

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30/2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>SUMMIT COUNSELING CENTER, INC.</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2750 OLD ALABAMA ROAD SUITE 200</u> City or town, state or country, and ZIP + 4 <u>JOHNS CREEK, GA 30022</u>	D Employer identification number <u>58-2424268</u> E Telephone number <u>(678) 336-3159</u> F Group Exemption Number . . . ▶
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶ MODIFIED CASH

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ JOHNSCREEKCOUNSELING.ORG

J Organization type (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 680,891.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	173,464.
	2 Program service revenue including government fees and contracts	2	489,770.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here . . . ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>34,251.</u> of contributions STMT 1 reported on line 1)	6a	17,657.
	b Less direct expenses other than fundraising expenses	6b	24,351.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . STMT 2	6c	-6,694.	
7 a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	656,540.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	507,271.
	13 Professional fees and other payments to independent contractors	13	35,542.
	14 Occupancy, rent, utilities, and maintenance	14	498.
	15 Printing, publications, postage, and shipping	15	10,924.
	16 Other expenses (describe ▶ _____ STMT 3)	16	78,674.
	17 Total expenses. Add lines 10 through 16	17	632,909.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,631.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-98,224.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-74,593.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . STMT 4	50,370.	22	56,906.
23 Land and buildings	74,689.	23	63,728.
24 Other assets (describe ▶ _____ STMT 5)	NONE	24	4,144.
25 Total assets	125,059.	25	124,778.
26 Total liabilities (describe ▶ _____ STMT 6)	223,283.	26	199,371.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-98,224.	27	-74,593.

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39 5

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>GA</u>		
42a	The books are in care of ▶ <u>HELEN B. CAUDILL</u> Telephone no ▶ <u>678-336-3159</u> Located at ▶ <u>9820 NESBITT FERRY ROAD, ALPHARETTA, GA</u> ZIP + 4 ▶ <u>30022</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

	Yes	No
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49b	<input type="checkbox"/>	<input type="checkbox"/>
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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 Helen B. Caudill Date 2/12/2010
 ▶ Type or print name and title Helen B. Caudill, Secretary

Paid Preparer's Use Only
 Preparer's signature ▶ [Signature] Date FEB 11 2010 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH & HOWARD, P. C. EIN ▶ 58-1250486
171 17TH STREET, SUITE 900 ATLANTA, GA 30363 Phone no ▶ 404-874-6244

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total, Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	121,942	16,355	93,301	136,464	173,464	541,526
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	364,044	356,279	374,184	448,901	489,770	2,033,178
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 1-5	485,986	372,634	467,485	585,365	663,234	2,574,704
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	121,943	15,355	32,203	86,982	38,912	295,395
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.	121,943	15,355	32,203	86,982	38,912	295,395
8 Public support. (Subtract line 7c from line 6)						2,279,309

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	485,986	372,634	467,485	585,365	663,234	2,574,704
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 IV)		16,603	2,033	34,001	17,657	70,294
13 Total support. (Add lines 9, 10c, 11, and 12)						2,644,998

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 2008 (line 8, column (f) divided by line 13, column (f)).	15	86.17%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	86.87%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	NONE%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	NONE%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 _____ (event type)	(c) Other Events _____ (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	51,908.		1	51,908.
	2 Less Charitable contributions	34,251.			34,251.
	3 Gross revenue (line 1 minus line 2)	17,657.			17,657.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	1,832.			1,832.
	6 Rent/facility costs	20,457.			20,457.
	7 Other direct expenses	2,062.			2,062.
	8 Direct expense summary Add lines 4 through 7 in column (d)				(24,351.)
9 Net income summary. Combine lines 3 and 8 in column (d)					(-6,694.)

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %		
	<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %		
7 Direct expense summary Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
9a	Is the organization licensed to operate gaming activities in each of these states?		
	b If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
	b If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?		
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 operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ▶ -----		
	Address ▶ -----		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
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		
	Name ▶ -----		
	Address ▶ -----		
16	Gaming manager information		
	Name ▶ -----		
	Gaming manager compensation ▶ \$ -----		
	Description of services provided ▶ -----		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SUMMIT COUNSELING CENTER, INC.

58-2424268

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS
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DESCRIPTION

AMOUNT

ANNUAL GOLF TOURNAMENT

34,251.

TOTAL

34,251.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES
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DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
ANNUAL GOLF TOURNAMENT	17,657.	24,351.	-6,694.
TOTALS	17,657.	24,351.	-6,694.

FORM 990EZ, PART I - OTHER EXPENSES

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SUPPLIES	4,554.
TRAVEL	177.
INTEREST	6,411.
DEPRECIATION	12,820.
TESTING EXPENSE	4,334.
BANK FEES	10,338.
SHARED SERVICES	20,000.
DUES & MEMBERSHIP FEES	6,218.
DESIGNATED EXPENDITURES	13,822.

TOTAL	78,674.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	50.	50.
SAVINGS	50,320.	56,856.
	-----	-----
TOTALS	50,370.	56,906.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	NONE	3,735.
PREPAID EXPENSES OR DEFERRED CHARGES	NONE	409.
TOTALS	NONE	4,144.

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FORM 990EZ, PART II - TOTAL LIABILITIES

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
ACCOUNTS PAYABLE	32,716.	17,032.
DUE TO MT. PISGAH UMC	77,257.	84,953.
N/P COMPUTERS	18,083.	9,327.
N/P BUILDING	95,227.	88,059.
	-----	-----
TOTALS	223,283.	199,371.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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WE ARE COMMITTED TO WORKING FOR YOUR WHOLENESS IN MIND, BODY, SPIRIT, AND RELATIONSHIPS. WE HELP PEOPLE TO:

- STRENGTHEN THEIR EMOTIONAL, MENTAL AND SPIRITUAL RESOURCES
- MANAGE AND RECOVER FROM MENTAL ILLNESS AND SUBSTANCE ABUSE OR OTHER ADDICTIONS
- FACE LIFE CHANGES, LOSSES & TRANSITIONS
- UNDERSTAND AND IMPROVE RELATIONSHIPS
- SUPPORT AND STRENGTHEN THE LIVES OF CHILDREN AND TEENS
- GAIN PARENTING SUPPORT AND TOOLS

OUR GOAL IS TO BE PARTNERS WITH GOD IN RESTORING PEOPLE TO INTERDEPENDENT, ABUNDANT LIVING.

THE MISSION OF THE SUMMIT COUNSELING CENTER IS TO SERVE GOD BY PROVIDING COUNSELING SERVICES TO GOD'S PEOPLE IN NEED. WE ARE COMMITTED TO:

- COUNSELING- MEETING WITH GOD'S PEOPLE FACE TO FACE AND PROVIDING PERSON TO PERSON MINISTRY.
- INTEGRATION- INTEGRATING THE LATEST INSIGHTS OF THE BEHAVIORAL SCIENCES AND THE WISDOM OF THE CHRISTIAN FAITH.
- QUALITY- EMPLOYING LICENSED THERAPISTS WHO ARE PEOPLE OF FAITH, ABLE TO PROVIDE QUALITY, PROFESSIONAL COUNSELING.
- SPECIALIZATION- DEVELOPING MULTIPLE AREAS OF SPECIALIZATION TO SERVE GOD'S PEOPLE IN THEIR UNIQUENESS.
- AVAILABILITY- PROVIDING CLIENT ASSISTANCE FUNDS TO SUPPLEMENT THE FEES OF PEOPLE UNABLE TO AFFORD PRIVATE FEES.
- PARTNERSHIP- PARTNERING IN MINISTRY WITH MOUNT PISGAH UNITED METHODIST CHURCH, OTHER CHURCHES, AND INDIVIDUALS TO PROVIDE COUNSELING SERVICES.
- COMMUNITY- PROVIDING COUNSELING SERVICES FOR THE ALPHARETTA AND ROSWELL, GEORGIA COMMUNITIES AND BEYOND; NOT SIMPLY CHURCHES OR CHURCH MEMBERS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

THE SUMMIT PROVIDES INDIVIDUAL, COUPLES AND MARRIAGE FAMILY THERAPY FOR CHILDREN, TEENS AND ADULTS. THE ORGANIZATION HAS PROVIDED OVER 4829 BILLABLE HOURS TO CLIENTS DURING THE YEAR AND CHARGES FEES FOR SUCH SERVICES AND ACTIVITIES. THE SUMMIT ALSO HAD 540 NEW CLIENTS OVER THE COURSE OF THE FISCAL YEAR. THE SUMMIT DOES MAINTAIN A CLIENT ASSISTANCE FUND WHICH PROVIDES FOR INDIVIDUALS WHO CANNOT OTHERWISE AFFORD COUNSELING SERVICES AND IS BASED ON THE INDIVIDUALS ABILITY TO PAY.

PROGRAM SERVICE ACCOMPLISHMENT 2

THE SUMMIT PROVIDES SUBSTANCE ABUSE RECOVERY PROGRAMS ON AN INDIVIDUAL AND GROUP BASIS. THE INDIVIDUALS RECEIVE THERAPY ALONG WITH A TREATMENT PROGRAM. FAMILIES FOR THE INDIVIDUALS SEEKING THERAPY ARE PROVIDED COUNSELING AND CARE AS WELL. THE SERVICES INCLUDE AN INITIAL ASSESSMENT, INDIVIDUAL AND FAMILY SESSIONS, AFTER CARE GROUPS AS WELL AS URINE ALCOHOL AND DRUG SCREENING.

PROGRAM SERVICE ACCOMPLISHMENT 3

THE SUMMIT PROVIDES INTENSIVE COLLEGE COUNSELING. A LICENSED PROFESSIONAL COUNSELOR AS WELL AS EDUCATIONAL CONSULTANT PROVIDES AN IN-DEPTH PROCESS FOR HELPING STUDENTS AND THEIR PARENTS MAKE WISE DECISIONS ABOUT COLLEGES AND CAREERS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MR. MICHAEL THOMPSON 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD CHAIR 2.	NONE	
MRS. MARY WATSON 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. PHIL JOHNSON 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MRS. LINDA COWART 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. ED PEASE 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MRS. KAREN PARHAM 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. MICHAEL PETROS	BOARD MEMBER 1.	NONE	

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022			
MR. DON BARDEN 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. RANDY HAWLEY 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. JIM POPE 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	BOARD MEMBER 1.	NONE	
MR. DAVID SMITH 2750 OLD ALABAMA ROAD SUITE 200 JOHNS CREEK, GA 30022	EXECUTIVE DIRECTOR 40.	89,158.	7,167.
GRAND TOTALS			89,158. 7,167.

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.

- 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**

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	SUMMIT COUNSELING CENTER, INC.	58-2424268
	Number, street, and room or suite no If a P O box, see instructions	
File by the due date for filing your return See instructions	9820 NESBIT FERRY ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ALPHARETTA, GA 30022	

Check type of return to be filed (file a separate application for each return)

- | | | |
|-------------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ HELEN CAUDILL

Telephone No ▶ 678 336-3159 FAX No ▶ 678 336-3452

- 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, 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 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	NONE
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	NONE
c	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	NONE

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.