDUC COORD, SUICIDE

PREVENTION COUNSELING

PART III, COLUMN B

INITIALLY THE BOARD OF DIRECTORS APPROVES A BUDGETED AMOUNT FOR

Part IV Supplemental Information

SCHOLARSHIPS. SCHOLARSHIP APPLICATIONS ARE SOLICITED AND ACCEPTED. A
 15 MEMBER COMMITTEE MADE UP OF TRUSTEES AND COMMUNITY MEMBERS REVIEW
 THE APPLICATIONS BASED ON MERIT (ACADEMIC PERFORMANCE) AND FINANCIAL
 NEED. SCHOLARSHIP AWARDS RANGE FROM \$500 TO \$5,000 DEPENDING ON MERIT
 AND NEED. THE SCHOLARSHIP COMMITTEE RECOMMENDS SCHOLARSHIPS UP TO THE
 BUDGETED AMOUNT. THESE RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF
 TRUSTEES FOR THEIR ACTION, CHANGES AND ULTIMATE APPROVAL.
 THE SCHOLARSHIP AWARDS ARE SENT TO THE SCHOOL FINANCIAL AID OFFICE IN
 THE STUDENT'S NAME TO BE USED FOR THE TUITION OR ROOM AND BOARD.

PART I, LINE 2

DETAILED GRANT APPLICATION DESCRIBING PROJECT AND BUDGET.
 FINAL REPORT AT END OF PROJECT, USING COLORADO COMMON GRANT REPORT
 FORM.
 PERSONAL STAFF AND VOLUNTEER VISITS AS MANY GRANTORS AS POSSIBLE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUMMIT FOUNDATION

Employer identification number

74-2341399

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEE ZIMMERMAN FORMER EXECUTIVE DIRECTOR	(i)	49,013.	0.	0.	0.	0.	49,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE SUMMIT FOUNDATION** Employer identification number **74-2341399**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SKI PASSES)	X	719	356,975.	FAIR MARKET VALUE
26 Other ▶ (IN-KIND - 201)	X	77	66,994.	FAIR MARKET VALUE
27 Other ▶ (GOLF PASSES)	X	601	58,130.	FAIR MARKET VALUE
28 Other ▶ (SERVICES - PR)	X	20	34,222.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

IN-KIND - 2014 GOLF

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 79
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 31699.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

ADVERTISING

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 20
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 25356.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

RENT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 11
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 13572.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

IN-KIND - 2014 PARADE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 7
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 12431.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

ATHLETIC CLUB PASS

- (A) CHECK IF APPLICABLE = X

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

(B) NUMBER OF CONTRIBUTIONS = 61

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1952.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE SUMMIT FOUNDATION

Employer identification number

74-2341399

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER OF THE BOARD OF TRUSTEES AND IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TRUSTEE AND STAFF ARE INFORMED OF AND GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY. THE BOARD PRESIDENT, COMMITTEE CHARIMEN AND STAFF ARE RESPONSIBLE FOR INSURING THE ADHERENCE TO THE POLICIES DURING VARIOUS MEETINGS AND DECISION/ACTION SITUATIONS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S COMPENSATION IS ESTABLISHED BY A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS AND IS APPROVED BY THE BOARD OR COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 AND ANNUAL REPORT CAN EITHER BE VIEWED ON THE WEBISTE FOR THE SUMMIT FOUNDATION OR WITHIN THEIR OFFICE.

FORM 990, PART XII, LINE 2C

THE PROCESS OF THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE SUMMIT FOUNDATION	Employer identification number (EIN) or 74-2341399
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4000	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRECKENRIDGE, CO 80424	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE SUMMIT FOUNDATION

- The books are in the care of ▶ **103 S HARRIS ST, SUITE 204 - BRECKENRIDGE, CO 80424**
Telephone No. ▶ **970-453-5970** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.