

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending																												
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC.</td> <td>D Employer identification number 94-2494324</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (707) 577-1700</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 44,742,011.</td> </tr> <tr> <td>P.O. BOX 446</td> <td></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95402-0446</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: PAIGE MAZZONI 2965 DUTTON AVE., SANTA ROSA, CA 95407</td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.CCI.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation: 1975 M State of legal domicile: CA</td> </tr> </table>	C Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC.		D Employer identification number 94-2494324	Doing business as		E Telephone number (707) 577-1700	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 44,742,011.	P.O. BOX 446		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95402-0446		H(b) Are all subordinates included? Yes No	F Name and address of principal officer: PAIGE MAZZONI 2965 DUTTON AVE., SANTA ROSA, CA 95407		If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	J Website: ▶ WWW.CCI.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1975 M State of legal domicile: CA
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE TRAINED DOGS TO DISABLED PEOPLE.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a) 3 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 290
	6	Total number of volunteers (estimate if necessary) 6 3000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 38 7b 0.
	Revenue	8
9		Program service revenue (Part VIII, line 2g) 2,534,306. 2,849,463.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,236,373. -1,480,197.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -141,215. 997,113.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,135,417. 40,236,959.
Expenses		13
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,789,220. 17,638,098.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 168,717. 267,018.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,837,742.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,227,751. 9,820,101.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,185,688. 27,725,217.
	19	Revenue less expenses. Subtract line 18 from line 12 4,949,729. 12,511,742.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 71,349,587. 83,787,306.
	21	Total liabilities (Part X, line 26) 3,217,537. 3,290,734.
	22	Net assets or fund balances. Subtract line 21 from line 20 68,132,050. 80,496,572.

Part II Signature Block

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

Sign Here	Signature of officer PAIGE MAZZONI, CEO		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP	Firm's EIN ▶ 94-1254756			
	Firm's address ▶ 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111		Phone no. 415.781.0793		

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CANINE COMPANIONS FOR INDEPENDENCE, INC.	Employer identification number (EIN) or 94-2494324
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 446	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ROSA, CA 95402-0446	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

JOHN R. PEIRCE

- The books are in the care of ▶ **2965 DUTTON AVE. - SANTA ROSA, CA 95407**
Telephone No. ▶ **707-577-1700** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

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

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

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

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: CANINE COMPANIONS FOR INDEPENDENCE IS A NON-PROFIT ORGANIZATION THAT ENHANCES THE LIVES OF PEOPLE WITH DISABILITIES BY PROVIDING AT NO COST HIGHLY TRAINED ASSISTANCE DOGS AND ONGOING SUPPORT TO ENSURE QUALITY PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 10,943,304. including grants of \$ 0.) (Revenue \$ 0.) HELP IS A FOUR-LEGGED WORD TRAINING

PROFESSIONAL CANINE COMPANIONS INSTRUCTORS SPEND SIX TO NINE MONTHS TEACHING THE DOG TO MASTER MORE THAN 40 COMMANDS, BEFORE THE DOG CAN BE MATCHED WITH AN ADULT OR CHILD WHO HAS A DISABILITY, OR A PROFESSIONAL ASSISTING PEOPLE WITH SPECIAL NEEDS. WE TRAIN FOUR TYPES OF ASSISTANCE DOGS TO BEST SERVE OUR CLIENTS:

-SERVICE DOGS - ASSIST ADULTS WITH PHYSICAL DISABILITIES BY PERFORMING DAILY TASKS, SUCH AS PICKING UP DROPPED ITEMS, OPENING DOORS AND TURNING LIGHTS OFF AND ON.

4b (Code:) (Expenses \$ 3,723,635. including grants of \$ 0.) (Revenue \$ 0.) RAISING PUPPIES, CHANGING LIVES BREEDING AND PUPPY RAISING PROGRAMS

OVER THE PAST 42 YEARS, CANINE COMPANIONS HAS DEVELOPED A PROVEN FORMULA FOR BREEDING, RAISING AND TRAINING ASSISTANCE DOGS.

CANINE COMPANIONS BREEDS YELLOW AND BLACK LABRADOR RETRIEVERS, GOLDEN RETRIEVERS AND A CROSS OF THESE BREEDS TO BE ASSISTANCE DOGS.

VOLUNTEER BREEDER CARETAKERS CARE FOR OUR BREEDER DOGS AND NURTURE NEWBORN PUPPIES FOR EIGHT WEEKS.

4c (Code:) (Expenses \$ 3,274,644. including grants of \$ 0.) (Revenue \$ 0.) SERVING NATIONALLY, ACTING LOCALLY PUBLIC INFORMATION AND LOCAL PRESENCE

CANINE COMPANIONS FOR INDEPENDENCE PROACTIVELY PROVIDES EDUCATION REGARDING ASSISTANCE DOGS AND THE CHALLENGES FACED BY ASSISTANCE DOG HANDLERS. OUR EFFORTS HAVE PRODUCED MANY ARTICLES IN NATIONAL AND REGIONAL NEWSPAPERS, MAGAZINES, NEWSLETTERS AND ONLINE. CANINE COMPANIONS HAS WORKED WITH NATIONAL AND REGIONAL WEB, RADIO AND TELEVISION BROADCASTS TO BRING AWARENESS OF OUR PROGRAM TO MILLIONS.

TO KEEP SUPPORTERS INFORMED OF NATIONAL, REGIONAL AND LOCAL ACTIVITIES, CANINE COMPANIONS FOR INDEPENDENCE DISTRIBUTES A PRINT NEWSLETTER,

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,147,063. including grants of \$ 0.) (Revenue \$ 2,573,463.)

4e Total program service expenses 20,088,646.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 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); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 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 in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 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 in 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); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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 CA, AL, AK, AZ, AR, CO, CT, DE, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 JOHN R. PEIRCE - 707-577-1700 2965 DUTTON AVE., SANTA ROSA, CA 95407

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN MILLER CHAIR	2.00	X		X			0.	0.	0.	
(2) JOHN MCKINNEY VICE-CHAIR	2.00	X		X			0.	0.	0.	
(3) BOB STREET TREASURER	1.00	X		X			0.	0.	0.	
(4) PAULINE PARRY SECRETARY	1.00	X		X			0.	0.	0.	
(5) ANNE GITTINGER DIRECTOR	1.00	X					0.	0.	0.	
(6) JEAN SCHULZ DIRECTOR	1.00	X					0.	0.	0.	
(7) JOANN ELLIOTT DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN ELLIOTT DIRECTOR	1.00	X					0.	0.	0.	
(9) BARRIE GRAHAM DIRECTOR	1.00	X					0.	0.	0.	
(10) RUSS GUREVITCH DIRECTOR	1.00	X					0.	0.	0.	
(11) JOHN HOPEN DIRECTOR	1.00	X					0.	0.	0.	
(12) CHRIS KITTREDGE DIRECTOR	1.00	X					0.	0.	0.	
(13) NANCY SAWHNEY DIRECTOR	1.00	X					0.	0.	0.	
(14) DENNIS SPROULE DIRECTOR	1.00	X					0.	0.	0.	
(15) EMILY WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(16) BILL WHITE DIRECTOR	1.00	X					0.	0.	0.	
(17) LESLIE HENNESSY DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEL GOTTLIEB DIRECTOR	1.00	X						0.	0.	0.
(19) JILL WRIGHT LEVERTON DIRECTOR	1.00	X						0.	0.	0.
(20) CAROLYN HRACH DIRECTOR	1.00	X						0.	0.	0.
(21) JUERGEN ROTTLER DIRECTOR	1.00	X						0.	0.	0.
(22) ED KINKEADE DIRECTOR	1.00	X						0.	0.	0.
(23) ROBIN SANCHEZ DIRECTOR	1.00	X						0.	0.	0.
(24) STEVE BOYD DIRECTOR	1.00	X						0.	0.	0.
(25) PAIGE MAZZONI CEO (STARTING 8/31/18)	40.00			X				75,637.	0.	2,873.
(26) KATHRYN M MARQUET INTERIM CEO (THRU 9/3/18)	40.00			X				102,695.	0.	0.
1b Sub-total								178,332.	0.	2,873.
c Total from continuation sheets to Part VII, Section A								935,305.	0.	124,685.
d Total (add lines 1b and 1c)								1,113,637.	0.	127,558.

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 **18**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GOODE PRINTING & MAILING 655 PARK COURT, ROHNERT PARK, CA 94928	PRINTING AND MAILING	307,571.
FOLGER LEVIN 199 FREMONT STREET, SAN FRANCISCO, CA 94105	LEGAL	201,525.
PERRY I. KERSON IRREVOCABLE INTERVIVOS TRUS 5101 DRY CREEK ROAD, NAPA, CA 94558	RENT	178,669.
JEREMY WARREN PHILLIPS 1827 216TH PLACE NE, SAMMAMISH, WA 98074	IT SUPPORT SERVICE	145,377.
HOOD & STRONG, LLP, 275 BATTERY STREET, SUITE 900, SAN FRANCISCO, CA 94111	AUDIT & TAX SERVICES	127,700.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for John Peirce, Robert Schwinn, Barbara Barrow, Debra Minett Dougherty, Clark Pappas, Patricia M Minaker, and Jeanine Konopelski.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 35,878.				
	b Membership dues	1b				
	c Fundraising events	1c 2,002,013.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 326,001.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 35,506,688.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		37,870,580.			
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 624200	2,478,870.	2,478,870.	
b QUALIFIED SPONSORSHIPS		900099	276,000.		276,000.	
c RELEASE DOG ADOPTION FEES		624200	94,593.	94,593.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,849,463.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		551,896.		551,896.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	3,600.			
		(ii) Personal				
		b Less: rental expenses	3,600.			
		c Rental income or (loss)	0.			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,500,989.			
		(ii) Other	13,839.			
		b Less: cost or other basis and sales expenses	3,163,679.	383,242.		
		c Gain or (loss)	-1,662,690.	-369,403.		
	d Net gain or (loss)		-2,032,093.		-2,032,093.	
	8 a Gross income from fundraising events (not including \$ 2,002,013. of contributions reported on line 1c). See Part IV, line 18	a	625,963.			
		b Less: direct expenses	690,005.			
c Net income or (loss) from fundraising events			-64,042.		-64,042.	
9 a Gross income from gaming activities. See Part IV, line 19	a	1,202,721.				
	b Less: direct expenses	147,549.				
	c Net income or (loss) from gaming activities		1,055,172.		1,055,172.	
10 a Gross sales of inventory, less returns and allowances	a	122,960.				
	b Less: cost of goods sold	116,977.				
	c Net income or (loss) from sales of inventory		5,983.		5,983.	
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		40,236,959.	2,573,463.	0.	-207,084.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	425,127.	303,342.	45,697.	76,088.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,628,390.	9,724,319.	1,464,907.	2,439,164.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	625,712.	446,467.	67,257.	111,988.
9 Other employee benefits	1,882,624.	1,343,316.	202,362.	336,946.
10 Payroll taxes	1,076,245.	767,937.	115,685.	192,623.
11 Fees for services (non-employees):				
a Management				
b Legal	281,334.	140,667.	56,267.	84,400.
c Accounting	153,023.	119,347.	9,413.	24,263.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	267,018.			267,018.
f Investment management fees	168,086.		168,086.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,366,304.	1,323,316.	12,016.	30,972.
12 Advertising and promotion	318,133.	209,646.	9,399.	99,088.
13 Office expenses	954,258.	688,497.	43,448.	222,313.
14 Information technology	346,102.	213,908.	31,300.	100,894.
15 Royalties				
16 Occupancy	1,617,556.	1,290,054.	150,568.	176,934.
17 Travel	410,658.	185,008.	92,849.	132,801.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	530,580.	331,773.	110,847.	87,960.
20 Interest	379.		379.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,451,135.	1,154,758.	137,999.	158,378.
23 Insurance	276,378.	212,640.	23,328.	40,410.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	1,116,722.	1,051,676.	12,332.	52,714.
b EQUIP RENTAL & MAINT.	406,260.	320,200.	24,046.	62,014.
c ALLOWANCE FOR UNCOLLECT	87,556.			87,556.
d DUES & SUBSCRIPTIONS	63,549.	49,564.	3,909.	10,076.
e All other expenses	272,088.	212,211.	16,735.	43,142.
25 Total functional expenses. Add lines 1 through 24e	27,725,217.	20,088,646.	2,798,829.	4,837,742.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,779,905.	1	2,936,079.
	2 Savings and temporary cash investments	8,352,061.	2	26,470,519.
	3 Pledges and grants receivable, net	3,707,246.	3	3,573,506.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	228,648.	8	68,734.
	9 Prepaid expenses and deferred charges	71,601.	9	69,445.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,382,011.		
	b Less: accumulated depreciation	10b 14,179,123.	23,835,923.	10c 23,202,888.
	11 Investments - publicly traded securities	1,883,775.	11	1,803,272.
	12 Investments - other securities. See Part IV, line 11	23,540,927.	12	22,188,831.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,949,501.	15	3,474,032.
16 Total assets. Add lines 1 through 15 (must equal line 34)	71,349,587.	16	83,787,306.	
Liabilities	17 Accounts payable and accrued expenses	3,171,894.	17	3,244,894.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,643.	25	45,840.
	26 Total liabilities. Add lines 17 through 25	3,217,537.	26	3,290,734.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,897,675.	27	57,400,127.
	28 Temporarily restricted net assets	15,058,708.	28	19,770,778.
	29 Permanently restricted net assets	3,175,667.	29	3,325,667.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	68,132,050.	33	80,496,572.	
34 Total liabilities and net assets/fund balances	71,349,587.	34	83,787,306.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,236,959.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,725,217.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,511,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,132,050.
5	Net unrealized gains (losses) on investments	5	-147,220.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,496,572.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **CANINE COMPANIONS FOR INDEPENDENCE, INC.** Employer identification number **94-2494324**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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: _____
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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.**
 - 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.**
 - 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.**
 - 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.**
 - 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22585335.	21704066.	28498811.	26680953.	37870580.	137339745
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22585335.	21704066.	28498811.	26680953.	37870580.	137339745
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12851601.
6 Public support. Subtract line 5 from line 4.						124488144

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	22585335.	21704066.	28498811.	26680953.	37870580.	137339745
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	546,257.	470,840.	263,469.	371,320.	555,496.	2207382.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	612,678.	645,103.	836,757.	1078006.	1951644.	5124188.
11 Total support. Add lines 7 through 10						144671315
12 Gross receipts from related activities, etc. (see instructions)					12	9,475,086.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.05 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89.21 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 9,846.

GROSS INCOME FROM FUNDRAISING

2014 AMOUNT: \$ 467,127.

2015 AMOUNT: \$ 493,653.

2016 AMOUNT: \$ 653,621.

2017 AMOUNT: \$ 869,512.

2018 AMOUNT: \$ 625,963.

GROSS INCOME FROM GAMING ACTIVITIES

2014 AMOUNT: \$ 31,602.

2015 AMOUNT: \$ 34,145.

2016 AMOUNT: \$ 58,241.

2017 AMOUNT: \$ 70,011.

2018 AMOUNT: \$ 1,202,721.

GROSS SALES OF INVENTORY

2014 AMOUNT: \$ 104,103.

2015 AMOUNT: \$ 117,305.

2016 AMOUNT: \$ 124,895.

2017 AMOUNT: \$ 138,483.

2018 AMOUNT: \$ 122,960.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Employer identification number

94-2494324

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC.	Employer identification number 94-2494324
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,007,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,148,434.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>6,078,901.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>2,425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,122,896.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,763,253.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC.	Employer identification number 94-2494324
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC.	Employer identification number 94-2494324
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: CANINE COMPANIONS FOR INDEPENDENCE, INC. Employer identification number: 94-2494324

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 with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d 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), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,491,983.	15,026,412.	14,085,427.	13,228,707.	13,242,889.
b Contributions	466,854.	6,375,986.	246,860.	2,023,379.	145,663.
c Net investment earnings, gains, and losses	-1,499,127.	2,551,580.	978,849.	-551,422.	46,292.
d Grants or scholarships					
e Other expenditures for facilities and programs	316,854.	461,995.	284,724.	615,236.	206,137.
f Administrative expenses					
g End of year balance	22,142,856.	23,491,983.	15,026,412.	14,085,428.	13,228,707.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 77.68 %
 - b Permanent endowment 7.30 %
 - c Temporarily restricted endowment 15.02 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,071,448.		5,071,448.
b Buildings		23,866,899.	9,549,406.	14,317,493.
c Leasehold improvements		5,556,165.	3,120,686.	2,435,479.
d Equipment		1,636,514.	790,406.	846,108.
e Other		1,250,985.	718,625.	532,360.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,202,888.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS HELD FOR		
(B) DEFERRED COMPENSATION	45,240.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS HELD BY		
(D) COMMUNITY FOUNDATION		
(E) SONOMA COUNTY	4,913,860.	END-OF-YEAR MARKET VALUE
(F) WMM, LLC	29,046.	COST
(G) INVESTMENTS HELD BY MARIN		
(H) COMMUNITY FOUNDATION	17,200,685.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,188,831.	

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.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	45,840.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,840.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	39,925,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-147,220.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-147,220.
3	Subtract line 2e from line 1	3	40,072,569.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	167,990.
b	Other (Describe in Part XIII.)	4b	-3,600.
c	Add lines 4a and 4b	4c	164,390.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	40,236,959.

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.

1	Total expenses and losses per audited financial statements	1	27,560,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,600.
e	Add lines 2a through 2d	2e	3,600.
3	Subtract line 2e from line 1	3	27,557,227.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	167,990.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	167,990.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,725,217.

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 V, LINE 4:

THE ENDOWMENT FUNDS ARE FOR UNRESTRICTED USES IN CERTAIN GEOGRAPHIC REGIONS.

PART X, LINE 2:

CANINE COMPANIONS IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON RELATED INCOME HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS.

CANINE COMPANIONS FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FASB ASC TOPIC 740. AS OF DECEMBER 31, 2018,

Part XIII Supplemental Information (continued)

MANAGEMENT EVALUATED CANINE COMPANIONS' TAX POSITIONS AND CONCLUDED THAT CANINE COMPANIONS HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE -3,600.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE 3,600.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Employer identification number

94-2494324

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. a [X] Mail solicitations b [X] Internet and email solicitations c [] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [X] Solicitation of government grants g [X] Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for FRAZIER HELBY, INC. and BENTZ, WHALEY, FLESSNER AND ASSOCIATES, INC.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DOGFEST (event type)	SER GALA (event type)	10 (total number)		
Revenue	1	Gross receipts	696,761.	613,989.	1,317,226.	2,627,976.
	2	Less: Contributions	694,462.	404,066.	903,485.	2,002,013.
	3	Gross income (line 1 minus line 2)	2,299.	209,923.	413,741.	625,963.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	28,416.	37,109.	151,437.	216,962.
	7	Food and beverages		37,109.	167,057.	204,166.
	8	Entertainment	7,133.	11,790.	14,349.	33,272.
	9	Other direct expenses	103,807.	30,137.	101,661.	235,605.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				690,005.
11	Net income summary. Subtract line 10 from line 3, column (d)				-64,042.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes		589.	589.
	3	Noncash prizes		33,738.	33,738.
	4	Rent/facility costs		73,515.	73,515.
	5	Other direct expenses		39,707.	39,707.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				147,549.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				1,055,172.

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

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

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | 1.00 % |
| b | An outside facility | 13b | 99.00 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOHN R. PEIRCE

Address ▶ P.O. BOX 446 - SANTA ROSA, CA 95402-0446

- 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 ▶ N/A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

- (I) NAME OF FUNDRAISER: FRAZIER HELBY, INC.
- (I) ADDRESS OF FUNDRAISER: 1500 LAKE SHORE DRIVE, COLUMBUS, OH 43204
- (I) NAME OF FUNDRAISER: BENTZ, WHALEY, FLESSNER AND ASSOCIATES, INC
- (I) ADDRESS OF FUNDRAISER: 7251 OHMS LANE, MINNEAPOLIS, MN 55439

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Employer identification number

94-2494324

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.

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

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?

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

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

4 During the year, did any person listed 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 6? If "Yes," describe in Part III

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN PEIRCE CFO	(i)	148,418.	0.	0.	10,346.	11,492.	170,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA BARROW CHIEF DEVELOPMENT OFFICER	(i)	156,795.	0.	0.	4,613.	11,492.	172,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA MINETT DOUGHERTY EXECUTIVE DIRECTOR	(i)	149,550.	0.	0.	8,469.	10,472.	168,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLARK PAPPAS DIRECTOR OF PARTICIPANT PROGRAM	(i)	146,354.	0.	0.	9,773.	8,782.	164,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA M MINAKER DIRECTOR OF HUMAN RESOURCES	(i)	136,878.	0.	0.	8,381.	8,782.	154,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEANINE KONOPELSKI DIRECTOR OF MARKETING	(i)	136,095.	0.	0.	8,141.	11,492.	155,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Employer identification number

94-2494324

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

-SKILLED COMPANIONS - ENHANCE INDEPENDENCE FOR CHILDREN AND ADULTS WITH
PHYSICAL, COGNITIVE AND DEVELOPMENTAL DISABILITIES UNDER THE ASSISTANCE
OF A FACILITATOR, TYPICALLY A PARENT OR CAREGIVER.

-HEARING DOGS - ALERT PEOPLE WHO ARE DEAF OR HARD OF HEARING TO
IMPORTANT SOUNDS.

-FACILITY DOGS - WORK WITH A PROFESSIONAL WHO DIRECTLY SERVES CLIENTS
WITH DISABILITIES OR SPECIAL NEEDS IN A VISITATION, EDUCATION, CRIMINAL
JUSTICE OR HEALTHCARE SETTING.

THE MATCHING OF RECIPIENTS AND CANINES TAKES PLACE DURING TEAM
TRAINING, AN INTENSIVE TWO-WEEK TRAINING COURSE WHERE STUDENTS ARE
MATCHED AND LEARN TO WORK WITH THEIR NEW ASSISTANCE DOGS. OUR STAFF
KNOWS EACH INDIVIDUAL DOG'S UNIQUE QUALITIES - ENABLING US TO RELIABLY
MATCH PEOPLE WITH THE DOG THAT WILL BEST MEET THEIR NEEDS. STUDENTS
ALSO LEARN TECHNIQUES TO EXPAND THE RANGE OF COMMANDS TO MEET THEIR
PARTICULAR NEEDS. IN ADDITION, EACH STUDENT MUST DEMONSTRATE THE
ABILITY TO PROVIDE FOR THE DOG'S CARE AND WELL-BEING BEFORE GRADUATING
WITH A CANINE COMPANIONS ASSISTANCE DOG.

SINCE ITS INCEPTION IN 1975, CANINE COMPANIONS FOR INDEPENDENCE HAS
GRADUATED 6,022 ASSISTANCE DOGS AND CURRENTLY HAS OVER 2,399 ACTIVE
GRADUATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BEGINNING WHEN THE PUPPIES ARE 8 WEEKS OLD, VOLUNTEER PUPPY RAISERS

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

Schedule O (Form 990 or 990-EZ) (2018)

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Employer identification number

94-2494324

CARE FOR, SOCIALIZE AND PROVIDE BASIC OBEDIENCE TRAINING FOR OUR CANINE COMPANIONS PUPPIES.

EACH HOUR SPENT CARING FOR A CANINE COMPANIONS PUPPY IS VITAL TO ITS DEVELOPMENT AS A FUTURE ASSISTANCE DOG. WHEN A CANINE COMPANIONS PUPPY REACHES THE AGE OF ABOUT A YEAR AND A HALF OLD, IT IS RETURNED TO ONE OF OUR REGIONAL CENTERS FOR PROFESSIONAL TRAINING.

THE BREEDING AND PUPPY RAISING PROGRAMS PROVIDE A UNIQUE OPPORTUNITY FOR VOLUNTEERS TO ASSIST IN FURTHERING THE CANINE COMPANIONS MISSION.

DURING 2018, CANINE COMPANIONS FOR INDEPENDENCE HAD 1,238 ACTIVE VOLUNTEER PUPPY RAISERS AND 1,197 ACTIVE PUPPIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ELECTRONIC COMMUNICATIONS AND DIRECT MAIL PACKAGES THAT EDUCATE THE GENERAL PUBLIC AND PROVIDE PROGRAM UPDATES. ADDITIONALLY, CANINE COMPANIONS MAINTAINS AND REGULARLY UPDATES ACCOUNTS WITH FACEBOOK, TWITTER, LINKEDIN, INSTAGRAM AND YOUTUBE.

DURING THE YEAR, CANINE COMPANIONS FOR INDEPENDENCE PARTICIPATED IN VARIOUS FAIRS AND EVENTS THROUGHOUT THE COUNTRY, AND STAGED NUMEROUS SPECIAL EVENTS TO RAISE MONEY FOR OUR PROGRAM. ALL OF THESE EFFORTS ARE SUPPORTED BY CANINE COMPANIONS STAFF AND ARE DEPENDENT ON THE SUPPORT OF CANINE COMPANIONS' 3,000 VOLUNTEERS. INDIVIDUAL VOLUNTEERS, SMALL GROUPS AND ORGANIZED VOLUNTEER CHAPTERS CONDUCT PRESENTATIONS FOR COMMUNITY GROUPS, RAISING AWARENESS OF ASSISTANCE DOGS AND HOW THESE DOGS HELP PEOPLE WITH DISABILITIES LEAD MORE INDEPENDENT LIVES.

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OUR VOLUNTEERS ALSO HELP OUT AT OUR TRAINING CENTERS AND NATIONAL HEADQUARTERS, INCLUDING STUFFING ENVELOPES, PREPARING MEALS FOR TEAM TRAINING STUDENTS, LEADING TOURS, CARING FOR OUR DOGS AND MUCH MORE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXCEPTIONAL DOGS FOR EXCEPTIONAL PEOPLE

CANDIDATE AND GRADUATE SERVICES

CANINE COMPANIONS FOR INDEPENDENCE MAINTAINS A WAITING LIST OF PERSONS DESIRING PLACEMENT WITH AN ASSISTANCE DOG. ALL CANDIDATES ARE INTERVIEWED PRIOR TO ATTENDING A TEAM TRAINING CLASS, SO THAT THEY ARE INFORMED ON ALL THAT IS INVOLVED WITH OBTAINING A SERVICE, HEARING, SKILLED COMPANION OR FACILITY DOG, AND TO HOW MUCH THEIR LIFE WILL CHANGE, BOTH IN THE WORKPLACE AND AT HOME.

CANINE COMPANIONS FOR INDEPENDENCE GRADUATE SERVICES PROGRAM PROVIDES SUPPORT TO EACH GRADUATE TEAM AS THEY BEGIN THEIR JOURNEY ON THEIR NEW LIFE TOGETHER. AFTER GRADUATION, CANINE COMPANIONS PROVIDES A LIFETIME OF SUPPORT TO TEAMS, INCLUDING FOLLOW UP VISITS AND GRADUATE WORKSHOPS.

THE MAIN PURPOSE OF GRADUATE FOLLOW UP VISITS IS TO MAINTAIN AS WELL AS ENHANCE THE EFFECTIVENESS OF GRADUATE TEAM'S WELL BEING. FOLLOW-UP ACTIVITIES INCLUDE CREATING AN AWARENESS OF VITAL SERVICES AVAILABLE TO GRADUATES THAT INCLUDE: SAFETY ISSUES, EQUIPMENT NEEDS ASSESSMENT, ACCESS TO LEGAL ISSUES AND INFORMATION ABOUT PROGRAM UPDATES.

TASKS PERFORMED BY INSTRUCTORS AT FOLLOW-UP VISITATION INCLUDE: 1)

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ASCERTAINING THAT THE PLACEMENT IS STILL WORKING; 2) CORRECTION OF ANY PROBLEMS THAT MAY EXIST; 3) ENSURING THAT THE DOG IS HEALTHY; 4) ENSURING EQUIPMENT BEING USED IS EFFECTIVE; 5) MAKING CERTAIN THAT THE DOG IS DOING THE COMMANDS INITIALLY TAUGHT, AND THAT THEY ARE STILL NEEDED; AND 6) BEGINNING THE PROCESS OF TEACHING NEW COMMANDS, IF DEEMED NECESSARY.

CANINE COMPANIONS HAS ALSO DEVELOPED A CUSTOMER SERVICE AND QUALITY CONTROL TOOL KNOWN AS THE "GRADUATE WORKSHOP." THESE WORKSHOPS PROVIDE OUR GRADUATES ONE TO TWO DAY FOLLOW-UP TRAINING AT REGIONAL CENTERS OR IN CENTRALLY LOCATED CITIES FOR PROBLEM SOLVING AND FURTHER EDUCATION TO ENSURE THE ONGOING SUCCESS OF THE ASSISTANCE DOG TEAM.

ALONG WITH GRADUATE WORKSHOPS, CANINE COMPANIONS CONDUCTS ANNUAL TWO-DAY GRADUATE SEMINARS AT EACH OF OUR FIVE REGIONAL TRAINING CENTERS.

IN 2018, CANINE COMPANIONS STAFF PERFORMED OVER 1,229 IN-PERSON FOLLOW UP VISITS.

GIVE A DOG A JOB

IMAGINE NOT BEING ABLE TO OPEN A DOOR. ANSWER THE PHONE. HEAR A FIRE ALARM. OR EVEN PICK UP A PENCIL. THINK WHAT IT WOULD FEEL LIKE TO HAVE PEOPLE AVOID YOU BECAUSE YOU'RE IN A WHEELCHAIR. THESE ARE THE KINDS OF CHALLENGES MANY PEOPLE WITH DISABILITIES FACE DAILY.

PUT A CANINE COMPANIONS FOR INDEPENDENCE ASSISTANCE DOG IN THE PICTURE,

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AND EVERYTHING CHANGES.

THE ASSISTANCE DOGS WE BREED, RAISE AND TRAIN AREN'T JUST THE EARS, HANDS AND LEGS OF THEIR HUMAN PARTNERS. THEY'RE OFTEN BEST FRIENDS AS WELL. THEY OPEN UP NEW OPPORTUNITIES AND NEW POSSIBILITIES. AND SPREAD INCREDIBLE JOY. WE UNITE PEOPLE WITH DOGS IN A POWERFUL PROGRAM THAT LEADS TO GREATER INDEPENDENCE AND SELF-ESTEEM. ALL ASSISTANCE DOGS AND FOLLOW-UP SERVICES ARE PROVIDED FREE OF CHARGE.

CANINE COMPANIONS FOR INDEPENDENCE IS A NATIONAL NON-PROFIT ORGANIZATION, SERVING PEOPLE WITH DISABILITIES NATIONWIDE AND OPERATING OUT OF SIX REGIONAL TRAINING CENTERS LOCATED IN: SANTA ROSA, CALIFORNIA; OCEANSIDE, CALIFORNIA; DELAWARE, OHIO; MEDFORD, NEW YORK; IRVING, TEXAS; AND ORLANDO, FLORIDA.

ONE TEAM. TWO HEROES.

CANINE COMPANIONS CREATED THE VETERANS INITIATIVE IN 2007 TO PROVIDE MORE ASSISTANCE DOGS TO THE MEN AND WOMEN OF THE ARMED FORCES. WE HAVE PLACED OVER 286 ASSISTANCE DOGS DIRECTLY SERVING VETERANS FROM PAST AND CURRENT CONFLICTS AS WELL AS SOME ACTIVE DUTY MEMBERS.

EXPENSES \$ 2,147,063. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,573,463.

FORM 990, PART VI, SECTION A, LINE 2:

ANNE GITTINGER AND JOHN HOPEN HAVE A FAMILY RELATIONSHIP. JOANN ELLIOTT AND JOHN ELLIOTT HAVE A FAMILY RELATIONSHIP.

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

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THE TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE CFO. THE CFO FORWARDED THE FORM 990 TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE FORM 990. BOARD MEMBERS WERE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD THEIR QUESTIONS TO THE CFO. EITHER THE CFO OR THE ACCOUNTING FIRM ADDRESSED THE QUESTIONS FROM THE BOARD.

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

EACH EMPLOYEE IS REQUIRED TO SIGN A POLICY ACKNOWLEDGEMENT FORM, MAKE REQUIRED DISCLOSURES WHEN HIRED, AND UPDATE ON AN ONGOING BASIS FOR ANY CHANGE. BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY FORM ON AN ANNUAL BASIS AND UPDATE FOR ANY CHANGE IN THE INTERIM.

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

AS PART OF CCI'S ANNUAL EVALUATION PROCESS, MERITS FOR THE CEO AND CFO ARE TO BE APPROVED BY AN AUTHORIZED BOARD OR COMMITTEE. PER THE GUIDELINES OF THE CALIFORNIA NON PROFIT INTEGRITY ACT OF 2004: CHARITABLE CORPORATIONS MUST HAVE THEIR GOVERNING BOARD OR AUTHORIZED BOARD COMMITTEE REVIEW AND APPROVE COMPENSATION OF THE CEO AND CFO TO ENSURE THAT THE PAYMENTS ARE JUST AND REASONABLE. THE REVIEW AND APPROVAL MUST OCCUR AT THE TIME OF INITIAL HIRING OR WHEN COMPENSATION IS MODIFIED. COMPENSATION INCLUDES BENEFITS.

BASED ON THE ABOVE, THE COMMITTEE WHO HAS AUTHORIZATION TO APPROVE COMPENSATION WOULD BE THE NATIONAL BOARD. THE CHAIR OF THE PERSONNEL COMMITTEE, CEO, CFO AND NATIONAL BOARD PRESIDENT ALL SUPPORT THAT DUE TO THE SCRUTINY OF EXECUTIVE COMPENSATION, IT IS BEST TO HAVE SEVERAL VOTING MEMBERS APPROVE THIS COMPENSATION. THEREFORE, THE NATIONAL BOARD PRESIDENT

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SELECTED THE NATIONAL BOARD OFFICERS (SEE BELOW) TO REVIEW AND APPROVE THE
CEO AND CFO COMPENSATION:

NATIONAL BOARD PRESIDENT

NATIONAL BOARD VICE PRESIDENT

NATIONAL BOARD TREASURER

NATIONAL BOARD SECRETARY

THE REVIEW PROCESS INCLUDES THE FOLLOWING:

A. NATIONAL BOARD PRESIDENT PREPARES THE CEO'S ANNUAL EVALUATION AND PROVIDES A MERIT RECOMMENDATION. THE ANNUAL EVALUATION IS PREPARED BASED ON INPUT RECEIVED FROM ALL NATIONAL BOARD MEMBERS.

B. CEO PREPARED THE CFO'S ANNUAL EVALUATION AND PROVIDES A MERIT RECOMMENDATION.

C. HUMAN RESOURCES COMPILES COMPENSATION INFORMATION INCLUDING CURRENT YEAR MERIT RECOMMENDATION INFORMATION FROM ABOVE AND SUBMITS TO THE NATIONAL BOARD OFFICERS TO REVIEW AND DISCUSS.

D. THE NATIONAL BOARD OFFICERS REVIEW THE INFORMATION FOR THE CEO AND CFO AND VOTE ON THE MERIT RECOMMENDATION THEY FEEL IS APPROPRIATE AND REASONABLE.

E. NATIONAL BOARD PRESIDENT TALLIES THE VOTES AND THEN APPROVES THE MERIT ADJUSTMENTS FOR THE CEO AND CFO. NATIONAL BOARD PRESIDENT NOTIFIES HR OF THE APPROVED COMPENSATION ADJUSTMENTS.

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F. NATIONAL BOARD PRESIDENT REVIEWS EVALUATION WITH CEO AND SHARES RELATED MERIT ADJUSTMENT.

G. CEO REVIEWS EVALUATION WITH CFO AND SHARES RELATED MERIT ADJUSTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 CA, AL, AK, AZ, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
 MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV,
 WI

FORM 990, PART VI, SECTION C, LINE 19:
 OUR FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND THE CONFLICT OF
 INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE
 SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **CANINE COMPANIONS FOR INDEPENDENCE, INC.** Employer identification number **94-2494324**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

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

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POOLED INCOME FUND	INVESTMENTS	CA	CANINE COMPANIONS FOR INDEPENDENCE	TRUST					X

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	