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

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

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

For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Name of organization: Southeastern Guide Dogs, Inc.

Employer identification number: 59-2252352

Telephone number: 941-729-5665

Gross receipts: 30,062,164

Is this a group return for subordinates?: No

Are all subordinates included?: No

Website: www.guidedogs.org

Form of organization: Corporation

Year of formation: 1982

State of legal domicile: FL

Part I Summary

1. Briefly describe the organization's mission or most significant activities: Southeastern Guide Dogs transforms lives by creating and nurturing extraordinary

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Form VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

16b. Total fundraising expenses (Part IX, column (D), line 25) $2,009,467

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

Net Assets of Fund Balances

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

Signature Block

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

Sign Here

Signature of officer

Date 11-14-2022

Type or print name and title

Titus Herman, CEO

Preparer's signature

Date 11/11/2022

Preparer's EIN 59-1753337

Use Only

Firm's name Kerkering, Barberio & Co.

Firm's EIN 59-1753337

Firm's address P.O. Box 49348

Sarasota, FL 34230-6348

Phone no. 941-365-4617

May the IRS discuss this return with the preparer shown above? See instructions

X Yes  No

Form 990 (2021)
Southeastern Guide Dogs, Inc.  

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Southeastern Guide Dogs mission is to transform lives by creating and nurturing extraordinary partnerships between people and dogs.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? X

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

4a (Code: ___ ) (Expenses $ 11,439,910 including grants of $ 0 ) (Revenue $ 128,667 )
When people lose vision, it's easy to lose hope. When veterans lose hope, it's easy to give up everything. It's easy to let darkness define life instead of living life to its fullest. Our dogs deliver hope, confidence, courage, and independence to people with vision loss, veterans with disabilities and children with significant challenges. That's why we develop extraordinary partnerships between our dogs and the people who need them, and offer our dogs and services at no cost. Our three largest program service accomplishments include:

* We ensure the wellbeing of more than 1,200 dogs, including puppies and dogs training on our campus, dogs growing in puppy raiser homes, and active guide and service dogs transforming lives throughout the

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

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

4d Other program services (Describe on Schedule O.)

4e Total program service expenses $ 11,439,910.

See Schedule O for Continuation(s)
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

b Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

Is the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E

Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

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

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

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Form 990 (2021)
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

Yes   No  22  X

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

Yes   No  23  X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

Yes   No  24a  X

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

Yes   No  24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

Yes   No  24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Yes   No  24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

Yes   No  25a  X

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Yes   No  25b  X

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II

Yes   No  26  X

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III

Yes   No  27  X

28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

Yes   No  28a  X

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

Yes   No  28b  X

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV

Yes   No  28c  X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

Yes   No  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

Yes   No  30  X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Yes   No  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

Yes   No  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

Yes   No  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

Yes   No  34  X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes   No  35a  X

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Yes   No  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

Yes   No  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

Yes   No  37  X

38 Did the organization complete Schedule O and provide an explanation on Schedule O for Part VI, lines 11b and 19?

Yes   No  38  X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes   No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1a  15

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling winnings to prize winners?

Yes   No  1c  X
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] 199

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? [2b] X

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

3a Did the organization have unrelated business gross income of $1,000 or more during the year? [3a] X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O [3b] X

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? [4a] X

b If "Yes," enter the name of the foreign country ▶


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? [5a] X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? [5b] X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? [5c]

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? [6a] X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? [6b]

7 Organizations that may receive deductible contributions under section 170(c).
a 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] X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? [7b]

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? [7c] X

d If "Yes," indicate the number of Forms 8282 filed during the year [7d]

e 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]

g 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.
a 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:
a 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:
a Gross income from members or shareholders [11a]

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) [11b]

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? [12a]

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a 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]

c Enter the amount of reserves on hand [13c]

14a Did the organization receive any payments for indoor tanning services during the tax year? [14a] X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O [14b]

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] X

If "Yes," see the 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] X

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4961, 4952 or 4953? [17]
Southeastern Guide Dogs, Inc.  59-2252352  Page 6

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

1a  Enter the number of voting members of the governing body at the end of the tax year  12

1b  Enter the number of voting members included on line 1a, above, who are independent  12

2  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  X

3  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  X

4  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  X

5  Did the organization become aware during the year of a significant diversion of the organization's assets?  X

6  Did the organization have members or stockholders?  X

7a  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more of the governing body?  X

7b  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  X

8a  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8b  The governing body?  X

8c  Each committee with authority to act on behalf of the governing body?  X

9  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.  X

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

10a  Did the organization have local chapters, branches, or affiliates?  X

10b  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?  X

11a  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  X

11b  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  X

12a  Did the organization have a written conflict of interest policy? If "No," go to line 13

12b  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  X

12c  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  X

13  Did the organization have a written whistleblower policy?  X

14  Did the organization have a written document retention and destruction policy?  X

15a  Did the organization have a written process for determining compensation of the following persons or representatives: review by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15b  The organization's CEO, Executive Director, or top management official  X

15c  Other officers or key employees of the organization  X

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?

16b  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?  X

Section C. Disclosure

17  List the states with which a copy of this Form 990 is required to be filed \[See Schedule O\]

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) only) available 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 on Schedule O)

19  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20  State the name, address, and telephone number of the person who possesses the organization's books and records \[See Schedule O\]

Gloria Manzenberger, VP Finance - 941-729-5665  4210 77th Street East, Palmetto, FL 34221

Form 990 (2021)  122006  12-06-21

12431110 759428 14296  2021.05000 Southeastern Guide Dogs, Inc 14296_1
### Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

---

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Titus Herman</td>
<td>55.00</td>
<td>X</td>
<td>387,826.0</td>
<td>0.0</td>
<td>92,912.0</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Andrew Kramer</td>
<td>55.00</td>
<td>X</td>
<td>155,552.0</td>
<td>0.0</td>
<td>18,544.0</td>
</tr>
<tr>
<td>VP, Philanthropy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Kevin Conrad</td>
<td>55.00</td>
<td>X</td>
<td>163,570.0</td>
<td>0.0</td>
<td>113.0</td>
</tr>
<tr>
<td>Senior Veterinarian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Stacy Howe</td>
<td>50.00</td>
<td>X</td>
<td>141,879.0</td>
<td>0.0</td>
<td>20,760.0</td>
</tr>
<tr>
<td>VP, Marketing &amp; Communicat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Joel Clark</td>
<td>55.00</td>
<td>X</td>
<td>130,847.0</td>
<td>0.0</td>
<td>14,251.0</td>
</tr>
<tr>
<td>VP, Information Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Gloria Manzenberger</td>
<td>55.00</td>
<td>X</td>
<td>114,274.0</td>
<td>0.0</td>
<td>22,845.0</td>
</tr>
<tr>
<td>VP, Finance &amp; Risk Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Tammy Frouty</td>
<td>50.00</td>
<td>X</td>
<td>103,446.0</td>
<td>0.0</td>
<td>24,525.0</td>
</tr>
<tr>
<td>VP, Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Shannon Starline</td>
<td>50.00</td>
<td>X</td>
<td>96,821.0</td>
<td>0.0</td>
<td>18,846.0</td>
</tr>
<tr>
<td>VP, Human Resources &amp; Volu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) John Compton</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Kenneth Folkman</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Gary Johnson</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Vice Admiral Joe McGuire, USN</td>
<td></td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Bobby Newman</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Kathy Saunders</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) Dr. Harris Silverman</td>
<td>2.00</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) Dulce Weisenborn</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) Robert Meade</td>
<td>20.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>132007 12-09-21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc. 14296_1
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Drew Asher</td>
<td>10.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Tim Gruffy</td>
<td>10.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Vice Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) Andy Taylor</td>
<td>10.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal: 1,294,215.00  0.00  212,796.00

c Total from continuation sheets to Part VII, Section A: 0.00  0.00  0.00

d Total (add lines 1b and 1c): 1,294,215.00  0.00  212,796.00

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 7

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: Yes

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: Yes

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&amp;Barr</td>
<td>Marketing</td>
<td>306,506.</td>
</tr>
<tr>
<td>600 E Washington St, Orlando, FL 32801</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 1
## Part VIII  
**Statement of Revenue**  
Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>$64,890</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>$1,251,191</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>$134,602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>$15,880,879</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e All other contributions, gifts, grants, and similar amounts not included above</td>
<td>$463,549</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>$17,331,642</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>$959,716</td>
<td></td>
<td>$959,716</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>$11,560,220</td>
<td>$1,550</td>
<td>$27,422</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $1,251,191 of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>$395,407</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>$-395,407</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a Career change revenue</td>
<td>$97,700</td>
<td>$97,700</td>
<td>$15,245</td>
</tr>
<tr>
<td>11b Marketing revenue</td>
<td>$46,062</td>
<td>$2,474</td>
<td>$43,588</td>
</tr>
<tr>
<td>11c Program revenue</td>
<td>$28,493</td>
<td>$28,493</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total. Add lines 11a-11d</td>
<td>$172,255</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total revenue. See instructions                           | $18,056,029       | $128,667             | $43,588               | $552,132 |

Form 990 (2021) 12-09-21
### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>1,603,370.</td>
<td>997,053.</td>
<td>349,728.</td>
<td>256,589.</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>6,479,217.</td>
<td>5,073,393.</td>
<td>166,411.</td>
<td>1,239,413.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>174,562.</td>
<td>140,272.</td>
<td>163.</td>
<td>34,127.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>519,003.</td>
<td>410,268.</td>
<td>8,853.</td>
<td>99,882.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>512,353.</td>
<td>411,254.</td>
<td></td>
<td>101,099.</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>22,126.</td>
<td>22,126.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>39,150.</td>
<td>39,150.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>197,005.</td>
<td></td>
<td>197,005.</td>
<td></td>
</tr>
<tr>
<td>g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)</td>
<td>220,124.</td>
<td>154,754.</td>
<td>39,860.</td>
<td>25,510.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>565,437.</td>
<td>559,680.</td>
<td>5,327.</td>
<td>430.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>274,930.</td>
<td>163,062.</td>
<td>34,805.</td>
<td>77,063.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>93,392.</td>
<td>93,392.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>225,577.</td>
<td>185,678.</td>
<td>22,825.</td>
<td>17,074.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>8,122.</td>
<td></td>
<td>8,122.</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses, itemize expenses not covered above, (List miscellaneous expenses on line 24a. If line 24a amount exceeds 10% of line 25, column (A), amount, list line 24a expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Breeding/Vet/Kennel Exp</td>
<td>797,236.</td>
<td>797,236.</td>
<td>54.</td>
<td></td>
</tr>
<tr>
<td>b Maintenance and Equipment</td>
<td>735,677.</td>
<td>696,458.</td>
<td>15,800.</td>
<td>24,419.</td>
</tr>
<tr>
<td>c Supplies</td>
<td>117,917.</td>
<td>87,580.</td>
<td>12,924.</td>
<td>17,413.</td>
</tr>
<tr>
<td>d Dues &amp; Fees</td>
<td>69,674.</td>
<td>58,260.</td>
<td>3,554.</td>
<td>7,860.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>206,523.</td>
<td>120,647.</td>
<td>32,928.</td>
<td>52,948.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24</td>
<td>14,693,497.</td>
<td>11,439,910.</td>
<td>1,244,120.</td>
<td>2,009,467.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, In 14296_132010 12-09-21
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>600</td>
<td>1</td>
<td>600</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,914,305</td>
<td>2</td>
<td>3,654,817</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,563,823</td>
<td>3</td>
<td>946,289</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>94,064</td>
<td>7</td>
<td>90,912</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>35,265</td>
<td>8</td>
<td>40,731</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>94,028</td>
<td>9</td>
<td>107,113</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>35,342,417</td>
<td>10a</td>
<td>27,517,803</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation</td>
<td>8,635,758</td>
<td>10b</td>
<td>26,706,659</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>47,784,294</td>
<td>11</td>
<td>46,547,363</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>757,774</td>
<td>15</td>
<td>654,218</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 must equal line 33</td>
<td>80,761,956</td>
<td>16</td>
<td>78,748,702</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>961,577</td>
<td>17</td>
<td>1,096,226</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>994,566</td>
<td>26</td>
<td>1,123,660</td>
</tr>
</tbody>
</table>

### Organizations that follow FASB ASC 958, check here ▶

- Net assets without donor restrictions
- Net assets with donor restrictions

**Net Assets or Fund Balances**

- Organizations that do not follow FASB ASC 958, check here ▶
- and complete lines 27 through 33.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>61,971,955</td>
<td>27</td>
<td>59,993,251</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>17,795,435</td>
<td>28</td>
<td>17,631,791</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>79,767,390</td>
<td>32</td>
<td>77,625,042</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>80,761,956</td>
<td>33</td>
<td>78,748,702</td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>18,056,029.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>14,693,497.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3,362,532.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>79,767,390.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-5,524,144.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>19,264.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>77,625,042.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:  □ Cash  □ Accrual  □ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.

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

**SCHEDULE A**

(Form 990)

**Department of the Treasury**

**Internal Revenue Service**

**2021**

Open to Public Inspection

**Name of the organization**

Southeastern Guide Dogs, Inc.

**Employer identification number**

59-2252352

**Part I**

**Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
</tr>
<tr>
<td>5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f. Enter the number of supported organizations.</td>
</tr>
</tbody>
</table>

**g. Provide the following information about the supported organization(s):**

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN (described on lines 1-10 above see instructions)</th>
<th>(iii) Type of organization (described on lines 1-10 above see instructions)</th>
<th>(iv) Amount of monetary support (see instructions)</th>
<th>(v) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021
**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td>13,132,352</td>
<td>20,243,518</td>
<td>20,882,896</td>
<td>22,422,646</td>
<td>17,331,642</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>13,132,352</td>
<td>20,243,518</td>
<td>20,882,896</td>
<td>22,422,646</td>
<td>17,331,642</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>13,132,352</td>
<td>20,243,518</td>
<td>20,882,896</td>
<td>22,422,646</td>
<td>17,331,642</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>463,906</td>
<td>650,136</td>
<td>657,089</td>
<td>867,254</td>
<td>959,716</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td>198,577</td>
<td>127,426</td>
<td>142,731</td>
<td>126,872</td>
<td>128,667</td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2021</th>
<th>(b) 2020 Schedule A, Part II, line 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</td>
<td>89.79%</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td>87.57%</td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[X]</td>
</tr>
<tr>
<td>16b</td>
<td>33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[X]</td>
</tr>
<tr>
<td>17a</td>
<td>10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td>[X]</td>
</tr>
<tr>
<td>17b</td>
<td>10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td>[X]</td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>[X]</td>
</tr>
</tbody>
</table>

---

132022 01-04-22

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, In 14296_1
## Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Amounts included on lines 1, 2, and 3 received from disqualified persons</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>(A) 2017</td>
<td>(B) 2018</td>
<td>(C) 2019</td>
<td>(D) 2020</td>
<td>(E) 2021</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support.</strong> (Add lines 9, 10, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public support percentage for 2021</strong> (line 8, column (f), divided by line 13, column (f))</td>
<td>15</td>
<td>%</td>
</tr>
<tr>
<td><strong>Public support percentage from 2020 Schedule A, Part III, line 15</strong></td>
<td>16</td>
<td>%</td>
</tr>
</tbody>
</table>

## Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment income percentage for 2021</strong> (line 10c, column (f), divided by line 13, column (f))</td>
<td>17</td>
<td>%</td>
</tr>
<tr>
<td><strong>Investment income percentage from 2020 Schedule A, Part III, line 17</strong></td>
<td>18</td>
<td>%</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

---

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, In 14296_1
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 sections 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
   c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
   b. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
   c. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV  Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?
   
   a. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c, the governing body of a supported organization?
   
   b. A family member of a person described on line 11a above?
   
   c. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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?

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   
   a. 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.
   
   c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2. Activities Test. Answer lines 2a and 2b below.
   
   a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(a) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   
   b. Did the activities described on line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. Parent of Supported Organizations. Answer lines 3a and 3b below.
   
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
   
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### 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.

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

7. 

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2. Amounts paid to perform activity that directly furthers exempt purposes</td>
<td>2</td>
</tr>
<tr>
<td>of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3. Administrative expenses paid to accomplish exempt purposes of</td>
<td>3</td>
</tr>
<tr>
<td>supported organizations</td>
<td></td>
</tr>
<tr>
<td>4. Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5. Qualified set-aside amounts (prior IRS approval required - provide</td>
<td>5</td>
</tr>
<tr>
<td>details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>6. Other distributions (describe in Part VI), See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7. Total annual distributions, Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8. Distributions to attentive supported organizations to which the</td>
<td>8</td>
</tr>
<tr>
<td>organization is responsive (provide details in Part VI), See instructions.</td>
<td></td>
</tr>
<tr>
<td>9. Distributable amount for 2021 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10. Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Description</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2021 (reasonable cause</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>required - explain in Part VI), See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2021 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2021, if any. Subtract</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lines 3g and 4a from line 2. For result greater than zero, explain in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part VI, See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. For result greater than zero, explain in Part VI, See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
**Schedule B**
(From Form 990)

Department of the Treasury
Internal Revenue Service

**Schedule of Contributors**

- Attach to Form 990 or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

---

**Name of the organization:**

*Southeastern Guide Dogs, Inc.*

**Employer identification number:**

59-2252352

---

**Organization type (check one):**

- **Filers of:**
  - **Section:**
    - 501(c)(3) (enter number) organization
    - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
    - 527 political organization
    - 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**

- 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), 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.

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

---

**LHA**

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

---

123456 11-11-21
**Southeastern Guide Dogs, Inc.**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 1,775,548.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 1,000,000.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 522,569.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 500,000.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 473,000.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash [ ]</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
Southeastern Guide Dogs, Inc.

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$350,000.</td>
<td>Person <strong>X</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll <strong>☐</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash <strong>☐</strong></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Supplemental Financial Statements

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   - Yes ☐ No ☐

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - Yes ☐ No ☐

**Part II** Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)  
   - Protection of natural habitat  
   - Preservation of open space  
   - Preservation of a historically important land area  
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - Yes ☐ No ☐

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   - $ ____________

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   - Yes ☐ No ☐

In Part III, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

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

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

1. a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

   b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

      (i) Revenue included on Form 990, Part VIII, line 1  
      (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

   a. Revenue included on Form 990, Part VIII, line 1
   b. Assets included in Form 990, Part X
Southeastern Guide Dogs, Inc. 59-2252352

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition  d Loan or exchange program
   b Scholarly research  e Other
   c Preservation for future generations

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

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

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

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

1b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance

(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Term endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations
   (ii) Related organizations

3a(i) Yes  No

3a(ii) Yes  No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes  No

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

Part VI  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>408,651</td>
<td></td>
<td>408,651</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>29,761,308</td>
<td>4,754,055</td>
<td>25,007,253</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>724,646</td>
<td>630,336</td>
<td>94,310</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>4,225,690</td>
<td>3,251,367</td>
<td>974,323</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>222,122</td>
<td></td>
<td>222,122</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| 26,706,659 |

Schedule D (Form 990) 2021

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc 14296 1

132052 10-26-21
### Part VII: Investments - Other Securities

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

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

### Part VIII: Investments - Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Col. (b) must equal Form 990, Part X, col. (B) line 13.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX: Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Column (b) must equal Form 990, Part X, col. (B) line 15.)</em></td>
<td></td>
</tr>
</tbody>
</table>

### Part X: Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **(a) Description of liability**
   - (1) Federal income taxes
   - (2) Gift Annuity Liability
     - 27,434.
   - (3)               
   - (4)               
   - (5)               
   - (6)               
   - (7)               
   - (8)               
   - (9)               
   **Total** (Column (b) must equal Form 990, Part X, col. (B) line 25.) 27,434.

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

Schedule D (Form 990) 2021

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, In 14296 1
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>25,690,012</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>-5,524,144</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>14,024,035</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>-668,903</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>7,830,988</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>197,005</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>197,005</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue, add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>18,056,029</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>28,520,526</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>14,024,035</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>14,024,035</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>197,005</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>197,006</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses, add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>14,693,497</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information.

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

---

Part X, Line 2:

**Under the Income Taxes Topic of the FASB Accounting Standards**

Codification, the School and Trust have reviewed and evaluated the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the financial statements.

---

Part XI, Line 2d - Other Adjustments:

**Change in Split interest agreements**

19,264.

---

Reported on Southeastern Guide Dogs Endowment Trust FEIN

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc 14296_1
<table>
<thead>
<tr>
<th>65-0143994</th>
<th>-688,167.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total to Schedule D, Part XI, Line 2d</td>
<td>-668,903.</td>
</tr>
</tbody>
</table>

**Part XII, Line 4b - Other Adjustments:**

Rounding 1.
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - [ ] Yes
   - [ ] No

   b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**LHA**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II: Fundraising Events

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Revenue</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Event #1</td>
<td>(b) Event #2</td>
<td>(c) Other events</td>
</tr>
<tr>
<td>Event Type</td>
<td>Event Type</td>
<td>Total number</td>
</tr>
<tr>
<td>Walkathon</td>
<td>Havana Nights</td>
<td>None</td>
</tr>
<tr>
<td>Gross receipts</td>
<td>$950,808.</td>
<td>$300,383.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>$950,808.</td>
<td>$300,383.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>12,000.</td>
<td>12,000.</td>
</tr>
<tr>
<td>Cash prizes</td>
<td>12,000.</td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td>5,277.</td>
<td>5,277.</td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td>135.</td>
<td>135.</td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>$377,079.</td>
<td>$916.</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td>395,407.</td>
<td></td>
</tr>
<tr>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td>$395,407.</td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td>Bingo</td>
</tr>
<tr>
<td>Cash prizes</td>
<td>Yes</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td>No</td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>6 Volunteer labor</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
</tr>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

Schedule G (Form 990) 2021

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc. 14296_1
11 Does the organization conduct gaming activities with nonmembers?  
   □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
   □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility
   b An outside facility
   13a %
   13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
   □ Yes □ No

   b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

   c If 'Yes,' enter name and address of the third party:
   Name ▶
   Address ▶

16 Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $
   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
   □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

[Part IV] Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.
Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Southeastern Guide Dogs, Inc.

Employer identification number
59-2252352

Part I  Questions Regarding Compensation

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

☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account
☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (such as maid, chauffeur, chef)

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

1b

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

2

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

☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations
☐ Written employment contract
☐ Compensation survey or study
☐ Approval by the board or compensation committee

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

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

4a

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

4b

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

4c

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

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

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

a The organization?

5a

b Any related organization?

5b

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

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

a The organization?

6a

b Any related organization?

6b

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67? If "Yes," describe in Part III.

7

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

8

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

9

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

Schedule J (Form 990) 2021
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Titus Herman</td>
<td>(i) 302,826. 85,000. 0.</td>
<td>80,081. 12,831. 480,738. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>(i) 0. 0. 0. 0.</td>
<td>0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Andrew Kramer</td>
<td>(i) 80,552. 75,000. 0.</td>
<td>9,319. 9,225. 174,096. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP, Philanthropy</td>
<td>(i) 0. 0. 0. 0.</td>
<td>0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Kevin Conrad</td>
<td>(i) 153,570. 10,000. 0.</td>
<td>0. 113. 163,683. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Veterinarian</td>
<td>(i) 0. 0. 0. 0.</td>
<td>0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Stacy Howe</td>
<td>(i) 106,879. 35,000. 0.</td>
<td>7,929. 12,831. 162,639. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP, Marketing &amp; Communicat</td>
<td>(i) 0. 0. 0. 0.</td>
<td>0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part I, Line 7:
The Executive Review and Compensation Committee is composed of six independent board members. A written evaluation is prepared after input has been solicited from all board members. Performance is gauged on the evaluation and particularly against specific targets that were predefined by the board. The committee reviews compensation data supplied by an outside compensation consultant based on organizations of similar size. Additionally, the committee looks at 990 data from other similar organizations.

Part II - Deferred Compensation Plan
During 2015, the organization adopted a deferred compensation agreement for the CEO under Internal Revenue Code 457. The organization's reserve under the deferred compensation plan totaled $277,946 for the year ended June 30, 2022, and is included in accrued expenses together with an amount representing investment earnings on the unpaid balance. This amount represents five years' worth of contributions/disbursements. The employee will have no rights nor will be paid until five years following each contribution date provided the
employee has been employed by the organization continuously until that time.
## SCHEDULE M
(Form 990)

### Noncash Contributions

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

#### Name of the organization
Southeastern Guide Dogs, Inc.

#### Employer identification number
59-2252352

### Part I Types of Property

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if applicable</td>
<td>Number of contributions or items contributed</td>
<td>Noncash contribution amounts reported on Form 990, Part VIII, line 1g</td>
</tr>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>17</td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### LHA
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Southeastern Guide Dogs, Inc. uses a third-party organization to accept donations of vehicles, sell them and send us the proceeds.

Additionally, investment accounts are held at major financial institutions with money managers processing and selling stock contributions.
Form 990, Part I, Line 1 Description of Most Significant Activities:

partnerships between people and dogs. Our organization operates the most advanced training facilities of any service dog organization in the world. Our experts breed, raise, and train elite working dogs - including guide dogs, service dogs, and skilled companion dogs - and provide life-changing services for people with vision loss, veterans with disabilities, and children with significant challenges such as vision loss or the loss of a parent in the military. Southeastern Guide Dogs has successfully created thousands of guide dog and service dog teams throughout the United States since its inception in 1982, and today ensures the care and wellbeing of more than 1,200 dogs.

All of our services - which include selective breeding and expert dog training; comprehensive on-campus student instruction; and the most robust alumni support program in North America - are provided at no cost to recipients. Southeastern Guide Dogs has the distinction of being dually accredited by the two premier, global accreditation bodies: the International Guide Dog Federation and Assistance Dogs International. Learn more at www.GuideDogs.org.

Form 990, Part I, Line 6, Volunteers

Southeastern Guide Dogs shines as a volunteer-based organization, with more than 1,000 volunteers, including campus volunteers, puppy raisers, breeder hosts, and board members. These wonderful people contribute approximately $13 million worth of service hours annually, enabling us to offer far more value and services than we could otherwise afford.
Our puppy raiser and volunteer satisfaction ratings stand at 98.6%, as we strive to engage our volunteers in meaningful ways.

* Campus volunteers: More than 264 dedicated volunteers support daily operations, including conducting early puppy education, operating our gift shop, serving at our reception desk, providing onsite tours, serving as ambassadors, assisting in administrative special projects, taking photos, speaking at events, and caring for our dogs in our Puppy Academy, our Canine Assessment Center, and our Canine University.

* Puppy raisers: More than 300 puppy raisers throughout the United States foster our young puppies, providing early training for future working dogs from ages 8 weeks to about 18 months. These volunteers meet twice monthly and reinforce education daily, teaching puppies' basic obedience and early house manners while providing socialization experiences in real-world environments.

* Breeder hosts: About 75 local volunteers provide loving homes, healthy environments, and on-call transportation for reproductive services for dogs selected by our state-of-the-art genetics and reproduction department to serve as breeders.

* Walkathon volunteers: Several hundred volunteers help us plan and execute multiple Walkathon events every spring.

* Board members: our governing board is comprised of 14 business and community leaders throughout the United States who provide important direction and oversight to the organization.
Form 990, Part III, Line 4a, Program Service Accomplishments:
country. Over the past 12 months, we placed 118 dogs into important,
life-changing careers.

* We provide a personal, caring touch through follow-up services to
about 615 graduates throughout the United States, including guide dog
and service dog handlers. Our students - people with vision loss and
veterans with post-traumatic stress disorder - report a 99.8% overall
satisfaction rating in their exit surveys. And our graduates - people
whose lives are impacted dynamically because of our dogs - report a 97%
satisfaction rating in our annual graduate survey.

* Southeastern Guide Dogs operates the most comprehensive alumni
support of any service dog organization in North America. Thanks to
partnerships with Fromm Family Pet Food, Elanco and private donors and
veterinarians, the organization now ensures that every graduate can
receive - completely free of charge - high quality dog food, monthly
preventatives, vaccinations, and annual veterinary wellness visits.

Form 990, Part VI, Section B, line 11b:
The form 990 and audited financial statements are reviewed by the Finance
and Audit Committee and then reviewed by the full board of directors
together with our independent auditors.

Form 990, Part VI, Section B, Line 12c:
Board members and members of the executive management team complete annual
conflict of interest disclosure statements. If a board member, officer or trustee has a conflict of interest or a perceived conflict of interest with Southeastern Guide Dogs, Inc., he or she is required to notify the board chair of such conflict in writing and cannot be present during board or committee discussions or decisions on the matter. Continuous monitoring of all board members and staff takes place as situations occur, with any possible or actual conflicts being addressed and resolved as needed. The conflict of interest policy precludes board members or firms that employ a board member themselves from entering into a vendor relationship with Southeastern Guide Dogs.

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

A) CEO - The board's Executive Review and Compensation Committee conducts a comprehensive annual review of the CEO's performance. This committee:

1) Works collaboratively with the CEO to set agreed-upon annual and long-range performance goals.

2) Conducts objective performance assessments in the areas of mission fulfillment, resource development, financial performance, staff development and progress with the implementation of the school's strategic plan. Based on the outcome of the annual assessment, and with input from an outside compensation consultant, the committee recommends the CEO's compensation to the full board of directors, which votes on and approves the compensation.

B) Other officers or key employees of the organization.

In concert with the VP, Human Resources, the CEO conducts annual
performance assessments for each member of the executive team. In addition, the CEO annually collects and reviews comparable salaries (for like services, in like enterprises, in like circumstances) from surveys and databases of salary information.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
FL, AL, AR, CA, CT, GA, IL, KS, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI, KY

Form 990, Part VI, Section C, Line 19:
Governing documents, conflict of interest policy and audited financial statements are all available upon request. In addition, the audited financial statements and form 990 are posted on the organization's website.

Form 990, Part VII, Column B, Hours for related organization
The average hours per week for Titus Herman and Gloria Manzenberger include 1 hour (per individual) attributable to Southeastern Guide Dogs Endowment Trust (a related organization).

Form 990, Part XI, line 9, Changes in Net Assets:
Change in Split Interest Agreement Value 19,264.

Form 990, Part XII, Line 2c, Audit review process
There were no current year changes to the audit oversight process.
**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>[(a)] Name, address, and EIN (if applicable) of disregarded entity</th>
<th>[(b)] Primary activity</th>
<th>[(c)] Legal domicile (state or foreign country)</th>
<th>[(d)] Total income</th>
<th>[(e)] End-of-year assets</th>
<th>[(f)] Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>[(a)] Name, address, and EIN of related organization</th>
<th>[(b)] Primary activity</th>
<th>[(c)] Legal domicile (state or foreign country)</th>
<th>[(d)] Exempt Code section</th>
<th>[(e)] Public charity status (if section 501(c)(3))</th>
<th>[(f)] Direct controlling entity</th>
<th>[(g)] Section 501(c)(3) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Southeastern Guide Dogs Endowment Trust - 65-0143394, 4210 77th Street East, Palmetto, FL 34221</strong></td>
<td>To provide and hold funds for Southeastern Guide Dogs, Inc.</td>
<td>Florida</td>
<td>501(c)(3)</td>
<td>Line 12b, II</td>
<td>N/A</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

*For Paperwork Reduction Act Notice, see the Instructions for Form 990.*
### Part III  Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations? Yes No</th>
<th>(i) Code V/UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No</th>
<th>(j) General or managing partner? Yes No</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(1) controlled entity? Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all parties sec 591(c)(3) or 591(c)(5)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate amount?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Unrelated Business Income

CARRYOVER DATA TO 2022

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeastern Guide Dogs, Inc.</td>
<td>59-2252352</td>
</tr>
</tbody>
</table>

Based on the information provided with this return, the following are possible carryover amounts to next year.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Pre-2018 Net Operating Loss</td>
<td>37,964</td>
</tr>
<tr>
<td>FL Net Operating Loss</td>
<td>37,964</td>
</tr>
<tr>
<td>Year Originated</td>
<td>Original Carryover Amount</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>2014</td>
<td>37,964</td>
</tr>
</tbody>
</table>

**Detail Type**

- **ESBC**
  - Amount Used for
  - Amount Used for
  - Amount Used for
  - Amount Used for
  - Amount Used for
  - Amount Used for
  - Amount Used for
  - Amount Used for

112571
04-01-21
<table>
<thead>
<tr>
<th>Year Originated</th>
<th>Original Amount Used</th>
<th>Total Amount Used</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>37,864</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detail Type</th>
<th>E</th>
<th>S</th>
<th>B</th>
<th>C</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
<th>Amount Used for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>J</td>
<td>K</td>
<td>L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>O</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q</td>
<td>R</td>
<td>S</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U</td>
<td>V</td>
<td>W</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

112571  
04-01-21
# TAX RETURN FILING INSTRUCTIONS

**FORM 990-T**

**FOR THE YEAR ENDING**

June 30, 2022

| Prepared for                  | Southeastern Guide Dogs, Inc.  
|-------------------------------|--------------------------------
|                               | 4210 77th Street E.            
|                               | Palmetto, FL 34221             

| Prepared by                   | Kerkering, Barberio & Co.      
|-------------------------------|--------------------------------
|                               | P.O. Box 49348                 
|                               | Sarasota, FL 34230-6348        

| Amount due or refund          | No amount is due.              

| Make check payable to        | No amount is due.              

| Mail tax return and check (if applicable to)| Not applicable |

| Return must be mailed on or before | Not applicable |

**Special Instructions**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.
IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30, 2022

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer:

Southeastern Guide Dogs, Inc.

Name and title of officer or person subject to tax:

Titus Herman
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount that on line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here □ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here □ □ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here □ □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ □ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a Form 8886 check here □ □ b Balance due (Form 8886, line 3c) 5b
6a Form 990-T check here □ □ b Total tax (Form 990-T, Part III, line 4) 6b
7a Form 4720 check here □ □ b Total tax (Form 4720, Part II, line 1) 7b
8a Form 5227 check here □ □ b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a Form 5330 check here □ □ b Tax due (Form 5330, Part II, line 19) 9b
10a Form 8038-CP check here □ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [ ] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-563-4507 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[ x ] I authorize Kerkering, Barberio & Co. to enter my PIN 14296

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56249519908

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized E-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ER0 Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)
Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other year beginning JUL 1, 2021, and ending JUN 30, 2022.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A  Check box if address changed.

Name of organization (  Check box if name changed and see instructions.)

Southeastern Guide Dogs, Inc.

59-2252352

B  Print or Type

Exempt under section

501(c)(3)  

408(e)  

408A  

530(a)

Group exemption number (see instructions)

Employer identification number

C  Book value of all assets at end of year

78,748,702

D  Check box if an amended return.

G  Check organization type

501(c) corporation 501(c) trust 401(a) trust Other trust

H  Check if filing only to

Claim credit from Form 8941  Claim a refund shown on Form 2439

Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J  Enter the number of attached Schedules A (Form 990-T)

1

K  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

L  The books are in care of

Gloria Manzenberger, VP Finance 941-729-5665

Telephone number

Part I  Total Unrelated Business Taxable Income

1  Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)

0

2  Reserved

3  Add lines 1 and 2

4  Charitable contributions (see instructions for limitation rules)

0

5  Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3

6  Deduction for net operating loss. See instructions

0

7  Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5

1,000

8  Specific deduction (generally $1,000, but see instructions for exceptions)

0

9  Trusts. Section 199A deduction. See instructions

1,000

10  Total deductions. Add lines 8 and 9

0

11  Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero

Part II  Tax Computation

1  Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

0

2  Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)

3  Proxy tax. See instructions

4  Other tax amounts. See instructions

5  Alternative minimum tax (trusts only)

6  Tax on noncompliant facility income. See instructions

7  Total. Add lines 3 through 6 to line 1 or 2, whichever applies

0

LHA  For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)
**Part III  Tax and Payments**

1. Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  
   - a. Other credits (see instructions)  
   - b. General business credit. Attach Form 3800 (see instructions)  
   - c. Credit for prior year minimum tax (attach Form 8801 or 8827)  
   - d. Total credits. Add lines 1a through 1d

2. Subtract line 1e from Part II, line 7

3. Other amounts due. Check if from:  
   - Form 4255  
   - Form 8811  
   - Form 8886  
   - Other (attach statement)

4. Total tax. Add lines 2 and 3 (see instructions).  
   - Check if includes tax previously deferred under section 1294, Enter tax amount here

5. Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4

6. Payments: A 2020 overpayment credited to 2021  
   - a. 2020 estimated tax payments. Check if section 643(g) election applies
   - b. Tax deposited with Form 8868
   - c. Foreign organizations: Tax paid or withheld at source (see instructions)
   - d. Backup withholding (see instructions)
   - e. Credit for small employer health insurance premiums (attach Form 8941)
   - f. Other credits, adjustments, and payments: Form 2439

7. Total payments. Add lines 6a through 6g

8. Estimated tax penalty (see instructions). Check if Form 2220 is attached

9. Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed

10. Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid

11. Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶

**Part IV  Statements Regarding Certain Activities and Other Information**

1. At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization must have filed FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.

2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

3. Enter the amount of tax-exempt interest received or accrued during the tax year ▶

4. Enter available pre-2018 NOL carryovers here ▶ $37,964. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.


**Part V  Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

---

**Sign Here**

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

**Paid Preparer Use Only**

Print/Type preparer's name: Rebecca U. Stoner  
Preparer's signature:  
Date:  
Check if self-employed:  
PTIN:  
Firm's name: Kerkering, Barberio & Co.  
Firm's EIN: 59-1753337  
Firm's address: P.O. Box 49348  
Sarasota, FL 34230-6348  
Phone no.: 941-365-4617

---

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, In 14296_1
<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Loss Sustained</th>
<th>Loss Previously Applied</th>
<th>Loss Remaining</th>
<th>Available This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/15</td>
<td>37,964.</td>
<td>0.</td>
<td>37,964.</td>
<td>37,964.</td>
</tr>
</tbody>
</table>

NOL Carryover Available This Year

37,964. 37,964.
**SCHEDULE A**
(Form 990-T)

**Unrelated Business Taxable Income From an Unrelated Trade or Business**

- Go to www.irs.gov/Form990T for instructions and the latest information.
- Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<table>
<thead>
<tr>
<th>A</th>
<th>Name of the organization</th>
<th>Southeastern Guide Dogs, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Employer identification number</td>
<td>59-2252352</td>
</tr>
<tr>
<td>C</td>
<td>Unrelated business activity code (see instructions)</td>
<td>453220</td>
</tr>
</tbody>
</table>

**Describe the unrelated trade or business**

- **Advertising revenue**

### Part I: Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Part III, line 8)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income (attach Sch D (Form 1041 or Form 1120)) See instructions</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Net gain (loss) (Form 4797) (attach Form 4797) See instructions</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Part IV)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Part V)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Part VI)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Part VIII)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Part IX)</td>
<td>11</td>
<td>43,014</td>
</tr>
<tr>
<td>12</td>
<td>Other income (see instructions; attach statement)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>13</td>
<td>43,014</td>
</tr>
</tbody>
</table>

### Part II: Deductions Not Taken Elsewhere

See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Compensation of officers, directors, and trustees (Part X)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Salaries and wages</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Repairs and maintenance</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bad debts</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Interest (attach statement). See instructions</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Taxes and licenses</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Depreciation (attach Form 4562). See instructions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Less depreciation claimed in Part III and elsewhere on return</td>
<td>8a</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Depletion</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Contributions to deferred compensation plans</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Employee benefit programs</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Excess exempt expenses (Part VIII)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Excess readership costs (Part IX)</td>
<td>13</td>
<td>41,564</td>
</tr>
<tr>
<td>14</td>
<td>Other deductions (attach statement)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Total deductions. Add lines 1 through 14</td>
<td>15</td>
<td>41,564</td>
</tr>
<tr>
<td>16</td>
<td>Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Deduction for net operating loss. See instructions</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Unrelated business taxable income. Subtract line 17 from line 16</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see instructions.  

Schedule A (Form 990-T) 2021
### Part III  Cost of Goods Sold

<table>
<thead>
<tr>
<th>Cost of Goods Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [ ] Yes [ ] No

### Part IV  Rent Income (From Real Property and Personal Property Leased with Real Property)

1. Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

2. Rent received or accrued
   - From personal property: If the percentage of rent for personal property is more than 10% but not more than 50%.
   - From real and personal property: If the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income.
   - Total rents received or accrued by property.

3. Total rents received or accrued. Add line 2a and 2b, columns A through D.

4. Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).

5. Total deductions. Add line 4 column A through D. Enter here and on Part I, line 6, column (A).

### Part V  Unrelated Debt-Financed Income

1. Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

2. Gross income from or allocable to debt-financed property.

3. Deductions directly connected with or allocable to debt-financed property
   - Straight line depreciation (attach statement)
   - Other deductions (attach statement)
   - Total deductions (add lines 3a and 3b, columns A through D).

4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement).

5. Average adjusted basis of or allocable to debt-financed property (attach statement).

6. Divide line 4 by line 5

7. Gross income reportable. Multiply line 2 by line 6

8. Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).

9. Allocable deductions. Multiply line 3c by line 6

10. Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).

11. Total dividends-received deductions included in line 10.
### Part VI: Interest, Annuities, Royalties, and Rents from Controlled Organizations
(see instructions)

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization’s gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization’s gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

### Part VII: Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 5. Enter here and on Part I, line 8, column (B)

### Part VIII: Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity:</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gross income from activity that is not unrelated business income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Expenses attributable to income entered on line 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990-T) 2021
Part IX  Advertising Income

1. Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
   A   [ ] YouTube videos
   B   [ ]
   C   [ ]
   D   [ ]

Enter amounts for each periodical listed above in the corresponding column.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Gross advertising income</td>
<td>43,014.</td>
<td></td>
<td>43,014.</td>
</tr>
<tr>
<td></td>
<td>Add columns A through D. Enter here and on Part I, line 11, column (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Direct advertising costs by periodical</td>
<td>1,450.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add columns A through D. Enter here and on Part I, line 11, column (B)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

5. Readership costs

6. Circulation income

7. Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.

8. Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.

Part X  Compensation of Officers, Directors, and Trustees (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percentage of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on Part II, line 1: 0.

Part XI  Supplemental Information (see instructions)
# Report of Employer-Owned Life Insurance Contracts

**Form 8925**

(Rev. September 2017)

Department of the Treasury
Internal Revenue Service (IRS)

**Attachment**
**Sequence No. 160**

**Name(s) shown on return**

**Southeastern Guide Dogs, Inc.**

**Identifying number**

59-2252352

**Name of policyholder, if different from above**

**Identifying number, if different from above**

59-2252352

---

**Type of business**

**Exempt organization**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the number of employees the policyholder had at the end of the tax year</td>
<td>164.</td>
</tr>
<tr>
<td>2</td>
<td>Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2.</td>
<td>500,000.</td>
</tr>
</tbody>
</table>

**4a** Does the policyholder have a valid consent for each employee included on line 2? See instructions

- Yes [X]
- No

**4b** If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent

---

**For Paperwork Reduction Act Notice, see instructions.**

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc 14296_1
2021 TAX RETURN FILING INSTRUCTIONS
FLORIDA FORM F-1120

FOR THE YEAR ENDING
June 30, 2022

Prepared for
Southeastern Guide Dogs, Inc.
4210 77th Street E.
Palmetto, FL 34221

Prepared by
Kerkering, Barberio & Co.
P.O. Box 49348
Sarasota, FL 34230-6348

To be signed and dated by
Not Applicable

<table>
<thead>
<tr>
<th>Amount of tax</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total tax</td>
<td>$0.00</td>
</tr>
<tr>
<td>Less: payments and credits</td>
<td>$0.00</td>
</tr>
<tr>
<td>Plus: other amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Plus: interest and penalties</td>
<td>$0.02</td>
</tr>
<tr>
<td>No pmt required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overpayment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Credited to your estimated tax</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Refunded to you</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Make check payable to
Not Applicable

Mail tax return and check (if applicable) to
This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

Return must be mailed on or before
Not Applicable

Special Instructions
Florida Corporate Income/Franchise Tax Return

Name: Southeastern Guide Dogs, Inc.
Address: 4210 77th Street E.
City/State/ZIP: Palmetto, FL 34221

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative 0.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative 0.00
3. Additions to federal taxable income (from Schedule I) Check here if negative 0.00
4. Total of Lines 1, 2 and 3 Check here if negative 0.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative 37,964.00
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative -37,964.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative -37,964.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative 0.00
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due; 3.535% of Line 10 0.00
12. Credits against the tax (from Schedule V) 0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other Line 14 Total 0.00
15. Total of Lines 13 and 14 0.00
16. Payment credits: Estimated tax payments 16a $ 0.00
   Tentative tax payment 16b $ 0.00
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
   If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon 0.00
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon 0.00

Payment Coupon for Florida Corporate Income Tax Return

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name: Southeastern Guide Dogs, Inc.
Address: 4210 77th Street E.
City/State/ZIP: Palmetto, FL 34221

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>592252352</td>
<td>0</td>
</tr>
<tr>
<td>20210701</td>
<td>0</td>
</tr>
<tr>
<td>20220630</td>
<td>3796400</td>
</tr>
<tr>
<td>000000000</td>
<td>0</td>
</tr>
<tr>
<td>012</td>
<td>3796400</td>
</tr>
<tr>
<td>202</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

81330202206300000020050379359225235200000
Southeastern Guide Dogs, Inc.

FEIN 59-2252352

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

**Sign here**
- Signature of officer (must be an original signature)
- Date
- Title
- Preparer's signature
- Date
- Preparer check if self-employed
- Preparer's PTIN: P00585910

**Paid preparers only**
- Firm's name (or yours if self-employed) and address: Kerkering, Barberio & Co.
P.O. Box 49348
Sarasota, FL

**Firm's name**
- FEIN: 59-1753337
- ZIP: 34230-6348

---

All Taxpayers Must Answer Questions A through M Below - See Instructions

| A. State of incorporation: | FLORIDA |
| B. Florida Secretary of State document number: | 765976 |
| C. Florida consolidated return? | YES NO X |
| D. Initial return | YES NO X |
| E. Final return (final federal return filed) |
| F. Principal Business Activity Code (as pertains to Florida) |
| G-1. Corporation is a member of a controlled group? | YES NO X |
| G-2. Part of a federal consolidated return? | YES NO X |
| H. Location of corporate books: |
| I. Taxpayer is a member of a Florida partnership or joint venture? | YES NO X |
| J. Enter date of latest IRS audit: |
| K. Contact person concerning this return: |
| a. Contact person telephone number: |
| b. Contact person e-mail address: |
| L. Type of federal return filed | 1120 11205 or 990-T |

---

Where to Send Payments and Returns
Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 8440
Tallahassee FL 32314-8440

---

**Remember:**

- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.
### Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)...
2. Undistributed net long-term capital gains (see instructions)...
3. Net operating loss deduction (attach schedule)...
4. Net capital loss carryover (attach schedule)...
5. Excess charitable contribution carryover (attach schedule)...
6. Employee benefit plan contribution carryover (attach schedule)...
7. Enterprise zone jobs credit (Florida Form F-1156Z)...
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1156Z)...
9. Guaranty association assessment credit...
10. Rural and/or urban high crime area job tax credits...
11. State housing tax credit...
12. Florida Tax Credit Scholarship Program Credits (A.K.A. credits for contributions for nonprofit scholarship-funding organizations)...
13. Florida Renewable energy production tax credit...
14. New markets tax credit...
15. Entertainment industry tax credit...
16. Research and Development tax credit...
17. Energy Economic Zone tax credit...
18. s. 168(k) IRC special bonus depreciation...
19. Qualified Improvement Property Decoupling...
20. Business Meal Expenses at a Restaurant...
21. Film, Television, and Live Theatrical production expenses...
22. Other additions (attach schedule)...
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.

### Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses
   (a) Enter s. 78, IRC Income $...
   (b) plus s. 882, IRC dividends $...
   (c) plus s. 951A, IRC income $...
   (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC $...
   Total $...

2. Gross subpart F income less attributable expenses
   (a) Enter s. 951, IRC subpart F income $...
   (b) less direct and indirect expenses $...
   Total $...

Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.

3. Florida net operating loss carryover deduction (see instructions) **Statement 1** $37,964.00
4. Florida net capital loss carryover deduction (see instructions)...
5. Florida excess charitable contribution carryover (see instructions)...
6. Florida employee benefit plan contribution carryover (see instructions)...
7. Nonbusiness income (from Schedule R, Line 3)...
8. Eligible net income of an international banking facility (see instructions)...
9. a. 179, IRC expense (see instructions)...
10. s. 168(k), IRC special bonus depreciation (see instructions)...
11. Depreciation of qualified improvement property...
12. Film, Television, and Live Theatrical Expenses...
13. Other subtractions (attach statement)...

**Statement 1** $37,964.00
### Schedule III - Apportionment of Adjusted Federal Income

#### III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

<table>
<thead>
<tr>
<th>(a) WITHIN FLORIDA</th>
<th>(b) TOTAL EVERYWHERE</th>
<th>(c) Col. (a) + Col. (b)</th>
<th>(d) Weighted Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Numerator)</td>
<td>(Denominator)</td>
<td>Rounded to Six Decimal Places</td>
<td>Rounded to Six Decimal Places</td>
</tr>
<tr>
<td>1. Property (Schedule III-B below)</td>
<td></td>
<td>X 25% or</td>
<td></td>
</tr>
<tr>
<td>2. Payroll</td>
<td></td>
<td>X 25% or</td>
<td></td>
</tr>
<tr>
<td>3. Sales (Schedule III-C below)</td>
<td></td>
<td>X 50% or</td>
<td></td>
</tr>
<tr>
<td>4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (c), Enter here and on Schedule IV, Line 2)</td>
<td></td>
<td>1.000000</td>
<td></td>
</tr>
</tbody>
</table>

#### III-B For use in computing average value of property (use original cost).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventories of raw material, work in process, finished goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Buildings and other depreciable assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Land owned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other tangible and intangible assets (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total (Lines 1 through 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average value of property</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Line 5, Columns (a) and (b) and divide by 2 (for within Florida)</td>
<td>a.</td>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rented property (times net annual rental)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Rented property in Florida</td>
<td>a.</td>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>b. Rented property Everywhere</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total (Lines 6 and 7)</th>
<th>Enter on Line 1, Schedule III-A, Columns (a) and (b).</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enter Lines 6a, plus 7a, and also enter on Schedule III-A, Line 1.</td>
<td>a.</td>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>Column (a) for total average property in Florida</td>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column (b) for total average property Everywhere</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### III-C Sales Factor

<table>
<thead>
<tr>
<th>TOTAL WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Numerator)</td>
<td>(Denominator)</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### III-D Special Apportionment Fractions (see instructions)

<table>
<thead>
<tr>
<th>(a) WITHIN FLORIDA</th>
<th>(b) TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) FLORIDA Fraction (a + b)</td>
<td>Rounded to Six Decimal Places</td>
</tr>
</tbody>
</table>

| 1. Insurance companies (attach copy of Schedule T - Annual Report) |  |
| 2. Transportation services |  |

### Schedule IV - Computation of Florida Portion of Adjusted Federal Income

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule V - Credits Against the Corporate Income Franchise Tax**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Florida health maintenance organization credit (attach assessment notice)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Capital investment tax credit (attach certification letter)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Enterprise zone jobs credit (from Florida Form F-1156Z attached)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Community contribution tax credit (attach certification letter)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Enterprise zone property tax credit (from Florida Form F-1156Z attached)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rural job tax credit (attach certification letter)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Urban high crime area job tax credit (attach certification letter)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hazardous waste facility tax credit</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Florida alternative minimum tax (AMT) credit</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>State housing tax credit (attach certification letter)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Florida Tax Credit Scholarship Program Credits, (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Florida renewable energy production tax credit</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>New markets tax credit</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Entertainment Industry tax credit</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Research and Development tax credit</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Energy Economic Zone tax credit</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other credits (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11)</td>
<td></td>
</tr>
</tbody>
</table>

Enter total credits on Page 1, Line 12

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total allocated to Florida</td>
<td>1.</td>
</tr>
</tbody>
</table>

(Enter here and on Page 1, Line 8)

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<table>
<thead>
<tr>
<th>Type</th>
<th>State/country allocated to</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total allocated elsewhere</td>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2

(Enter here and on Schedule II, Line 7)
NAME Southeastern Guide Dogs, Inc. 
FEIN 59-2252352 
TAXABLE YEAR ENDING 06/30/22

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Florida income expected in taxable year</td>
<td>$37,964.00</td>
</tr>
<tr>
<td>2.</td>
<td>Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>Estimated Florida net income (Line 1 less Line 2)</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>Total Estimated Florida tax (5.5% of Line 3)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Less: Credits against the tax</td>
<td>$</td>
</tr>
<tr>
<td>5a.</td>
<td>If 6/30 year end, last day of 4th month, payment due</td>
<td></td>
</tr>
<tr>
<td>5b.</td>
<td>otherwise last day of 5th month - Enter 0.25 of Line 4</td>
<td></td>
</tr>
<tr>
<td>5c.</td>
<td>Last day of 6th month - Enter 0.25 of Line 4</td>
<td></td>
</tr>
<tr>
<td>5d.</td>
<td>Last day of 9th month - Enter 0.25 of Line 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last day of fiscal year - Enter 0.25 of Line 4</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amended estimated tax</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>2a.</td>
<td>Amount of overpayment from last year elected for credit to estimated tax and applied to date</td>
<td>$</td>
</tr>
<tr>
<td>2b.</td>
<td>Payments made on estimated tax declaration (Florida Form F-1120ES)</td>
<td>$</td>
</tr>
<tr>
<td>2c.</td>
<td>Total of Lines 2(a) and 2(b)</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>Unpaid balance (Line 1 less Line 2(c))</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>Amount to be paid (Line 3 divided by number of remaining installments)</td>
<td>$</td>
</tr>
</tbody>
</table>

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at flordarvenue.com/forms.

Form F-220 Underpayment of Estimated Tax on Florida Corporate Income/ Franchise Tax Rule 12C-1.051, F.A.C.
Form F-7004 Florida Tentative Income/ Franchise Tax Return and Application for Extension of Time to File Return Rule 12C-1.051, F.A.C.
Form F-1156Z Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax Rule 12C-1.051, F.A.C.
Form F-1156Z Enterprise Zone Property Tax Credit Rule 12C-1.051, F.A.C.
Form F-1120N Instructions for Corporate Income/ Franchise Tax Return Rule 12C-1.051, F.A.C.
Form F-1120ES Declaration/ Installment of Florida Estimated Income/ Franchise Tax Rule 12C-1.051, F.A.C.

12431110 759428 14296 2021.05000 Southeastern Guide Dogs, Inc 14296 1
<table>
<thead>
<tr>
<th>Year</th>
<th>Apportion Factor</th>
<th>Current Yr NOL/Section 382 limit</th>
<th>Net Operating Loss Carryover</th>
<th>Loss Previously Deducted</th>
<th>Net Loss Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>0%</td>
<td>0.</td>
<td>37,964.</td>
<td>0.</td>
<td>37,964.00</td>
</tr>
</tbody>
</table>

Total Net Operating Loss Carryover Available

37,964.00
<table>
<thead>
<tr>
<th>FEIN</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>592252352</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.000000</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.000000</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>