Summit Assistance Dogs

2021 Form 990 Public Disclosure Copy



Form 990	Form	990	
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** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 20 21 **Open to Public** Inspection

A	For the	2021 calendar year, or tax year beginning and	ending		
_	Check if	C Name of organization		D Employer identific	cation number
	applicabl	a;			
	Addre	SUMMIT ASSISTANCE DOGS			
	Name			91-20487	06
	_ chang _Initial		Decidentia		
	return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	termin			360-293-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,195,917.
	Amen	ANACORIES, WA 90221		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: SUSAN MEINZINGER		for subordinates	? 🗌 Yes 🔀 No
	_	SAME AS C ABOVE		H(b) Are all subordinates in	ciuded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
JI	Nebsi	te: SUMMITDOGS.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: 🚺 Corporation [] Trust [] Association [] Other 🕨	L Year	r of formation: 2000 N	State of legal domicile: WA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${{ m TO}}$	REATE	LIFE-CHANGIN	NG
Governance		PARTNERSHIPS BY PROVIDING HIGHLY-TRAINED	MOBIL	ITY ASSISTAN	CE DOGS
nar	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
ver	3			3	9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
<u>مې</u>	· ·	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
ties					135
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			
			-	Prior Year 1,303,106.	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			1,123,316.
/en	9	Program service revenue (Part VIII, line 2g)		8,150.	10,875.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,247.	18,022.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······	33,195.	27,800.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,345,698.	1,180,013.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		450,583.	509,593.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		222,008.	206,136.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		672,591.	715,729.
_		Revenue less expenses. Subtract line 18 from line 12		673,107.	464,284.
ets or			B	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,889,800.	3,276,152.
Asse		Total liabilities (Part X, line 26)		146,158.	68,226.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,743,642.	3,207,926.
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Sic Menainer		10/20	22
Sig	n	Signature of officer		Date	
Her		SUSAN MEINZINGER, EXECUTIVE DIRECTOR			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature () / . //	1	Date Check	PTIN
Paid	f i	MAFER FREEMAN - CPA	unan	10/20/2022 if self-employ	ed P01980945
	parer	Firm's name LARSON GROSS PLLC			91-1663574
	Only	Firm's address 2211 RIMLAND DR., STE. 422			
		BELLINGHAM, WA 98226		Phone no. (3	60) 734-4280
Ma	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
-	01 12-0		ons.		Form 990 (2021)
	-	EE SCHEDULE O FOR ORGANIZATION MISSION ST		NT CONTINUAT	

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Par	t 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: SUMMIT ASSISTANCE DOGS IS A NONPROFIT ORGANIZATION TH		
	LIFE-CHANGING PARTNERSHIPS BY PROVIDING HIGHLY-TRAINE	ED MOBILITY	
	ASSISTANCE DOGS FOR PEOPLE LIVING WITH DISABILITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.	vices? Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a) (Revenue \$ 11,0	12.)
	-GRADUATED 4 NEW SERVICE DOG PARTNERSHIPS.		/
	-PROVIDED SUPPORT SERVICES FOR 25 CURRENT SERVICE DOC	F PARTNERSHIPS.	
	-PROVIDED SUPPORT SERVICES FOR 17 APPLICANTS.		
	-PROVIDED PRISON TRANING PROGRAM FOR 25 INMATES AT MC	NROE CORRECTIONA	Γ,
	COMPLEX.		-
	-BEGAN CONSTRUCTION WITH 60% COMPLETION ON THE NEW KE	ENNEL BUILDING	
	(CANINE CONDO).	Initial Dollaring	
	(CANTAL CONDO).		
		. <i>,</i>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 551,992.	/	
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 Form 990 (2021)
 SUMMIT
 ASSISTANCE
 DOGS

 Part IV
 Checklist of Required Schedules
 DOGS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			Yes	NO
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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arl	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, illed for the calendar year ending with or within the year covered by this return 2a	17			
	iled for the calendar year ending with or within the year covered by this return 2a		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		la		Х
	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		ßb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	······ –			
	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		х
	f "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ia		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ib di		Х
с	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	ic		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid				
	any contributions that were not tax deductible as charitable contributions?	e	ia 🛛		Х
b	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts		T		
	were not tax deductible?	<u></u>	ib di		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor? 7	'a		Х
b	f "Yes," did the organization notify the donor of the value of the goods or services provided?		'b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	o file Form 8282?	7	'c		X
d	f "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	ed? _7	'g		
h	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C? 7	'n		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?)a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>e</u>	b		
)	Section 501(c)(7) organizations. Enter:				
	nitiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
b	f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	_			
	s the organization licensed to issue qualified health plans in more than one state?		3a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		4a		Х
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	 1 '	4b		
-	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	1	5		X
	f "Yes," see the instructions and file Form 4720, Schedule N.		- I		Х
6	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	1	6		
6	s the organization an educational institution subject to the section 4968 excise tax on net investment income? f "Yes," complete Form 4720, Schedule O.		6		
6	s the organization an educational institution subject to the section 4968 excise tax on net investment income? f "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
6	s the organization an educational institution subject to the section 4968 excise tax on net investment income? f "Yes," complete Form 4720, Schedule O.		17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response								
				or changes on Schedule O. See instructions.				

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						/es	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		9				
	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 on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other					
	officer, director, trustee, or key employee?			2			Х	
3								
	of officers, directors, trustees, or key employees to a management company or other person?			3			Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5			Х	
6	Did the organization have members or stockholders?			6	;		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			78	a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			71	5		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?			88		X		
b	Each committee with authority to act on behalf of the governing body?			8	b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
						/es	No	
	Did the organization have local chapters, branches, or affiliates?			10	a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10		v		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y betoi	e filing the form?	11	a	X		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	-	x		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12		X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				0	<u>~</u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	,		12		x		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			1:		x		
14				14		x		
15	Did the organization have a written document retention and destruction policy?							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15	a	x		
	Other officers or key employees of the organization			15			Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
	taxable entity during the year?			16	а		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16	b			
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed WA	1.0.0	····	<u> </u>	<u>,</u>		<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-1 (section 501(c)(3)s onl	y) av	allab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	-						
10	X Own website Another's website X Upon request Other (explain)		,	d fire -				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.		miniterest policy, al	iu iina	ai iCl2	11		
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	d records					
20	SUSAN MEINZINGER, EXECUTIVE DIRECTOR - 360-293-5609							
	P.O. BOX 699, ANACORTES, WA 98221							
132006	12-09-21			Fo	orm 9	990 (2021)	
	6					()	

2021.04030 SUMMIT ASSISTANCE DOGS 04700_1

Form 990 (2021) SUMMIT ASSISTANCE DOGS	91-2048706	Page 7
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 endi	ng 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 compens	ation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check m box, unless pers officer and a dire			rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related line, line) line, li		the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations					
(1) SUSAN MEINZINGER	40.00	-		v					0	7 476
EXECUTIVE DIRECTOR (2) MICHAEL HUGHES	3.00			X				73,853.	0.	7,476.
DIRECTOR	5.00	x						0.	0.	0.
(3) TRACY DOERING	3.00	- 23						Ŭ •		.
SECRETARY		х		x				0.	0.	0.
(4) KEVIN CORCORAN	3.00									
PRESIDENT		х		х				0.	0.	0.
(5) CHRIS BLANCHARD	3.00									
DIRECTOR		Х						0.	0.	0.
(6) PRESTON THOMPSON	3.00									
DIRECTOR		Х						0.	0.	0.
(7) RAY VERMILLION	3.00								•	
DIRECTOR	2 00	Х						0.	0.	0.
(8) BRENDA WALKER	3.00							0.	0	
VICE PRESIDENT (9) STEPHANIE DRENCHEN	3.00	Х		X				0.	0.	0.
TREASURER	5.00	x		x				0.	0.	0.
(10) LESLIE O'BRIEN	3.00			1						
DIRECTOR		x						0.	0.	0.
(11) REBECCA YUEH	3.00									
DIRECTOR		х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

	1 990 (202	1	SUMMIT AS									91-2	048	706	P	age 8
(A) (B) Name and title					(do box	not c , unle:	(C Posi heck r ss per	C) ition more rson is		one an	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fi org an	ipensa rom th janizat d relat anizati	e ion ed		
	Subtota										73,853.		0.	7,476.		
	Total (a Total nu		:) (including but n							o re	73,853.	000 of reportable	0.		7,4	76.
3		sation from the org		director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	0 No
4	For any	individual listed on	line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3 4		X X
5 Sec	rendered	-	on? If "Yes," com	•				-			ed organization or individ		<u></u>	5		x
1	•		•	•	•						nat received more than \$ <u>the organization's tax y</u> (B)		pensat		om C)	
	Name and business address Description of services VALDEZ CONSTRUCTION, 499 NE MIDWAY BLVD, CONSTRUCTION STE 2, OAK HARBOR, WA 98277 SERVICES ON NEW BUIL							C	Compensation 892,139.							
2	Total nu	mber of independe	ent contractors (ir	ncluding but no	ot lin	niteo	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,00	0 of compensation	from the organiz	zation 🕨				1						Form	990 (2021)

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		2021) SUMMIT ASSISTANCE DOG	S		91-2048	706 Page 9
Pa	rt VI	Statement of Revenue				
		Check if Schedule O contains a response or note to any li	ne in this Part VIII (A)	(B)	(C)	
			Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
ω ω	1 a	Federated campaigns 1a				
unt	b	Membership dues 1b	-			
Ū.	с	Fundraising events 126,338.	-			
ar A	d	Related organizations 1d				
is, 0	е	Government grants (contributions) 1e				
er S	f	All other contributions, gifts, grants, and				
-ibu		similar amounts not included above 1f 926, 978.	-			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1,123,316.			
00	n	Total. Add lines 1a-1f	1,123,310.			
đ	2 a	DOG ADOPTIONS AND FEES 900099	10,875.	10,875.		
, vice	b					
Ser	с					
am	d					
Program Service Revenue	е					
ā	f	All other program service revenue	10 075			
	g	Total. Add lines 2a-2f	10,875.			
	3	Investment income (including dividends, interest, and other similar amounts)	543.			543.
	4	Income from investment of tax-exempt bond proceeds	545.			545.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a 31,957.				
	b	Less: rental expenses 6b 0 .	_			
	С	Rental income or (loss) 6c 31,957.				
		Net rental income or (loss)	31,957.			31,957.
	7 a	Gross amount from sales of assets other than inventory 7a 29 , 089 .	-			
	h	assets other than inventory 7a 29,089 . Less: cost or other basis	-			
Ð	, D	and sales expenses				
venue	с	Gain or (loss)	-			
		Net gain or (loss)	17,479.			17,479.
Other Re		Gross income from fundraising events (not				
₫		including \$196,338. of				
		contributions reported on line 1c). See				
	_	Part IV, line 18 8a 0. Less: direct expenses 8b 4,294.				
		Less: direct expenses 8b 4,294. Net income or (loss) from fundraising events	-4,294.			-4,294.
		Gross income from gaming activities. See	1,2510			1,251.
		Part IV, line 19				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a 137.				
		Less: cost of goods sold 10b 0.	137.	137.		
	с	Net income or (loss) from sales of inventory Business Code	13/.	137.		
sni	11 a					
nee	b					
ella	c			<u> </u>		
Miscellaneous Revenue	d	All other revenue				
~	е	Total. Add lines 11a-11d			-	
	12		1,180,013.	11,012.	0.	45,685.
13200	9 12-09	-21				Form 990 (2021)

SUMMIT ASSISTANCE DOGS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	i i i i i i i i i i i i i i i i i i i	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	01 200	62 622		10 100
	trustees, and key employees	81,328.	62,623.	6,506.	12,199
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	367,217.	278,304.	28,402.	60,511
	Other salaries and wages	JU1, ZI1.	4/0,304.	20,402.	00,511
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,861.	13,347.	3,514.	
	Other employee benefits	44,187.	34,998.	2,987.	6,202
	Payroll taxes	44,10/•	54,990.	2,907.	0,202
	Fees for services (nonemployees):	1,596.	986.		610
	Management	1,550.	500.		010
		16,250.		16,250.	
		10,250.		10,250.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	65,475.	65,475.		
	Advertising and promotion	1,880.	1,795.		85
	Office expenses	38,082.	16,567.	3,290.	18,225
	Information technology				,
	Royalties				
	Occupancy	13,301.	12,039.	631.	631
	Travel	9,102.	8,925.	92.	85
	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	4,500.	4,353.		147
	Interest	113.	39.		74
	Payments to affiliates				
	Depreciation, depletion, and amortization	7,471.	6,424.	75.	972
	Insurance	4,840.	3,191.	1,649.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	SUPPLIES	34,954.	34,354.		600
	VEHICLE	7,719.	7,719.		
	STAFF TRAINING	853.	853.		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	715,729.	551,992.	63,396.	100,341
	Joint costs. Complete this line only if the organization	,			,.11
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Tif following SOP 98-2 (ASC 958-720)				

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132010 12-09-21

Form 990 (2021)

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Part X Balance Sheet

SUMMIT ASSISTANCE DOGS

		Check if Schedule O contains a reasonable or act	to any	ine in this Part V			
		Check if Schedule O contains a response or note	to any i		(A)		(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			236,798.	1	291,661.
	2	Savings and temporary cash investments		1,300,043.	2	778,360.	
	3	Pledges and grants receivable, net			230,562.	3	19,274.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
	Ū	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-				
	-	under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1,639.	9	2,124.
	10a	Land buildings and againments agat as other	I I				
		basis. Complete Part VI of Schedule D	10a	2,253,051.			
	b	basis. Complete Part VI of Schedule D	10b	68,318.	1,120,758.	10c	2,184,733.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		2,889,800.	16	3,276,152.
	17	Accounts payable and accrued expenses	146,158.	17	68,226.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes		Γ		22	
-	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D		·····	146,158.	25	68,226.
	26			▶ ▼	140,130.	26	00,220.
ŝ		Organizations that follow FASB ASC 958, check	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			1,903,199.	27	3 131 57/
ala	27				840,443.	27 28	3,131,574. 76,352.
dВ	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			010,113.	20	10,352.
Lun		and complete lines 29 through 33.					
o	29					29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq		fund		30	
Ass	31	Retained earnings, endowment, accumulated inc				31	·
Net Assets or Fund Balances	32				2,743,642.	32	3,207,926.
z	33	Total liabilities and net assets/fund balances			2,889,800.	33	3,207,926. 3,276,152.
				·····	, ,		Farm 990 (0001)

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Form	1990 (2021) SUMMIT ASSISTANCE DOGS	91-	2048706	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,74	3,6	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,20	7,9	26.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		1
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	t		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
				000	

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Name of	ame of the organization Employer identification number										
		IT ASSISTA					9	1-2048706			
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 📃	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9 🔛	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
	university:										
10	An organization that norma										
	activities related to its exen		-					-			
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	itter June 30, 1975.			
	See section 509(a)(2). (Col					O(-)(A)					
11 12	An organization organized a	-	•	•			rn, out tho	nurnance of one or			
	An organization organized a more publicly supported or	-	-	-			•				
	lines 12a through 12d that	-									
a	Type I. A supporting orga	• •					-	aivina			
u _	the supported organization		-	• • • •	-						
	organization. You must o			indjointy e				pporting			
b	Type II. A supporting org	-		tion with it:	s supporte	d organizatio	n(s), by hav	ving			
	control or management o	-				-		•			
	organization(s). You mus			•		·					
c 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,			
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.					
d 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
	er the number of supported of	•									
	vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other			
	organization		(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)			
			above (see instructions))	Yes	No		,				
Total											

Schedule A (Form 990) 2021 Part II Support Sch

SUMMIT ASSISTANCE DOGS

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	546,406.	1208564.	700,369.	1099901.	1123316.	4678556.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	546,406.	1208564.	700,369.	1099901.	1123316.	4678556.
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,						0001404
	column (f)						2071421.
	Public support. Subtract line 5 from line 4.						2607135.
		() 0017	(1) 0010	() 0010	()) 0000	() 0001	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2017 546,406.	(b)2018 1208564.	(c) 2019 700,369.	(d) 2020 1099901.	(e) 2021 1123316.	(f) Total 4678556.
	Amounts from line 4	540,400.	1200504.	100,309.	1099901.	1123310.	4070550.
ð	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	29,961.	29,001.	30,387.	34,812.	32,500.	156,661.
0	Net income from unrelated business	25,501.	25,001.	50,507.	54,0120	52,500.	150,001.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		326.	458.	305.	137.	1,226.
11	Total support. Add lines 7 through 10						4836443.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	10,875.
	First 5 years. If the Form 990 is for th	,	,	fourth, or fifth tax y	vear as a section 5	01(c)(3)	•
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	53.91 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	46.96 %
	33 1/3% support test - 2021. If the o					ore, check this bo	and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	0					10% or
	more, and if the organization meets th						. —
40	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

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SUMMIT ASSISTANCE DOGS

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

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
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) 2017	(1) 2018	(a) 2010	(4) 0000	(a) 0001	(f) Totol
9 Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 Amounts from line 6 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 on 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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this box and stop here					-	
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15		<u></u>	16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22			•			A (Form 990) 2021
		1 5				,

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SUMMIT ASSISTANCE DOGS

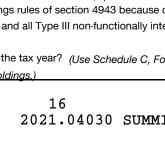
Part IV Supporting Organizations

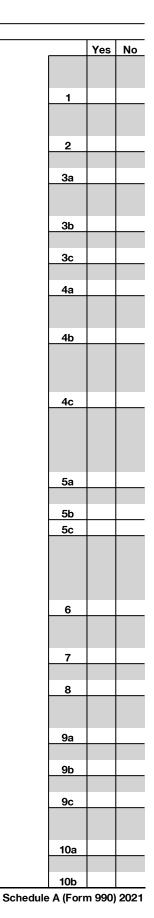
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2021		ASSISTANCE	DOGS
Part IV	Supporting Orga	anizations (cont	tinued)	

1

2

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	

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)*.

			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supp	oorted a governme	ntal entity. Des	ribe in Part VI /	low you su	pported a	governmental entity	(see instructions	s).
---	--	-----------------------	-------------------	------------------	-------------------	------------	-----------	---------------------	-------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- **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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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17 2021.04030 SUMMIT ASSISTANCE DOGS Yes No

	be in Non-1 unctionally integrated 303(a)(c) Support			
	ck here if the organization satisfied the Integral Part Test as a qualify			Part VI). See Instructio
All of	ther Type III non-functionally integrated supporting organizations mu	ist complete S	ections A through E.	
Section A - Adju	isted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	erm capital gain	1		
2 Recoveries	s of prior-year distributions	2		
3 Other gros	s income (see instructions)	3		
4 Add lines 1	through 3.	4		
5 Depreciatio	on and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection of	of gross income or for management, conservation, or			
maintenan	ce of property held for production of income (see instructions)	6		
7 Other expe	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mini	mum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instruction	s for short tax year or assets held for part of year):			
a Average m	onthly value of securities	1a		
b Average m	onthly cash balances	1b		
c Fair marke	t value of other non-exempt-use assets	1c		
d Total (add	lines 1a, 1b, and 1c)	1d		
e Discount o	claimed for blockage or other factors			
(explain in	detail in Part VI):			
	n indebtedness applicable to non-exempt-use assets	2		
3 Subtract lir	ne 2 from line 1d.	3		
4 Cash deen	ned held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instruc	tions).	4		
5 Net value of	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply lin	e 5 by 0.035.	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	ributable Amount			Current Year
1 Adjusted n	et income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85	of line 1.	2		
3 Minimum a	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter great	ter of line 2 or line 3.	4		
5 Income tax	imposed in prior year	5		
6 Distributa	ble Amount. Subtract line 5 from line 4, unless subject to			
	temporary reduction (see instructions).	6		
7 Chec	ck here if the current year is the organization's first as a non-functior	ally integrated	I Type III supporting orga	anization (see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SUMMIT ASSISTANCE DOGS
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations SUMMIT ASSISTANCE DOGS

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instructions).

Schedule A (Form 990) 2021 SUMMIT ASSISTANCE DOGS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

ANCE DOGS	91-2048706	Page 7
a)(3) Supporting Organizations 🥡	(continued)	

Secti	on D - Distributions	Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - pro	5							
6	Other distributions (describe in Part VI). See instructions.	6							
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2021 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
с	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
е	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A	Form 990) 2021	SUMMIT	ASSISTANCE	DOGS		91-2048706	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4 ines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	art IV, Section B, lines 1 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	C,
	Section D, lines 5, 6, and 8 (See instructions.)	3; and Part V, S	Section E, lines 2, 5, a	Ind 6. Also complete t	his part for any addition	al information.	
132028 01-04-2	2					Schedule A (Form 9	90) 2021
							,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

1-2048706

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	SUMMIT

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

ASSISTANCE DOGS

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

SUMMIT ASSISTANCE DOGS

Name of organization

Employer identification number

91-2048706

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 126,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,341. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 158,640. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 25,080. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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04700_1

Schedule B (Form 990) (2021)

SUMMIT ASSISTANCE DOGS

Name of organization

Employer identification number

91-2048706

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 7 X Person Payroll 48,220. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Schedule B (Form	990)	(2021)
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Name of organization

Page 3

Employer identification number

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SUMMIT ASSISTANCE DOGS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

25

Name of or	ganization		Employer identification number
SUMMIT	ASSISTANCE DOGS		91-2048706
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
_	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift 	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee

Schedule B (Form 990) (2021)

26 2021.04030 SUMMIT ASSISTANCE DOGS 04700_1

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of arcint brokins to (during year) Aggregate value of arcint brokins to (during year) Aggregate value of arcint brokins to (during year) Did the organization inform all chores and donor advised in writing that the assets held in donor advised funds are the organization inform all chores and donor advised in writing that the assets held in donor advised funds are the organization inform all chores and donor advised 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 impermisable private barnelit? Part II Conservation easements held by the organization or education Preservation of land for public use (for example, recreation or education) Preservation of a donard public use (for example, recreation or education) Preservation of a conservation easements held by the organization or education Preservation of a conservation easements in held a qualified conservation contribution in the form of a conservation easements Preservation of a conservation easements A conflict the transferred, released, extinguished, or terminated by the organization held a qualified conservation conservation easements included in (a) A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A sumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A mounter of expenses inclured in modified, transferred, released, extinguished, or terminated by the organization during the year A sumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year A mounter of expenses inclured in modified, transferred, released, extinguished, or terminated by the organization during the	Name of the organization SUMMIT ASSISTANCE DOGS		loyer identifi 91-20	48706	mber
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$				the year	
 \$					
 \$	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easement	s during the y	ear	
 and section 170(h)(4)(B)(ii)?			0 1		
 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 IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1 \$ \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ \$ \$ \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X \$ <li< td=""><td>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4</td><td>4)(B)(i)</td><td></td><td></td><td></td></li<>	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	4)(B)(i)			
 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 IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1 \$ \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ \$ \$ \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X \$ <li< td=""><td>and section 170(h)(4)(B)(ii)?</td><td></td><td> Ye</td><td>es 🗌</td><td>No</td></li<>	and section 170(h)(4)(B)(ii)?		Ye	es 🗌	No
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iiii) Assets included in Form 990, Part X					
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 b If the organization elected, as permitted under FASB 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 on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c If the organization amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2 	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of p	oublic		
 b If the organization elected, as permitted under FASB 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 on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c If the organization amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2 	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X k <lik< li=""> k k <li <="" li=""></lik<>		., -: -:			
b Assets included in Form 990, Part X .HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. .32051 10-28-21	· · · · ·	▶ 9	\$		
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2 32051 10-28-21					
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27					
2021.04030	SUMMIT	ASSISTANCE	DOGS	04700	_1

Sche		ASSISTANCE				91-2	204870	6 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Ass	ets _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that n	nake signi	ficant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program	n				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further	the organization	's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other	similar ass	sets			_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizati	ion answered "Y	'es" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi								-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				•		
							Amoun	t	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			1
	Did the organization include an amount on Fo				•		Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								_
		(a) Current year	(b) Prior year	(c) Two years		Three years ha	ick (e) Fou	vears	hack
10	Paginning of year balance	(u) ourront your	(b) The year					youro	buok
	Beginning of year balance								
0	Contributions Net investment earnings, gains, and losses								
о А	Grants or scholarships								
	Other expenditures for facilities								
e	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1 a. column (a)) held as:					
a	Board designated or quasi-endowment		%						
	Permanent endowment		_/*						
		<u></u> /°							
-	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	-	tion that are held a	and administered	d for the o	rganization			
	by:	5				5		Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, I	Part X, line	e 10.			
	Description of property	(a) Cost or o basis (investn	• • •	st or other s (other)	• •	imulated ciation	(d) Boo	k value	e
1a	Land		,	36,416.			23	1,6	59.
b	Buildings			84,124.	3	4,393.	1,94		
	Leasehold improvements			·				-	
	Equipment			37,268.	3	3,925.		3,34	43.
	Other			-		-			
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line	10c)		>	2,18	4,73	33.
				·					

Schedule D (Form 990) 2021

D! \/!!	I show the short state		· · ·	
Schedule D	(Form 990) 2021	SUMMIT	ASSISTANCE	DOGS

	Complete if the organization answered "Yes" o		
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financia	al derivatives		
-	held equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
al. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.)		
art vill	Investments - Program Related.		
	Complete if the organization answered "Yes" o		
	(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)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ►		
(9) al. (Col. (I	Other Assets.	n Form 000, Part IV, line :	11d See Form 000 Port V line 15
(9) 1. (Col. (1	Other Assets. Complete if the organization answered "Yes" o		
(9) 1. (Col. (1 art IX	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X, line 15. (b) Book value
(9) II. (Col. (1 art IX	Other Assets. Complete if the organization answered "Yes" o		
(9) al. (Col. (1 art IX (1) (2)	Other Assets. Complete if the organization answered "Yes" o		
(9) al. (Col. (1 art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o		
(9) II. (Col. (I art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o		
(9) art IX (1) (2) (3) (5)	Other Assets. Complete if the organization answered "Yes" o		
(9) I. (Col. () art IX (1) (2) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o		
9) I. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o		
(9) I. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" o		
(9) al. (Col. (1) art IX (1) (2) (3) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) [Description	(b) Book value
(9) al. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) D	Description	(b) Book value
(9) II. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book value
(9) I. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) al. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o	Description	(b) Book value
9) I. (Col. () art IX (1) (2) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) al. (Colu art X	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
9) I. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) 9) al. (Colu art X (1) Fed	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o	Description	(b) Book value
(9) I. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) al. (Colu art X (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (1) Fed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(9) I. (Col. (I art IX (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (1) Fed (2) (3) (4) (5) (6) (5) (6)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(9) al. (Col. () art IX (2) (2) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(9) al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (art X	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 SUMMIT ASSISTANCE DOGS	91-2	2048706 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			
1	Total revenue, gains, and other support per audited financial statements			1,180,013.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d		2e	0.	
3	Subtract line 2e from line 1		3	1,180,013.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,180,013.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	а.			
1	Total expenses and losses per audited financial statements		1	715,729.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e	0.	
3	Subtract line 2e from line 1			715,729.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			0.	
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 715,729.				
Pa	rt 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.

132054 10-28-21

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							OMB No. 1545-0047
(Form 990)								2021
Department of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	F aran Jawa ya Jak	
Name of the organization		ASSISTANCE DOGS					91-2048	entification number 3706
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
· · ·	· · ·	ed funds through any of the followin	g activ	ities. (Check all that apply.			
a 📃 Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations	s f Solicita g Special			nment grants			
d In-person so		g Opecial	lunure	using	events			
2 a Did the organization	on have a written c	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•	f	Ye:	
compensated at le	•	· /·	antio	agree	hents under which ti	le lui	IUTAISET IS LO D	e
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (o	or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No	-			
		n is registered or licensed to solicit c		▶ utions	or has been notified	itise	exempt from re	egistration
or licensing.								J
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

SUMMIT ASSISTANCE DOGS

91-2048706 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines I and 60. List e	vents with gross receipt	s greater than \$5,000.			
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			LUNCHEON (event type)	(event type)	(total number)	col. (c))			
anı				(event type)	(total humber)				
Revenue	1	Gross receipts	196,338.			196,338.			
	2	Less: Contributions	196,338.			196,338.			
	3	Gross income (line 1 minus line 2)							
		· · · · · ·							
	4	Cash prizes							
s	5	Noncash prizes							
kpense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses				4,294.			
	10	Direct expense summary. Add lines 4 through			>	4,294.			
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-4,294.			
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	1						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev		0							
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	<u> </u>		Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►				
	_								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
a	Fn	ter the state(s) in which the organization condu	icts gaming activities:						
		the organization licensed to conduct gaming ac				Yes No			
b If "No," explain:									
		ere any of the organization's gaming licenses re			ear?	Yes No			
b If "Yes," explain:									
						dule G (Form 990) 2021			

Schedule G (Form 990) 2021	SUMMIT ASSISTANCE DOGS	91-2048706 Page 3
11 Does the organization conduct	ct gaming activities with nonmembers?	
12 Is the organization a grantor,	beneficiary or trustee of a trust, or a member of a partnership or othe ng?	er entity formed
13 Indicate the percentage of ga		
	·······	13 a %
	of the person who prepares the organization's gaming/special events	
Name 🕨		
Address ►		
15a Does the organization have a	contract with a third party from whom the organization receives gan	ning revenue? Yes No
	gaming revenue received by the organization 🕨 💲	and the amount
	y the third party ▶\$	
c If "Yes," enter name and addr	ress of the third party:	
Name 🕨		
Address 🕨		
16 Gaming manager information:	:	
Name 🕨		
Gaming manager compensati	ion ▶ \$	
Description of services provid	led ►	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	nder state law to make charitable distributions from the gaming proc	ceeds to
retain the state gaming licens	;e?	Yes No
	ons required under state law to be distributed to other exempt organ	nizations or spent in the
	ctivities during the tax year s	
	Iformation. Provide the explanations required by Part I, line 2b, c b, as applicable. Also provide any additional information. See instruc	
132083 10-21-21		Schedule G (Form 990) 2021
	33	

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Tartiv	Supplemental information	(continued)		
				Schedule G (Form 990)

132084 11-18-21

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection Employer identification number

91-2048706

SUMMIT ASSISTANCE DOGS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR PEOPLE LIVING WITH DISABILITIES.

FORM 990, PART VI, SECTION A, LINE 4:

ORGANIZATION MADE CHANGES TO ITS FISCAL POLICIES TO UPDATE RECEIPTS

DISBURSEMENT, AND PAYROLL PROCEDURES.

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

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

APPROVAL PRIOR TO THE EXECUTIVE DIRECTOR SIGNING.

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

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH ALL EMPLOYEES AND

BOARD OF DIRECTORS AND A NEW ONE IS SIGNED EACH YEAR.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION OF THE EXECUTIVE DIRECTOR BY

UTILIZING COMPENSATION STUDIES OF SIMILARLY SIZED ORGANIZATIONS.

PERFORMANCE AND SALARY ARE REVIEWED ON AN ANNUAL BASIS.

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

FORM 990 IS POSTED ON ORGANIZATION'S WEBSITE. OTHER DOCUMENTS WILL BE

PROVIDED UPON REQUEST.

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