	000	
Form	330	

Extended to November 15, 2019

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 **2018** Open to Public Inspection

Α	For the	e 2018 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identifie	cation number
	Addre chang	SUMMIT ASSISTANCE DOGS			
	Name			91-2	048706
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PON RELATIONS READY INCIDENT OF CARDEN CONTRACTOR	
	Final	PO BOX 699		360-	293-5609
	termin ated			G Gross receipts \$	1,531,537.
L	Amen	ANACORTES, WA 98221		H(a) Is this a group re	
L	Applic tion pendi			for subordinates	
		same as C above		H(b) Are all subordinates in	
		empt status: 🔟 501(c)(3) └── 501(c) () (insert no.) └── 4947(a)(1)	or 527		list. (see instructions)
				H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2000 N	State of legal domicile: WA
				COMANCE DOC	с тс л
Ce	1	Briefly describe the organization's mission or most significant activities: <u>SUMM</u> NONPROFIT ORGANIZATION THAT CREATES LIFE			
Activities & Governance	2	Check this box			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			11
99	4	Number of independent voting members of the governing body (Part VI, line 1a)			11
о Со	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			10
itie	6	Total number of volunteers (estimate if necessary)			120
stiv	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
A	h	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		546,406.	1,208,564.
Revenue	9	Program service revenue (Part VIII, line 2g)		8,002.	13,305.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		416.	665.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		190,517.	243,506.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		745,341.	1,466,040.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		287,276.	380,715.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	3,775.
Del	b	Total fundraising expenses (Part IX, column (D), line 25) 95, 4			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		191,101.	214,049.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		478,377.	598,539.
-	19	Revenue less expenses. Subtract line 18 from line 12		266,964.	867,501.
OL	2022			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,168,485.	2,013,625.
Net Assets or	21	Total liabilities (Part X, line 26)		196,012.	173,651.
S	22	Net assets or fund balances. Subtract line 21 from line 20		972,473.	1,839,974.
-	art II	Signature Block			
Un	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	1
		hee Meininger		0 11 14	19
Sig	gn	Signature of officer		Date	
He	re	SUSAN MEINZINGER, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's signature		Date Check	
Pai		Trina D. Hoekstra, CPA	1	1/14/19 self-employe	
	parer	Firm's name TRINA D HOEKSTRA CPA PS		Firm's EIN ▶	45-4652990
US	e Only	Firm's address 301 WEST BLACKBURN RD			
		MOUNT VERNON, WA 98273		Phone no. (3	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
832	001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2018)

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2018) SUMMIT ASSISTANCE DOGS	**_****	Page 2
	rt 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 ORGANIZAITON THAT		
	LIFE-CHANGING PARTNERSHIPS BY PROVIDING HIGHLY-TRAINED N	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 the		V.
	prior Form 990 or 990-EZ?		∆ No
	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 services?	Yes [XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avpapage	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a		_{le \$} 13,6	31.)
	- Provided support and recertification for 30+ active s	service dog	
	partnerships.		
	- Provided inmate service dog training program at Monro	o Correction	<u>_1</u>
		Se COILECTION	aı
	Complex.		
	- Provided numerous educational presentations for commu	inity	
	organizations and school groups.		
	- Began architectural design work and engineering for	the first of	
	three buildings that will comprise the new training camp		
	- Cleared and graded the building site, and built a dr:		
		lveway to the	
	site.		
	- Installed a new well.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie\$)
	(′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$)
			/
4d	Other program services (Describe in Schedule O.)		
Ψu		١.	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 461,471.		

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
e	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	3		- 23
6	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.	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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 temporarily restricted endowments, permanent			<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	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,		1	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			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			37			
	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			x			
_	Schedule K. If "No," go to line 25a						
	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					
	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	0.5		x			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
D	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	054		x			
00	Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or						
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x			
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 23			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member						
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21					
20	instructions for applicable filing thresholds, conditions, and exceptions):						
а		28a		x			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200					
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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			
35 a	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 in Schedule O for Part VI, lines 11b and 19?						
	Note. All Form 990 filers are required to complete Schedule O	38	Х				
Pa							
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37				
	(gambling) winnings to prize winners?	1c	Х				

Form	990 (2018) SUMMIT ASSISTANCE DOGS **-***	* * *	Pa	age 5
Par				0
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D D	were not tax deductible?	6b		
7		00		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
	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?	7a 7h		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation 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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 15	Is 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?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	, , , , ,			

Form **990** (2018)

Form 990	(2018)
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SUMMIT ASSISTANCE DOGS

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN MEINZINGER - 360-293-5609			
	PO BOX 699, ANACORTES, WA 98221			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da	not o	Pos	itior	1 than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npen		(00-2/1099-10130)		organization and related
	below	dual ti	tiona		nploy	st cor	-			organizations
	line)	ndivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) RAY VERMILLION	3.00									
DIRECTOR		x						0.	Ο.	0.
(2) MICHAEL HUGHES	3.00									
DIRECTOR		X				$\left[\right]$		0.	0.	0.
(3) MATTHEW HOBBS	3.00									
DIRECTOR		X						0.	0.	0.
(4) TRACY DOERING	3.00									
DIRECTOR		Х						0.	0.	0.
(5) ANDREA CRISPIN	3.00									
DIRECTOR		х						0.	0.	0.
(6) KEVIN CORCORAN	3.00								_	-
DIRECTOR		х						0.	0.	0.
(7) CHRIS BLANCHARD	3.00									
DIRECTOR		X						0.	0.	0.
(8) BRENDA WALKER	3.00									
SECRETARY		X		X				0.	0.	0.
(9) STEPHANIE DRENCHEN	3.00								0	0
TREASURER	2 00	X		X				0.	0.	0.
(10) BRANDON STONE	3.00			37				0	0	0
VICE-PRESIDENT	2 00	X		X				0.	0.	0.
(11) MICHELLE MUNRO	3.00	x						0.	0.	0
PRESIDENT	40.00	<u> </u>		X				0.	0.	0.
(12) SUSAN MEINZINGER	40.00			x				71,795.	0.	6,097.
EXECUTIVE DIRECTOR				<u>^</u>		-		/1,/95.	0.	0,097.
		<u> </u>								
				<u> </u>		-	-			
		-								
		1								
						1				
		1								
				-			-			

Form 990 (2018) SUMMIT A:	SSISTAN	CE	DC	GS	3				**_**	* * * *	·*	-age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ighe	st C					
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	i tion more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompens from t organiza and rela	ation he ation ated
1b Sub-total						Ę		71,795.		0.	6,0)97.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 71,795.		0.		0.)97.
2 Total number of individuals (including but n compensation from the organization ►							no r),000 of reportable	-		0
											Yes	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes." <i>complete Schedule J for</i> s					·	-		highest compensated e	. ,	3	3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	mpe	ensa	atior	n and	d ot	her compensation from		4		x
 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> 	accrue comper	nsati	on f	rom	any	/ unr	elat	ted organization or indiv				x
Section B. Independent Contractors		010	<i>JI 3</i> (icii j	0013	<u>son .</u>				····· •	, <u> </u>	1 11
1 Complete this table for your five highest co the organization. Report compensation for		•								pensatio	on from	
(A) Name and business)NE			01 10		(B) Description of s		Com	(C) pensati	on
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi	zation 🕨				(0						

orm 9		; _ /	ISTANCE DOG	S		**_***	* * * * Page 9
Part							
		Check if Schedule O contains a resp	onse or note to any li	ne in this Part VIII	(5)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a	Federated campaigns	a				
	b	Membership dues 1	b				
Å Å	с	Fundraising events 1	c				
ar		Related organizations	d				
, E		Government grants (contributions)	e				
ŝ	f	All other contributions, gifts, grants, and		-			
the second		similar amounts not included above	fl,208,564.	,			
ġ	q	Noncash contributions included in lines 1a-1f: \$	1 1 0 0	-			
and		Total. Add lines 1a-1f		1,208,564.			
			Business Code				
D	2 a	PROGRAM SERVICE	900099	13,305.	13,305.		
	b						
anc	c						
Ne la	d						
Revenue							
	e f	All other program service revenue					
				13,305.			
		Total. Add lines 2a-2f		15,505.			
	3	Investment income (including dividends,		665.			665
		other similar amounts)		005.			005
	4	Income from investment of tax-exempt b					
	5	Royalties					
		(i) Rea Gross rents 28, 3	al (ii) Personal	-			
			0.	-			
		Less: rental expenses		-			
		Rental income or (loss) 28,3		20 226			20 226
		Net rental income or (loss)		28,336.			28,336
	7 a	Gross amount from sales of (i) Securi	ities (ii) Other	_			
		assets other than inventory		-			
	b	Less: cost or other basis					
		and sales expenses		-			
		Gain or (loss)		-			
		Net gain or (loss)					
e	8 a	Gross income from fundraising events (n	ot				
(eu		including \$ of					
Be		contributions reported on line 1c). See					
e		Part IV, line 18					
Other Revenue	b	Less: direct expenses					
	С	Net income or (loss) from fundraising eve	ents 🕨	214,844.			214,844
	9 a	Gross income from gaming activities. See	e				
		Part IV, line 19	а				
	b	Less: direct expenses	b				
	с	Net income or (loss) from gaming activitie	es 🕨				
1	10 a	Gross sales of inventory, less returns					
		and allowances	а				
	b	Less: cost of goods sold	b				
	с	Net income or (loss) from sales of invento	ory 🕨				
		Miscellaneous Revenue	Business Code				
1	11 a	SALE OF MERCHANDISE	900099	326.	326.		
	b						
	с						
	d	All other revenue					
		Total. Add lines 11a-11d	•	326.			
		Total revenue. See instructions	•	1 466 040	13,631.	0	. 243,845

SUMMIT ASSISTANCE DOGS

secti	ion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,795.	53,909.	5,375.	12,51
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	273,157.	201,397.	21,565.	50,19
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	35,763.	26,367.	2,823.	6,57
1	Fees for services (non-employees):				
а	Management	2,308.	2,308.		
b	Legal				
С	Accounting	7,000.		7,000.	
d	Lobbying				
е	č í h	3,775.	\		3,77
f	Investment management fees				
g			60.010		
	column (A) amount, list line 11g expenses on Sch 0.)	69,838.	68,018.		<u>1,82</u> 79
2	Advertising and promotion	799.	22.121		
3	Office expenses	40,471.	38,181.	1,452.	83
4	Information technology				
5	Royalties	10.000	10.000		
6	Occupancy	12,882.	10,300.	1,291.	1,29
7	Travel	14,217.	13,301.	133.	78
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates		- 200		01
2	Depreciation, depletion, and amortization	6,267.	5,389.	63.	81
3	Insurance	3,118.	1,944.	1,174.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	22,340.	11,232.	7.	11,10
b	MEALS	8,531.	6,404.	0.	2,12
с	TRAINING	7,670.	6,971.	427.	27
d	VEHICLE	5,231.	4,711.	104.	41
е	All other expenses	13,377.	11,039.	158.	2,18
5	Total functional expenses. Add lines 1 through 24e	598,539.	461,471.	41,572.	95,49
	laint agate. Complete this line only if the organization				

 25
 Total functional expenses. Add lines 1 through 24e
 598,539.

 26
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ______ if following SOP 98-2 (ASC 958-720)

SUMMIT ASSISTANCE DOGS

_*** Page **11**

1 0	ιΛ	Balance Sheet					
		Check if Schedule O contains a response or note	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			292,067.	1	417,646.
	2	Savings and temporary cash investments			340,588.	2	332,506.
	3	Pledges and grants receivable, net			23,579.	3	234,650.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of section	ion 501(c)	(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,355.	9	1,441.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		351,192. 54,547.			
	b	Less: accumulated depreciation	10b	54,547.	300,899.	10c	296,645.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			209,997.	15	730,737.
	16	Total assets. Add lines 1 through 15 (must equa			1,168,485.	16	2,013,625.
	17	Accounts payable and accrued expenses			46,012.	17	73,651.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
oilit		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			1 5 0 0 0	22	100 000
_	23	Secured mortgages and notes payable to unrela		F	150,000.	23	100,000.
	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				05	
		Schedule D			196,012.	25	173,651.
	26			New N	190,012.	26	1/5,051.
<i>(</i>)		Organizations that follow SFAS 117 (ASC 958)					
čě	07	complete lines 27 through 29, and lines 33 and			873,351.	27	1,822,836.
llan	27 28	Unrestricted net assets			99,122.	27	17,138.
Fund Balances		Temporarily restricted net assets			<i>JJ</i> ,122.		17,1500
oun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		shock horo		29	
			50 950), (
50	20	and complete lines 30 through 34.				20	
set	30 21	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipated according and surplus accumulated in		F		31	
Net	32	Retained earnings, endowment, accumulated inc		F	972,473.	32	1,839,974.
-	33 24	Total net assets or fund balances			1,168,485.	33 34	2,013,625.
	34	Total liabilities and net assets/fund balances			I,IUU,HUJ.	34	[2,013,023]

Form 990 (2018)

Part X Balance Sheet

Form	990	(201)	8
1 01111	000	(201	U

Form	990 (2018) SUMMIT ASSISTANCE DOGS **-***	* * * *	Pag	ge 12
Pai	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)	1,460		
2	Total expenses (must equal Part IX, column (A), line 25)		3,5	
3	Revenue less expenses. Subtract line 2 from line 1		7,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	972	2,4	73.
5	Net unrealized gains (losses) on investments5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
		1,839	9,9	74.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 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?	_ 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	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 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 in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b		
		Form	990 (2018)

5

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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.

	2018
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

			SUMM	IT ASSISTA	NCE DOGS				*	*_*****	
Pa	rt I		Reason for Public (omplete th	is part.) Se	e instructions			•
Гhe	oraa	niza	ation is not a private found	lation because it is: (For lines 1 through 12. c	heck only	one box.)				
1		1	church, convention of ch					I)(A)(i)			
2		1	school described in sect					·//·/·			
		1	hospital or a cooperative		-			::)			
3		1						-	(:::) F atas	the heavitally name	
4			medical research organiz	ation operated in col	njunction with a nospital	laeschbed	a in sectio	(A)(T)(d)(T)(A)	(III). Enter	the hospital's hame,	
_		1	ity, and state:								-
5			n organization operated fo		liege or university owned	a or opera	ted by a g	overnmental u	nit descrit	bed in	
_		1	section 170(b)(1)(A)(iv). (C	. ,							
6		1	federal, state, or local gov	-							
7			n organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in	
		1	ection 170(b)(1)(A)(vi). (C								
8		A	community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		A	n agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	and-grant	college	
		0	r university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the colleg	e or	
		1	niversity:								
10	Х	A	n organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from	
		a	ctivities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of i	ts suppor	t from gross investment	
		ir	ncome and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the org	ganization	after June 30, 1975.	
		S	ee section 509(a)(2). (Cor	mplete Part III.)			2				
11		A	n organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).			
12] A	n organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	e purposes of one or	
		n	nore publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in	
		li	nes 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	l 12g.		
а			Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	<i>r</i> giving	
			the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting	
			organization. You must o	omplete Part IV, Se	ctions A and B.						
b			Type II. A supporting org			tion with it	s support	ed organizatio	n(s), by ha	iving	
			control or management o					-		-	
			organization(s). You mus			•					
с			Type III functionally inte			in connec	tion with. a	and functional	lv integrate	ed with.	
			its supported organization						, ,	,	
d			Type III non-functionally						ted oraani	zation(s)	
			that is not functionally int						-		
			requirement (see instruct			-		-			
е	Г		Check this box if the orga						II. Type III		
-			functionally integrated, or						,		
f	Fn	tert	the number of supported of	reconizationo							-
			le the following information							·	-
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	-
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
											-
											-
											_
Γοτε	al										Ĩ

Schedule A (Form 990 or 990-EZ) 2018 SUMMIT ASSISTANCE DOGS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	4					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		-	12	•
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Public	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
b	33 1/3% support test - 2017. If the c	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances test	t - 2017. If the org	anization did not o	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	imstances" test, c	heck this box and	l stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	licly supported org	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructior	ns 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 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. Pul	blic Support						
	scal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	contributions, and	(.,	(0) = 0 + 0	(0) = 0 : 0	(4) = 0	(0) = 0 + 0	(1) 1010.
	fees received. (Do not						
	unusual grants.")	334,403.	398,142.	442,938.	518,368.	1,206,436.	2,900,287.
	s from admissions,					_,,	_,,
	sold or services per-						
formed, or fac	cilities furnished in						
	hat is related to the	104,272.	119 152	147,721.	119,610.	229,475.	720,230.
•	s tax-exempt purpose	101,272.	119,1920	14/,/21.	115,010.	22574750	720,2300
-	s from activities that						
	related trade or bus-						
iness under s							
	levied for the organ-						
	efit and either paid to						
or expended							
	services or facilities						
	a governmental unit to						
e e	on without charge				627 070		
	es 1 through 5	438,675.	517,294.	590,659.	637,978.	1,435,911.	3,620,517.
	uded on lines 1, 2, and						
	m disqualified persons						0.
	l on lines 2 and 3 received squalified persons that						
	r of \$5,000 or 1% of the				1 6 9 5 9 9		055 006
amount on line 13	for the year					687,806.	
	and 7b				169,500.	687,806.	857,306.
	rt. (Subtract line 7c from line 6.)						2,763,211.
Section B. Tot							
	scal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016 590,659.	(d) 2017 637,978.	(e) 2018	(f) Total
9 Amounts from		438,675.	517,294.	590,659.	637,978.	1,435,911.	3,620,517.
10a Gross income	e from interest, yments received on						
	ns, rents, royalties,						4 4 5 4 6 5 5
and income fr	rom similar sources	24,546.	27,444.	26,413.	29,961.	29,001.	137,365.
-	ness taxable income						
``	11 taxes) from businesses						
acquired after J	lune 30, 1975						
c Add lines 10a	and 10b	24,546.	27,444.	26,413.	29,961.	29,001.	137,365.
	om unrelated business						
	included in line 10b, of the business is						
regularly carri							
	. Do not include gain						
	he sale of capital in in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)	463,221.	544,738.	617,072.	667,939.	1,464,912.	3,757,882.
	rs. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
-		-					
	mputation of Publ						
15 Public suppor	rt percentage for 2018 (I	line 8, column (f), c	livided by line 13,	column (f))		15	73.53 %
	rt percentage from 2017					16	95.08 %
Section D. Co	mputation of Inve	stment Incom	e Percentage				
17 Investment in	come percentage for 20	18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	3.66 %
	come percentage from 2					18	4.92 %
	port tests - 2018. If the					3 1/3% , and line 1	7 is not
	1/3% , check this box a						► V
	port tests - 2017. If the						
	more than 33 1/3% , che	-					
	dation. If the organizatio						
000000 10 11 10			,	, ,) or 990-E7) 2018

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

	162	NU
1		
2		
3a		
3b		
•		
3c		
4a		_
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
0		
9b		
9c		
10a		
10b		
-		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	I		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			L
-			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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5).	
2	Activities Test. Answer (a) and (b) below.	ļ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3a

3b

Schedule A (Form 990 or 990-EZ) 2018 SUMMIT ASSISTANCE DOGS

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

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

		piero	<u> </u>	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
		-		

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

Schedule A (Form 990 or 990-EZ) 2018

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	tion D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
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 organizatio	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 SUMMIT ASSISTANCE DOGS	**_****** Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
		7

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

SUMMIT	ASSISTANCE	DOGS
DOUTTIE	100101000	DOOD

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**. **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

X 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

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 or 990-EZ), 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 for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

_***

SUMMIT ASSISTANCE DOGS

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

art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	idultional 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

Page 4

Name of or	rganization			Employer identification number			
SUMMI	I ASSISTANCE DOGS			**_****			
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 additiona	a) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-		(e) Transfer of gi	ft ft				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee			

SCHEDULE D

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.



Name of the organization

SUMMIT	ASSISTAN	CE DOGS
s Maintair	ning Donor A	dvised Fund

Employer	ide	nti	ifi	Са	ati	on	ı r	number
*	* _	*	*	*	*	*	*	*

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir					
		(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?			Yes No		
Pa						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically impo	rtant land area		
	Protection of natural habitat	Preservation of a cer	tified historic	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co <u>nserv</u>	ation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organizatio	n during the tax		
	year ►					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	:			
	violations, and enforcement of the conservation easements i	it holds?		Yes 📖 No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation eas	sements during the year		
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easeme	nts during the year		
	▶\$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organiza	tion's accounting for		
De	conservation easements.	Ant Historical Transman and				
Pa	t III Organizations Maintaining Collections o		Jther Simi	lar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ex		ance of public	c service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descr					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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 tre		al gain, provid	le		
	the following amounts required to be reported under SFAS 1			•		
a	Revenue included on Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990. Part X		🕨	\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Sche	dule D (Form 990) 2018 SUMMIT	ASSISTANCE	DOGS		**_*	***** Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	reasures, or (Other Similar Ass	ets(continued)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that ar	e a significant use of it	s collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	change programs	5	
b	Scholarly research	e	Other			
с	Preservation for future generations					
4	Provide a description of the organization's c					art XIII.
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or other s	imilar assets	
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Ye	s" on Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	art X, line 21.				
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
						Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year					
f	Ending balance				1 f	
	Did the organization include an amount on F				• · · · · · · · · · · · · · · · · · · ·	Yes No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					L
Fai		<u> </u>				
4		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years bac	K (e) FOUT years back
	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
g	End of year balance Provide the estimated percentage of the cur		o (lino 1 a. oolumn (
2	Board designated or quasi-endowment	rent year enu balance	%	a)) Helu as.		
a b	Permanent endowment	%				
	Temporarily restricted endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
C	The percentages on lines 2a, 2b, and 2c sho					
39	Are there endowment funds not in the posse		ation that are held a	and administered	for the organization	
ou	by:				nor the organization	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 Equipn					
	Complete if the organization answere		, Part IV, line 11a.	See Form 990, P	art X, line 10.	
	Description of property	(a) Cost or ot			(c) Accumulated	(d) Book value
		basis (investm	• • •	(other)	depreciation	
1 a	Land	· ·	13	36,416.		136,416.
	Buildings			59,173.	23,129.	146,044.
	Leasehold improvements			-		
	Equipment		4	5,603.	31,418.	14,185.
	Other					
	Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)		296,645.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
. ,	Description		(b) Book value
(1) LAND HELD FOR INVESTMENTS			95,243.
(2) CONSTRUCTION IN PROGRESS (3) PLEDGES RECEIVABLE			235,494. 400,000.
(3)			400,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			730,737.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
Complete if the organization answered "Yes"		(b) Book value).
1. (a) Description of liability		(b) BOOK value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Check	there if the text of the footnote has been	provided in Part XIII

Sche	dule D (Form 990) 2018 SUMMIT ASSISTANCE DOGS		**_	****** Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue pe	r Returr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,466,040.
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	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		. 3	1,466,040.
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.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,466,040.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	598,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
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		. 3	598,539.
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		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	598,539.
Par	t 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.

832054 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	00-EZ) 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.						, or if the	2018
Department of the Treasury Internal Revenue Service		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer ide	entification number
		ASSISTANCE DOGS					**_***	
	complete this part	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f ☐ Solicita g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees		
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 SUMMIT ASSISTANCE DOGS

_***<u>*</u>Page 2

Part II	Fundra
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aising 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

Revenue			(a) Event #1 SPECIAL	(b) Event #2	(c) Other events None	(d) Total events
_			EVENTS			(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	280,341.			280,341.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	280,341.			280,341.
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E)	7	Food and beverages				
ē	8	Entertainment				
		Other direct expenses				65,497.
		Direct expense summary. Add lines 4 through			►	65,497.
		Net income summary. Subtract line 10 from li				214,844.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "I	No," explain:				
	We	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	vear?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 SUMMIT ASSISTANCE DOGS	**_**	* * * *	* Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	-	Yes	
10	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	L		
		Ι.		0/
	a The organization's facility		I3a	%
	a An outside facility		I3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	IS:		
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by the third party \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Γ	Yes	
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir			
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990 or 990-EZ)	SUMMIT	ASSISTANCE	DOGS
Part IV	Supplemental Info	ormation (con	tinued)	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 8 Open to Public Inspection

SUMMIT ASSISTANCE DOGS

Employer identification number **_*****

Form 990, Part I, Line 1, Description of Organization Mission:

PROVIDING HIGHLY-TRAINED MOBILITY ASSISTANCE DOGS FOR PEOPLE LIVING

WITH DISABILITIES.

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:

THE CONFLICT OF INTERESTS POLICY. IN THE EVENT THAT A PERSON IDENTIFIES A

POTENTIAL CONFLICT OF

INTEREST, IT IS BROUGHT TO THE ATTENTION OF THE BOARD FOR PROPER ACTION IN

ACCORDANCE WITH THE

WRITTEN POLICY.

Form 990, Part VI, Section B, Line 15:

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

REFERRING TO COMPENSATION

STUDIES AND SALARIES OF SIMILARLY SIZED ORGANIZATION EXECUTIVES.

COMPENSATION IS REVIEWED ANNUALLY

AT THE TIME THE BUDGET IS APPROVED.

Form 990, Part VI, Section C, Line 19:

BOARD MEETING ARE PUBLIC AND GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
SUMMIT ASSISTANCE DOGS	**_*****
Form 990, Part IX, Line 11g, Other Fees:	
DOG GROOMING:	
Program service expenses	12,637.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	12,637.
VETERINARY:	
Program service expenses	38,239.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	38,239.
VIDEO AND GRAPHICS:	
Program service expenses	7,535.
Management and general expenses	0.
Fundraising expenses	1,820.
Total expenses	9,355.
OUTREACH:	
Program service expenses	9,607.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	9,607.
Total Other Fees on Form 990, Part IX, line 11g, Col A	69,838.