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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CANINE COMPANIONS FOR INDEPENDENCE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 446

City or town, state or province, country, and ZIP or foreign postal code
SANTA ROSA, CA 954020446

D Employer identification number
94-2494324

E Telephone number
(707) 577-1700

G Gross receipts $ 33,193,796

F Name and address of principal officer
KATHRYN M MARQUET
2965 DUTTON AVE
SANTA ROSA, CA 95407

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CCI ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE TRAINED DOGS TO DISABLED PEOPLE

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

3	Number of voting members of the governing body (Part VI, line 1a)	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 2017 (Part V, line 2a)	5	282
6	Total number of volunteers (estimate if necessary)	6	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	28,278,811	26,505,953
	9	Program service revenue (Part VIII, line 2g)	2,712,631	2,534,306
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	955,342	2,236,373
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,064	-141,215
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,929,720	31,135,417
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	13,829,453	15,789,220
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	300,739	168,717
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,520,117		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,133,414	10,227,751
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,263,606	26,185,688
	19	Revenue less expenses Subtract line 18 from line 12	8,666,114	4,949,729
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	64,681,007	71,349,587
	21	Total liabilities (Part X, line 26)	2,185,529	3,217,537
	22	Net assets or fund balances Subtract line 21 from line 20	62,495,478	68,132,050

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

****** 2018-06-29
Signature of officer Date

PAUL MUNDELL INTERIM CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MAGA E KISRIEV	MAGA E KISRIEV			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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

CANINE COMPANIONS FOR INDEPENDENCE IS A NON-PROFIT ORGANIZATION THAT ENHANCES THE LIVES OF PEOPLE WITH DISABILITIES BY PROVIDING 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 ☑ 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 ☑ 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 $ 8,842,602 including grants of $ 0) (Revenue $ 0)

See Additional Data

4b (Code) (Expenses $ 4,402,626 including grants of $ 0) (Revenue $ 0)

See Additional Data

4c (Code) (Expenses $ 3,480,983 including grants of $ 0) (Revenue $ 0)

See Additional Data

(Code) (Expenses $ 2,279,208 including grants of $ 0) (Revenue $ 2,359,306)

EXCEPTIONAL DOGS FOR EXCEPTIONAL PEOPLE CANDIDATE AND GRADUATE SERVICESCANINE 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) 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 2017, CANINE COMPANIONS STAFF PERFORMED OVER 1,150 IN-PERSON FOLLOW UP VISITS GIVE A DOG A JOBIMAGINE 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, 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 266 ASSISTANCE DOGS DIRECTLY SERVING VETERANS FROM PAST AND CURRENT CONFLICTS AS WELL AS SOME ACTIVE DUTY MEMBERS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,279,208 including grants of $ 0) (Revenue $ 2,359,306)

4e **Total program service expenses ▶** 19,005,419

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L, Part III*	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 103			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 282			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , MT , NE , NV , NH , NJ , NM , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ 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 2965 DUTTON AVE SANTA ROSA, CA 95407 (707) 577-1700

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, or 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 dotted 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			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,193,943	0	126,828

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 ▶ 20

			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**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

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
MOODY NOLAN INC 300 SPRUCE STREET SUITE 300 COLUMBUS, OH 43215	ARCHITECTURAL	565,398
PRAVA CONSTRUCTION SERVICES INC 344 N VINEWOOD STREET ESCONDIDO, CA 92029	GENERAL CONTRACTOR	486,440
GOODE PRINTING & MAILING 655 PARK COURT ROHNERT PARK, CA 94928	MARKETING & PRINTING	367,870
CDW COMPUTER CENTERS INC 120 S RIVERSIDE PLAZA CHICAGO, IL 606755723	IT EQUIPMENT	293,241
FOLGER LEVIN LLP 199 FREMONT STREET 20TH FLOOR SAN FRANCISCO, CA 94105	LEGAL SERVICES	206,677

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 ▶ 18

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						
1a Federated campaigns	1a	38,236				
b Membership dues	1b					
c Fundraising events	1c	3,126,997				
d Related organizations	1d					
e Government grants (contributions)	1e	84,999				
f All other contributions, gifts, grants, and similar amounts not included above	1f	23,255,721				
g Noncash contributions included in lines 1a-1f $ _____						
h **Total.** Add lines 1a-1f ▶			26,505,953			
Program Service Revenue		Business Code				
2a MANAGEMENT FEES		624200	862,115	862,115		
b ~~RESEARCH AND DEVELOPMENT FEES~~		624200	816,842	816,842		
c ~~SERVICE DOG STUDY FEES~~		624200	622,071	622,071		
d ~~QUALIFIED SPONSORSHIPS~~		900099	175,000			175,000
e ~~RELEASE DOG ADOPTION FEES~~		624200	58,278	58,278		
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			2,534,306			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			367,720			367,720
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	3,600					
b Less rental expenses	3,600					
c Rental income or (loss)	0					
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	2,701,211	3,000				
b Less cost or other basis and sales expenses	835,558	0				
c Gain or (loss)	1,865,653	3,000				
d Net gain or (loss) ▶			1,868,653			1,868,653
8a Gross income from fundraising events (not including $ 3,126,997 of contributions reported on line 1c) See Part IV, line 18 a		869,512				
b Less direct expenses b		1,093,081				
c Net income or (loss) from fundraising events ▶			-223,569			-223,569
9a Gross income from gaming activities See Part IV, line 19 a		70,011				
b Less direct expenses b		23,856				
c Net income or (loss) from gaming activities ▶			46,155			46,155
10a Gross sales of inventory, less returns and allowances a		138,483				
b Less cost of goods sold b		102,284				
c Net income or (loss) from sales of inventory ▶			36,199			36,199
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See Instructions ▶			31,135,417	2,359,306	0	2,270,158

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) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	498,465	362,384	37,385	98,696
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	11,963,418	8,697,405	897,256	2,368,757
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	521,808	379,354	39,136	103,318
9 Other employee benefits	1,860,108	1,352,299	139,508	368,301
10 Payroll taxes	945,421	687,321	70,907	187,193
11 Fees for services (non-employees)				
a Management				
b Legal	269,196	107,678	26,920	134,598
c Accounting	128,700	92,664	8,880	27,156
d Lobbying				
e Professional fundraising services See Part IV, line 17	168,717			168,717
f Investment management fees	110,267			110,267
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,330,441	1,283,469	11,575	35,397
12 Advertising and promotion	436,569	217,696	13,392	205,481
13 Office expenses	1,411,857	869,843	57,337	484,677
14 Information technology	588,776	291,325	37,229	260,222
15 Royalties . .				
16 Occupancy	1,373,502	1,122,216	91,420	159,866
17 Travel	431,189	267,196	20,027	143,966
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	667,108	539,553	31,433	96,122
20 Interest	2		2	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	1,405,806	1,012,180	97,001	296,625
23 Insurance . . .	272,838	196,443	18,826	57,569
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	1,096,206	1,015,623	13,982	66,601
b EQUIP RENTAL & MAINT	498,223	361,679	33,648	102,896
c TAXES/FEES/LICENSES	112,347	80,890	7,752	23,705
d DUES & SUBSCRIPTIONS	79,251	57,061	5,468	16,722
e All other expenses	15,473	11,140	1,068	3,265
25 **Total functional expenses.** Add lines 1 through 24e	26,185,688	19,005,419	1,660,152	5,520,117
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		9,424,344	1	5,779,905
	2	Savings and temporary cash investments		7,685,036	2	8,352,061
	3	Pledges and grants receivable, net		3,878,194	3	3,707,246
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		228,648	8	228,648
	9	Prepaid expenses and deferred charges		112,213	9	71,601
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 39,469,820			
	b	Less accumulated depreciation	10b 15,633,897	23,466,371	10c	23,835,923
	11	Investments—publicly traded securities		1,308,035	11	1,883,775
	12	Investments—other securities See Part IV, line 11		15,064,431	12	23,540,927
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,513,735	15	3,949,501
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		64,681,007	16	71,349,587
Liabilities	17	Accounts payable and accrued expenses		2,145,056	17	3,171,894
	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		40,473	25	45,643
	26	**Total liabilities.** Add lines 17 through 25		2,185,529	26	3,217,537
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		49,072,543	27	49,897,675
	28	Temporarily restricted net assets		10,247,268	28	15,058,708
	29	Permanently restricted net assets		3,175,667	29	3,175,667
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		62,495,478	33	68,132,050
	34	Total liabilities and net assets/fund balances		64,681,007	34	71,349,587

Part XI Reconcilliation 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	31,135,417
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,185,688
3	Revenue less expenses Subtract line 2 from line 1	3	4,949,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,495,478
5	Net unrealized gains (losses) on investments	5	686,843
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	68,132,050

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 94-2494324

Name: CANINE COMPANIONS FOR INDEPENDENCE INC

Form 990 (2017)

Form 990, Part III, Line 4a:

HELP IS A FOUR-LEGGED WORD TRAININGPROFESSIONAL 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 -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 5,750 ASSISTANCE DOGS AND CURRENTLY HAS OVER 2,300 ACTIVE GRADUATES

Form 990, Part III, Line 4b:

RAISING PUPPIES, CHANGING LIVESBREEDING AND PUPPY RAISING PROGRAMSOVER THE PAST 41 YEARS, CANINE COMPANIONS HAS DEVELOPED A PROVEN FORMULA FOR BREEDING, RAISING AND TRAINING ASSISTANCE DOGS CANINE COMPANIONS BREEDS LABRADOR RETRIEVERS, GOLDEN RETRIEVERS AND A CROSS OF THE TWO TO BE ASSISTANCE DOGS VOLUNTEER BREEDER CARETAKERS CARE FOR OUR BREEDER DOGS AND NURTURE NEWBORN PUPPIES FOR EIGHT WEEKS BEGINNING WHEN THE PUPPIES ARE 8 WEEKS OLD, VOLUNTEER PUPPY RAISERS 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 EACH YEAR, CANINE COMPANIONS FOR INDEPENDENCE HAS MORE THAN 1,600 ACTIVE VOLUNTEER PUPPY RAISERS

Form 990, Part III, Line 4c:

SERVING NATIONALLY, ACTING LOCALLYPUBLIC INFORMATION AND LOCAL PRESENCECANINE 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, 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 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 VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JOHN MILLER CHAIR	2 00	X		X				0	0	0
JOHN MCKINNEY VICE-CHAIR	2 00	X		X				0	0	0
BOB STREET TREASURER	1 00	X		X				0	0	0
PAULINE PARRY SECRETARY	1 00	X		X				0	0	0
ANNE GITTINGER DIRECTOR	1 00	X						0	0	0
JEAN SCHULZ DIRECTOR	1 00	X						0	0	0
JOANN ELLIOTT DIRECTOR	1 00	X						0	0	0
JOHN ELLIOTT DIRECTOR	1 00	X						0	0	0
BARRIE GRAHAM DIRECTOR	1 00	X						0	0	0
RUSS GUREVITCH DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JOHN HOPEN DIRECTOR	1 00	X						0	0	0
CHRIS KITTREDGE DIRECTOR	1 00	X						0	0	0
NANCY SAWHNEY DIRECTOR	1 00	X						0	0	0
DENNIS SPROULE DIRECTOR	1 00	X						0	0	0
EMILY WILLIAMS DIRECTOR	1 00	X						0	0	0
BILL WHITE DIRECTOR	1 00	X						0	0	0
LESLIE HENNESSY DIRECTOR	1 00	X						0	0	0
MEL GOTTLEIB DIRECTOR	1 00	X						0	0	0
JILL WRIGHT-LEVERTON DIRECTOR	1 00	X						0	0	0
CAROLYN HRACH DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JUERGEN ROTTLER DIRECTOR	1 00	X						0	0	0
ED KINKEADE DIRECTOR	1 00	X						0	0	0
ROBIN SANCHEZ DIRECTOR	1 00	X						0	0	0
STEVE BOYD DIRECTOR	1 00	X						0	0	0
KATHRYN M MARQUET INTERIM CEO (STARTED 11/13/17)	40 00			X				18,462	0	0
PAUL E MUNDELL CEO (THRU 11/10/17)	40 00			X				227,593	0	23,763
JOHN R PEIRCE CFO	40 00			X				156,498	0	12,768
ROBERT SCHWINN CORPORATE SECRETARY (STARTED 2/17/17)	40 00			X				56,846	0	12,134
JACQUELINE ANTONINI CORPORATE SECRETARY (THRU 8/11/17)	40 00			X				41,031	0	0
BARBARA BARROW CHIEF DEVELOPMENT OFFICER	40 00					X		143,575	0	15,099

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JEANINE KONOPELSKI DIRECTOR OF MARKETING	40 00					X		133,907	0	18,837
PATRICIA M MINAKER DIRECTOR OF HUMAN RESOURCES	40 00					X		137,141	0	17,182
DEBRA MINETT-DOUGHERTY EXECUTIVE DIRECTOR	40 00					X		143,621	0	9,199
CLARK PAPPAS DIRECTOR OF PARTICIPANT PROGRAM	40 00					X		135,269	0	17,846

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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 **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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	18,410,352	22,585,335	21,704,066	28,498,811	26,680,953	117,879,517
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	18,410,352	22,585,335	21,704,066	28,498,811	26,680,953	117,879,517
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)						7,459,383
6 **Public support.** Subtract line 5 from line 4						110,420,134

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	18,410,352	22,585,335	21,704,066	28,498,811	26,680,953	117,879,517
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	379,874	546,257	470,840	263,469	371,320	2,031,760
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)	696,032	612,678	645,103	836,757	1,078,006	3,868,576
11 **Total support.** Add lines 7 through 10						123,779,853

12 Gross receipts from related activities, etc (see instructions) **12** 7,146,495

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** 89 210 %

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15** 89 370 %

16a **33 1/3% support test—2017.** 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 ▶ ☑

b **33 1/3% support test—2016.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

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 ▶ ☐

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 on line 12 of 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? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

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? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

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)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

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)	1		
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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2013 AMOUNT $ 824 2014 AMOUNT $ 9,846 2015 AMOUNT $ 0 2016 AM OUNT $ 0 2017 AMOUNT $ 0 GROSS INCOME FROM FUNDRAISING - 2013 AMOUNT $ 567,727 2014 AMOUNT $ 467,127 2015 AMOUNT $ 493,653 2016 AMOUNT $ 653,621 2017 AMOUNT $ 869,512 GROSS INCOME FROM GAMING ACTIVITIES - 2013 AMOUNT $ 42,363 2014 AMOUNT $ 31,602 2015 AMOUNT $ 34,145 2016 AMOUNT $ 58,241 2017 AMOUNT $ 70,011 GROSS SALES OF INVENTORY - 2013 AMOUNT $ 85,118 2014 AMOUNT $ 104,103 2015 AMOUNT $ 117,305 2016 AMOUNT $ 124 ,895 2017 AMOUNT $ 138,483

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.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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.

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 ▶ $ _____

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 in 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	15,026,412	14,085,427	13,228,707	13,242,889	11,809,666
b Contributions	6,375,986	246,860	2,023,379	145,663	203,302
c Net investment earnings, gains, and losses	2,551,580	978,849	-551,422	46,292	1,709,964
d Grants or scholarships					
e Other expenditures for facilities and programs	461,995	284,724	615,236	206,137	480,043
f Administrative expenses					
g End of year balance	23,491,983	15,026,412	14,085,428	13,228,707	13,242,889

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 78 320 %

b Permanent endowment ▶ 13 520 %

c Temporarily restricted endowment ▶ 8 160 %

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 . . . . . 3a(i)	Yes	
(ii) related organizations . . . . . 3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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		23,943,740	9,115,683	14,828,057
c Leasehold improvements		5,191,656	2,634,791	2,556,865
d Equipment		4,332,393	3,177,036	1,155,357
e Other		930,583	706,387	224,196
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				23,835,923

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 DEFERRED COMPENSATION	45,043	F
(B) INVESTMENTS HELD BY COMMUNITY FOUNDATION SONOMA COUNTY	5,063,992	F
(C) WMM, LLC	33,295	C
(D) INVESTMENTS HELD BY MARIN COMMUNITY FOUNDATION	18,398,597	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	23,540,927	

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. *(Column (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) BENEFICIAL INTERESTS IN CHARITABLE TRUST ASSETS	968,018
(2) DONATED LAND HELD FOR SALE	1,136,605
(3) RELOCATION ADVANCES	5,398
(4) DEPOSIT	73,697
(5) LIFE INSURANCE POLICY	744,737
(6) DUE FROM BAYLOR	1,021,046
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	3,949,501

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	
DEFERRED COMPENSATION	45,643
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	45,643

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	31,801,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	686,843		
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	686,843
3	Subtract line **2e** from line **1**			3	31,114,759
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	24,258		
b	Other (Describe in Part XIII)	4b	-3,600		
c	Add lines **4a** and **4b**			4c	20,658
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	31,135,417

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	26,165,030
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	26,161,430
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	24,258		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	24,258
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	26,185,688

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-2494324
Name: CANINE COMPANIONS FOR INDEPENDENCE INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE FOR UNRESTRICTED USES IN CERTAIN GEOGRAPHIC REGIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CCI IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3) AND RE LATED CALIFORNIA CODE SECTIONS ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON RELATED INCO ME HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS CCI FOLLOWS THE GUIDANCE ON ACCOUNTIN G FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FASB ASC TOPIC 740 AS OF DECEMBER 31, 2017, M ANAGEMENT EVALUATED CCI'S TAX POSITIONS AND CONCLUDED THAT CCI HAD MAINTAINED ITS TAX EXEM PT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCI AL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES RECLASSIFIED TO REVENUE -3,600

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES RECLASSIFIED TO REVENUE 3,600

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

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 ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1 BENTZ WHALEY FLESSNER AND ASSOCIATES INC 7251 OHMS LANE MINNEAPOLIS, MN 55439	CAPITAL CAMPAIGN		No	3,770,770	6,080	3,770,770
2 SOCIAL CAPITAL 120 HAWTHORNE AVENUE PALO ALTO, CA 94301	FUNDRAISING		No	1,535,092	72,974	1,535,092
3 CORNERSHOP CREATIVE LLC 2421 LONDONDERRY ROAD ANN ARBOR, MI 48104	DIGITAL SERVICES		No	1,535,092	43,050	1,535,092
4						
5						
6						
7						
8						
9						
10						
Total ▶				6,840,954	122,104	6,840,954

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 DOGFEST (event type)	(b) Event #2 SER GALA (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,289,250	536,224	2,171,035	3,996,509
	2 Less Contributions	1,284,995	352,889	1,489,113	3,126,997
	3 Gross income (line 1 minus line 2)	4,255	183,335	681,922	869,512
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	17,662	79,793	93,388	190,843
	7 Food and beverages			161,570	161,570
	8 Entertainment	4,796	9,212	2,650	16,658
	9 Other direct expenses	227,934	39,521	456,555	724,010
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,093,081
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-223,569

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))
Revenue	1 Gross revenue			70,011	70,011
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			23,764	23,764
	4 Rent/facility costs				
	5 Other direct expenses			92	92
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 90 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				23,856
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				46,155

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**	1 000 %
b An outside facility	**13b**	99 000 %

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 ▶ PO BOX 446
SANTA ROSA, CA 954020446

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law 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).

Return Reference	Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number
94-2494324

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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			
	☑ Compensation committee ☑ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not 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 PAUL E MUNDELL CEO (THRU 11/10/17)	(i)	227,593	0	0	13,838	9,925	251,356	0
	(ii)	0	0	0	0	0	0	0
2 JOHN R PEIRCE CFO	(i)	156,498	0	0	1,941	10,827	169,266	0
	(ii)	0	0	0	0	0	0	0
3 BARBARA BARROW CHIEF DEVELOPMENT OFFICER	(i)	143,575	0	0	4,272	10,827	158,674	0
	(ii)	0	0	0	0	0	0	0
4 JEANINE KONOPELSKI DIRECTOR OF MARKETING	(i)	133,907	0	0	8,010	10,827	152,744	0
	(ii)	0	0	0	0	0	0	0
5 PATRICIA M MINAKER DIRECTOR OF HUMAN RESOURCES	(i)	137,141	0	0	8,455	8,727	154,323	0
	(ii)	0	0	0	0	0	0	0
6 DEBRA MINETT-DOUGHERTY EXECUTIVE DIRECTOR	(i)	143,621	0	0	8,598	601	152,820	0
	(ii)	0	0	0	0	0	0	0
7 CLARK PAPPAS DIRECTOR OF PARTICIPANT PROGRAM	(i)	135,269	0	0	9,119	8,727	153,115	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number
94-2494324

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE CFO THE CFO FORWARDED THE FO RM 990 TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE FORM 990 BOARD MEMBERS W ERE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD THEIR QUESTIONS TO THE CFO EITHER TH E CFO OR THE ACCOUNTING FIRM ADDRESSED THE QUESTIONS FROM THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 KE Y EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY FORM ON AN ANNUAL BASIS AND UPDATE FOR ANY CHANGE IN THE INTERIM

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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 F NATIONAL BOARD PRESIDENT REVIEWS EVALUATION WITH CEO AND SHARES RELATED MERIT ADJUSTMENT G CEO REVIEWS EVALUATION WITH CFO AND SHARES RELATED MERIT ADJUSTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 I N 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.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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
(1)POOLED INCOME FUND	INVESTMENTS	CA	CANINE COMPANIONS FOR INDEPENDENCE	T				Yes	

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)