

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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): PO BOX 446. Room/suite: 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 \$ 146,146,988

F Name and address of principal officer: PAIGE MAZZONI, PO BOX 446, SANTA ROSA, CA 954020446

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.CANINE.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1975. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGHLY TRAINED SERVICE DOGS TO PEOPLE WITH DISABILITIES, AT NO COST.

Table with 3 columns: Line number, Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (21), 4 Number of independent voting members (21), 5 Total number of individuals employed (406), 6 Total number of volunteers (4,275), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (48,283,516 / 51,048,246), 9 Program service revenue (157,947 / 144,636), 10 Investment income (1,451,358 / 3,484,806), 11 Other revenue (421,438 / 190,106), 12 Total revenue (50,314,259 / 54,867,794).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (9,127 / 12,805), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (24,298,773 / 26,742,462), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (6,289,353), 17 Other expenses (12,591,665 / 13,635,805), 18 Total expenses (36,899,565 / 40,391,072), 19 Revenue less expenses (13,414,694 / 14,476,722).

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (188,712,156 / 212,550,790), 21 Total liabilities (5,305,268 / 6,632,934), 22 Net assets or fund balances (183,406,888 / 205,917,856).

Part II Signature Block

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

Sign Here	Signature of officer PAIGE MAZZONI CEO		Date 2025-08-14		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-08-14	Check <input type="checkbox"/> if self-employed	PTIN P01262236
	Firm's name BAKER TILLY ADVISORY GROUP LP			Firm's EIN 39-0859910	
	Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. (415) 956-1500	

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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 NONPROFIT ORGANIZATION THAT ENHANCES THE LIVES OF PEOPLE WITH DISABILITIES BY PROVIDING EXPERTLY TRAINED SERVICE DOGS AND ONGOING SUPPORT TO ENSURE QUALITY PARTNERSHIPS, AT NO COST TO CLIENTS.

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 \$ **16,398,493** including grants of \$ **0**) (Revenue \$ **144,636**)

TRAINING AND CLIENT SERVICES - CANINE COMPANIONS PLACED 547 WORKING DOGS IN 2024. OUR TRAINING CONSISTED OF IN-PERSON FOLLOW-UP VISITS WITH CLIENTS, TRAINING DOGS ON OUR CAMPUSES, AND TEACHING NUMEROUS TEAM TRAINING CLASSES THROUGHOUT THE YEAR. OUR PROFESSIONAL INSTRUCTORS SPEND SIX TO NINE MONTHS TEACHING THE DOG TO MASTER MORE THAN 40 TASKS BEFORE THE DOG CAN BE MATCHED WITH AN ADULT OR CHILD WHO HAS A DISABILITY, OR A PROFESSIONAL ASSISTING PEOPLE AT RISK. WE PROVIDE SERVICE DOGS TO INDIVIDUALS WITH MORE THAN 65 TYPES OF DISABILITIES, INCLUDING A WIDE RANGE OF PHYSICAL, COGNITIVE, DEVELOPMENTAL, AND AUDITORY DISABILITIES. WE TRAIN SERVICE AND FACILITY DOGS TO BEST SERVE OUR CLIENTS. IN 2024, WE PLACED 379 SERVICE DOGS, WHICH INCLUDED 47 DOGS TRAINED TO ASSIST INDIVIDUALS WHO ARE D/DEAF OR HARD OF HEARING TO ALERT TO SOUNDS, AND 50 DOGS PROVIDED TO VETERANS INCLUDING 34 DOGS TRAINED TO PROVIDE SPECIALIZED TASKS FOR VETERANS WITH POST TRAUMATIC STRESS DISORDER (PTSD). IN ADDITION, WE PROVIDED 80 DOGS TO PROFESSIONALS WHO ARE UTILIZING THE DOG TO MEET CLIENTS' THERAPY GOALS AND SUPPORT CLIENTS WITH DISABILITIES OR WHO ARE AT RISK. WE ALSO PROVIDED 8 AGENCY TRANSFERS AND CERTIFIED 160 THERAPY DOG PLACEMENTS. SINCE ITS INCEPTION IN 1975, CANINE COMPANIONS HAS TRAINED AND PLACED 8,163 SERVICE DOGS AND CURRENTLY HAS OVER 2,764 ACTIVE GRADUATES. WE TAKE IMMENSE PRIDE IN OUR VETERANS' INITIATIVE. THE MEN AND WOMEN WHO HAVE SERVED AND SACRIFICED IN OUR MILITARY OFTEN COME BACK WITH INJURIES, SOME VISIBLE AND OTHERS NOT. AFTER RECEIVING THEIR SERVICE DOGS, OUR VETERAN GRADUATES REPORTED THE FOLLOWING: 7 OF 8 INCORPORATED THEIR SERVICE DOGS INTO TREATMENT PLANS AND THERAPIES; 1 OF 4 DECREASED MEDICATION; 9 OF 10 INCREASED THEIR SOCIAL LIFE; AND 3 OF 4 EXPERIENCED DECREASED SYMPTOMS OF PTSD. CANINE COMPANIONS HAS ALSO DEVELOPED A CUSTOMER SERVICE AND QUALITY CONTROL TOOL KNOWN AS THE "GRADUATE WORKSHOP". THESE WORKSHOPS PROVIDE OUR GRADUATES WITH ONE TO TWO-DAY FOLLOW-UP TRAININGS.

4b (Code:) (Expenses \$ **9,686,015** including grants of \$ **12,805**) (Revenue \$ **0**)

BREEDING AND PUPPY RAISING / VETERINARY - OVER THE PAST 50 YEARS, WE HAVE DEVELOPED A PROVEN FORMULA FOR BREEDING, RAISING, AND TRAINING SERVICE DOGS. WE BREED LABRADOR RETRIEVERS, GOLDEN RETRIEVERS, AND A CROSS OF THE TWO TO BE SERVICE DOGS. DURING 2024, 152 VOLUNTEER BREEDER CARETAKERS CARED FOR OUR BREEDER DOGS AND NURTURED NEWBORN PUPPIES FOR EIGHT WEEKS. PUPPY RAISERS THEN RAISE THE DOGS FOR 16-18 MONTHS AS VOLUNTEERS, TEACHING THEM THEIR FIRST TWENTY TASKS. AT THE END OF 2024, WE HAD 1,314 ACTIVE, VOLUNTEER PUPPY RAISERS AND 1,123 ACTIVE PUPPIES. OUR TEAM OF VETERINARY AND CANINE EARLY CARE STAFF SUPPORT THE HEALTH AND WELLBEING OF OUR BREEDER DOGS AND THE LITTERS THEY WHELP (939 PUPPIES IN 2024). THEY ALSO PROVIDE ASSISTANCE TO OUR PUPPY RAISERS AND GRADUATES WITH CANINE HEALTH QUESTIONS AND CONCERNS. WE ARE INVOLVED IN NUMEROUS RESEARCH PROJECTS LEADING UNIVERSITIES AND INDUSTRY RESEARCH GROUPS. TO MEET OUR AMBITIOUS GOALS LAID-OUT IN OUR MOST RECENT FIVE-YEAR STRATEGIC PLAN, WE COMPLETED CONSTRUCTION OF A NEW, STATE-OF-THE-ART CANINE HEALTH AND WELLNESS CENTER THAT ALLOWS FOR EXPANSION OF OUR BREEDING CAPABILITIES AS WELL AS OUR VETERINARY AND RESEARCH PROGRAMS. THIS IS KEY TO OUR GOALS OF PROVIDING DOGS TO SERVE MORE CLIENTS, DECREASING THE TIME TO RECEIVE A SERVICE DOG, AND EXTENDING THE REACH OF OUR MISSION. KEY BENEFITS INCLUDE: THE HIGHEST STANDARD OF CARE FOR CANINE MOTHERS AND LITTERS; EXPANSION OF RESEARCH BENEFITTING THE SERVICE DOG AND DISABILITY COMMUNITIES WORLDWIDE; OPTIMAL HEALTHCARE FOR THE PUPPIES AND DOGS WITHIN OUR COMMUNITY; AND THE ABILITY TO TRAIN NATIONWIDE VOLUNTEERS ON OUR HIGHEST STANDARD OF CARE AND SOCIALIZATION.

4c (Code:) (Expenses \$ **5,613,129** including grants of \$ **0**) (Revenue \$ **-11,445**)

PUBLIC INFORMATION AND LOCAL PRESENCE - WE PROACTIVELY PROVIDE EDUCATION REGARDING SERVICE DOGS AND THE CHALLENGES FACED BY SERVICE DOG HANDLERS. OUR EFFORTS HAVE PRODUCED MANY ARTICLES IN NATIONAL AND LOCAL NEWSPAPERS, MAGAZINES, NEWSLETTERS, AND ONLINE. WE HAVE WORKED WITH NATIONAL AND LOCAL WEB, RADIO, AND TELEVISION BROADCASTS TO BRING AWARENESS OF OUR PROGRAM, REACHING OVER 350 MILLION PEOPLE. TO KEEP SUPPORTERS INFORMED OF NATIONAL, REGIONAL AND LOCAL ACTIVITIES, WE DISTRIBUTE A TRI-ANNUAL PRINT NEWSLETTER, MONTHLY ELECTRONIC COMMUNICATIONS AND DIRECT MAIL PACKAGES THAT EDUCATE THE GENERAL PUBLIC AND PROVIDE PROGRAM UPDATES. ADDITIONALLY, CANINE COMPANIONS MAINTAINS AND REGULARLY UPDATES ACCOUNTS ON SOCIAL MEDIA INCLUDING FACEBOOK, X, LINKEDIN, INSTAGRAM, TIKTOK, AND YOUTUBE.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 31,697,637

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20a regarding organizational requirements and financial reporting.

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	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?		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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	169	
b Enter the number of Forms W-2G included on 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	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	406	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	3	
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	Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 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.	1a		21
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21
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 on 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 on 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 on 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
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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:
JESSE MACKEY PO BOX 446 SANTA ROSA, CA 954020446 (707) 577-1799

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM WHITE CHAIR THRU 10/2024/TREAS START 10/2024	2.00	X		X				0	0	0
(2) JOHN SABO TREAS THRU 10/2024/CHAIR START 10/2024	2.00	X		X				0	0	0
(3) JOHN MILLER VICE CHAIR THRU 10/2024/BOARD MEMBER	1.00	X		X				0	0	0
(4) CATHY FISCHER BOARD MEMBER/VICE CHAIR START 10/2024	1.00	X		X				0	0	0
(5) ROBIN SANCHEZ SECRETARY THRU 10/2024/BOARD MEMBER	1.00	X		X				0	0	0
(6) COLLETTE BUNTON BOARD MEMBER/SECRETARY START 10/2024	1.00	X		X				0	0	0

(7) ANNE GITTINGER BOARD MEMBER	1.00	X								0	0	0
(8) BARRIE GRAHAM BOARD MEMBER	1.00	X								0	0	0
(9) RUSS GUREVITCH DVM BOARD MEMBER	1.00	X								0	0	0
(10) TANISHA HALL BOARD MEMBER START 5/2024	1.00	X								0	0	0
(11) LESLIE HENNESSY BOARD MEMBER	1.00	X								0	0	0
(12) JOHN WM HOPEN BOARD MEMBER	1.00	X								0	0	0
(13) CAROLYN HRACH BOARD MEMBER	1.00	X								0	0	0
(14) JUDGE ED KINKEADE BOARD MEMBER	1.00	X								0	0	0
(15) CHRIS KITTREDGE BOARD MEMBER	1.00	X								0	0	0
(16) TERESA JOHNSON RAMEY BOARD MEMBER START 5/2024	1.00	X								0	0	0
(17) ROBERT LAVIE BOARD MEMBER THRU 11/2024	1.00	X								0	0	0

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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)							(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MICHELLE LUDWIG BOARD MEMBER	1.00	X							0	0	0
(19) CHRIS MATHENA BOARD MEMBER START 5/2024	1.00	X							0	0	0
(20) JOHN MCKINNEY BOARD MEMBER THRU 9/2024	1.00	X							0	0	0
(21) JUERGEN ROTTLER BOARD MEMBER	1.00	X							0	0	0
(22) JEAN SCHULZ BOARD MEMBER	1.00	X							0	0	0
(23) EMILY WILLIAMS BOARD MEMBER	1.00	X							0	0	0
(24) PAIGE MAZZONI CHIEF EXECUTIVE OFFICER	40.00			X					396,312	0	55,941

7251 KETH EDWARDS

(25) KEITH EDWARDS CFO THRU 5/2024	40.00			X				168,066	0	11,805
(26) KATHRYN ROSE INTERIM CFO 5/2024-10/2024	40.00			X				47,945	0	0
(27) JESSE MACKEY CFO START 10/2024	40.00			X				26,697	0	1,093
(28) DAWN GATLEY CHIEF PEOPLE OFFICER	40.00				X			216,459	0	37,497
(29) BARBARA BARROW CHIEF PHILANTHROPY OFFICER	40.00				X			208,041	0	20,409
(30) JEANINE KONOPELSKI CHIEF MARKETING OFFICER	40.00				X			188,063	0	35,776
(31) BRENDA S KENNEDY DVM MS CHIEF VETERINARY & RESEARCH OFFICER	40.00				X			195,884	0	24,184
(32) MELINDA SOWERS CHIEF TRAIN & CLIENT SRVCS OFFICER	40.00				X			184,240	0	23,591
(33) TAYLOR CHANG SENIOR VICE PRESIDENT, TECHNOLOGY	40.00				X			168,253	0	22,639
(34) CLARK PAPPAS DIRECTOR, CLIENT SERVICES	40.00					X		160,033	0	46,276
(35) DEBRA MINETT DOUGHERTY EXECUTIVE DIRECTOR, NORTHEAST REGION	40.00					X		180,178	0	25,097
(36) PHILIP LIN VETERINARY MEDICAL DIRECTOR	40.00					X		166,503	0	24,147
(37) JULIE WETHERELL DIRECTOR, BREEDING PROGRAM	40.00					X		159,553	0	21,101
(38) MICHELLE DAVISON EXEC. DIR., SOUTH CENTRAL REGION	40.00					X		144,477	0	22,842
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,610,704	0	372,398

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 31

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
PRAVA CONSTRUCTION SERVICES INC 300 RANCHEROS DRIVE 150 SAN MARCOS, CA 92069	CONSTRUCTION SERVICES	2,231,214
CONTINENTAL OFFICE 5061 FREEWAY DRIVE E COLUMBUS, OH 43229	MARKETING SERVICES	526,495
ALMADEN 2549 SCOTT BOULEVARD SANTA CLARA, CA 95050	PRINTING SERVICES	477,841
ROBERT HALF FINANCE & ACCOUNTING PO BOX 743295 LOS ANGELES, CA 90074	TEMPORARY STAFF	401,342
ENDLESS REALITIES 25221 SAWMILL ROAD CARSON, VA 23830	IT SERVICES	255,192

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 16

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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
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other fundraising events	4,565,511			
1d Related organizations				
1e Government grants (contributions)	210,000			
1f All other contributions, gifts, grants, and similar amounts not included above	46,272,735			
1g Noncash contributions included in lines 1a - 1f:\$	1,786,051			
h Total. Add lines 1a-1f	51,048,246			

2a PROGRAM SERVICE REVENUE	Business Code			
	900099	144,636	144,636	
f All other program service revenue.				
g Total. Add lines 2a-2f.	144,636			

3 Investment income (including dividends, interest, and other similar amounts)	2,920,251			2,920,251
4 Income from investment of tax-exempt bond proceeds				
5 Royalties	3,555			3,555
6a Gross rents	(i) Real	22,200		
	(ii) Personal			
	6b Less: rental expenses	0		
6c Rental income or (loss)	22,200			
d Net rental income or (loss)	22,200			22,200
7a Gross amount from sales of assets other than inventory	(i) Securities	90,928,923	49,600	
	(ii) Other			
7b Less: cost or other basis and sales expenses	90,380,836	33,132		
7c Gain or (loss)				

Other Part VIII	Gain or (loss)		548,087	16,468			
	d	Net gain or (loss)			564,555		564,555
	8a	Gross income from fundraising events (not including \$ 4,565,511 of contributions reported on line 1c). See Part IV, line 18	640,493				
	8b	Less: direct expenses	765,199				
	c	Net income or (loss) from fundraising events			-124,706		-124,706
	9a	Gross income from gaming activities. See Part IV, line 19					
	9b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	88,582				
	10b	Less: cost of goods sold	100,027				
c	Net income or (loss) from sales of inventory			-11,445	-11,445		
11a	MISCELLANEOUS REVENUE	Business Code 900099	300,502			300,502	
b							
d	All other revenue						
e	Total. Add lines 11a-11d		300,502				
12	Total revenue. See instructions		54,867,794	133,191	0	3,686,357	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,805	12,805		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,032,894	1,268,605	535,840	228,449
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	18,628,339	14,715,199	694,783	3,218,357
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	721,380	579,999	16,053	125,328
9 Other employee benefits	3,802,502	3,028,623	144,824	629,055
10 Payroll taxes	1,557,347	1,219,920	76,769	260,658
11 Fees for services (non-employees):				
a Management				
b Legal	96,086		96,086	
c Accounting	91,225		91,225	

d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	268,066		268,066	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,188,839	2,001,017	105,549	82,273
12 Advertising and promotion	300,559	276,544	20,392	3,623
13 Office expenses	790,683	677,266	23,224	90,193
14 Information technology	891,551	584,559	34,517	272,475
15 Royalties				
16 Occupancy	2,266,990	1,998,619	16,914	251,457
17 Travel	672,554	403,003	88,277	181,274
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176,925	151,654	19,906	5,365
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,484,709	1,917,508	78,741	488,460
23 Insurance	571,525	468,094	18,815	84,616
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 PROG. SUPPLIES/DOG FOOD	1,549,807	1,549,807		
b PRINTING & PUBLICATIONS	463,418	460,474	226	2,718
c EQUIPMENT RENTAL/MAINT.	221,474	189,208	6,708	25,558
d DUES & SUBSCRIPTIONS	20,623	9,827	8,870	1,926
e All other expenses	580,771	184,906	58,297	337,568
25 Total functional expenses. Add lines 1 through 24e	40,391,072	31,697,637	2,404,082	6,289,353
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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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	18,671,764	1	26,502,689
	2 Savings and temporary cash investments	40,458,309	2	616,906
	3 Pledges and grants receivable, net	2,844,172	3	2,547,929
	4 Accounts receivable, net	1,437,388	4	1,015,730
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	514,588	9	578,307
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,019,813		
	b Less: accumulated depreciation	10b 24,935,627	56,709,177	10c 63,084,186
	11 Investments—publicly traded securities	2,347,555	11	58,176,616
	12 Investments—other securities. See Part IV, line 11	63,739,343	12	57,950,551
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		1,989,860	15 2,077,876	

Liabilities	16 Total assets. Add lines 1 through 15 (must equal line 33)	188,712,156	16	212,550,790
	17 Accounts payable and accrued expenses	3,778,969	17	5,083,455
	18 Grants payable		18	
	19 Deferred revenue	25,000	19	0
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,501,299	25	1,549,479	
26 Total liabilities. Add lines 17 through 25	5,305,268	26	6,632,934	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	147,867,321	27	176,158,532
	28 Net assets with donor restrictions	35,539,567	28	29,759,324
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	183,406,888	32	205,917,856
33 Total liabilities and net assets/fund balances	188,712,156	33	212,550,790	

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	54,867,794
2 Total expenses (must equal Part IX, column (A), line 25)	2	40,391,072
3 Revenue less expenses. Subtract line 2 from line 1	3	14,476,722
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183,406,888
5 Net unrealized gains (losses) on investments	5	7,842,305
6 Donated services and use of facilities	6	67,075
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	124,866
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	205,917,856

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	

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	
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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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a		No
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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		
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Additional Data

[Return to Form](#)

Software ID:
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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (CANINE COMPANIONS FOR INDEPENDENCE INC) and 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

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

Section A. Public Support Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	29,389,736	77,214,691	44,954,151	48,283,516	51,048,246	250,890,340
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	29,389,736	77,214,691	44,954,151	48,283,516	51,048,246	250,890,340
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)						32,858,147
6 Public support. Subtract line 5 from line 4.						218,032,193

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	29,389,736	77,214,691	44,954,151	48,283,516	51,048,246	250,890,340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	436,459	365,133	550,781	1,374,973	2,946,006	5,673,352
9 Net income from unrelated business activities, whether or not the business is regularly carried on		101,387	49,078	73,782	0	224,247
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		43,839	119,230	312,599	300,502	776,170
11 Total support. Add lines 7 through 10						257,564,109
12 Gross receipts from related activities, etc. (see instructions)					12	2,770,337
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	84.650 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	83.280 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2024.** 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-2023.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		

determination.

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

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2024

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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

Schedule A (Form 990) 2024

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

- 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 0.015 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 0.035	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2024

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	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9 Distributable amount for 2024 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			

\$			
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020. . . .		
b	Excess from 2021. . . .		
c	Excess from 2022. . . .		
d	Excess from 2023. . . .		
e	Excess from 2024. . . .		

Schedule A (Form 990) (2024)

Schedule A (Form 990) 2024

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

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2021 AMOUNT: \$ 43,839. 2022 AMOUNT: \$ 119,230. 2023 AMOUNT: \$ 312,599. 2024 AMOUNT: \$ 300,502.

Schedule A (Form 990) 2024

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number 94-2494324

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number 94-2494324

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

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

		\$ RESTRICTED	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Name of organization CANINE COMPANIONS FOR INDEPENDENCE INC	Employer identification number 94-2494324
--	--

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

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

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

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization CANINE COMPANIONS FOR INDEPENDENCE INC	Employer identification number 94-2494324
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (CANINE COMPANIONS FOR INDEPENDENCE INC) and Employer identification number (94-2494324)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and charitable purposes.

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

Table with 3 columns: Question number, description, and Yes/No response. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-2d.

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

Table with 3 columns: Question number, description, and Yes/No response. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 56.567 %
b Permanent endowment 16.822 %
c Term endowment 26.611 %
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:

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other (A) INVESTMENTS HELD BY MARIN COMMUNITY FOUNDATION, (B) INVESTMENTS HELD BY COMMUNITY FOUNDATION SONOMA COUNTY. Total: 57,950,551.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1.

(1) Federal income taxes	
OPERATING LEASE LIABILITY	846,451
GIFT ANNUITIES PAYABLE	656,868
DEFERRED COMPENSATION LIABILITIES	46,160
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,549,479

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

Schedule D (Form 990) (Rev. 1-2025)

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	62,956,490
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,842,305
b	Donated services and use of facilities	2b	389,591
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	124,866
e	Add lines 2a through 2d	2e	8,356,762
3	Subtract line 2e from line 1	3	54,599,728
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	268,066
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	268,066
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	54,867,794

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	40,445,522
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	322,516
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	322,516
3	Subtract line 2e from line 1	3	40,123,006
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	268,066
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	268,066
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,391,072

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
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE FOR UNRESTRICTED USES IN CERTAIN GEOGRAPHIC REGIONS.
PART X, LINE 2:	CANINE COMPANIONS IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON INCOME HAS BEEN REFLECTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. CANINE COMPANIONS FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. AS OF DECEMBER 31, 2024 AND 2023, MANAGEMENT EVALUATED CANINE COMPANIONS' TAX POSITIONS AND CONCLUDED THAT CANINE COMPANIONS HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUST ASSETS 124,866.

Schedule D (Form 990) (Rev. 1-2025)

Additional Data

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Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		TALES & TAILS GALA (event type)	DOGFEST N. CENTRAL (event type)	41 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	818,777	545,965	3,841,262	5,206,004	
	2	Less: Contributions	683,001	511,022	3,371,488	4,565,511	
	3	Gross income (line 1 minus line 2)	135,776	34,943	469,774	640,493	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	144,816		181,709	326,525	
	7	Food and beverages			165,966	165,966	
	8	Entertainment	7,750		67,082	74,832	
	9	Other direct expenses	14,126	15,106	168,644	197,876	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					765,199
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					-124,706

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	13a _____ %

b An outside facility **13b** %

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

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes No

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes No

b Enter the amount of distributions required under state law 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
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Schedule G (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number 94-2494324

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Row 1: (1) GRANTS TO OFFSET COSTS OF VETERINARY CARE, DOG FOOD, DOG SUPPLIES, 30, 12,805.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: FINANCIAL ASSISTANCE IS AVAILABLE TO CLIENTS, PUPPY RAISERS, AND BREEDER CARETAKERS WHO ARE FULLY QUALIFIED TO PARTICIPATE IN OUR PROGRAM BUT ARE UNABLE TO GATHER THE FINANCIAL RESOURCES NEEDED TO CARE FOR OUR DOGS OR TRAVEL TO TEAM TRAINING, IN THE CASE OF CLIENTS.

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number

94-2494324

Part I Questions Regarding Compensation

Form 990 Part I questions regarding compensation, including 1a, 1b, 2, 3, 4, 5, 6, 7, 8, 9.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025) Page 2

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.

Table with 8 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Rows include PAIGE MAZZONI, DAWN GATLEY, BARBARA BARROW, and JEANINE KONOPELSKI.

J BRUNDA J KENNEDY DVM MS
CHIEF VETERINARY & RESEARCH OFFICER

	(i)	120,000	0,000	0	11,740	12,439	220,068	0
	(ii)	0	0	0	0	0	0	0
6 MELINDA SOWERS CHIEF TRAIN & CLIENT SRVCS OFFICER	(i)	184,240	0	0	9,387	14,204	207,831	0
	(ii)	0	0	0	0	0	0	0
7 CLARK PAPPAS DIRECTOR, CLIENT SERVICES	(i)	160,033	0	0	10,567	35,709	206,309	0
	(ii)	0	0	0	0	0	0	0
8 DEBRA MINETT DOUGHERTY EXECUTIVE DIRECTOR, NORTHEAST REGION	(i)	180,178	0	0	10,893	14,204	205,275	0
	(ii)	0	0	0	0	0	0	0
9 TAYLOR CHANG SENIOR VICE PRESIDENT, TECHNOLOGY	(i)	168,253	0	0	9,334	13,305	190,892	0
	(ii)	0	0	0	0	0	0	0
10 PHILIP LIN VETERINARY MEDICAL DIRECTOR	(i)	161,503	5,000	0	9,943	14,204	190,650	0
	(ii)	0	0	0	0	0	0	0
11 JULIE WETHERELL DIRECTOR, BREEDING PROGRAM	(i)	159,553	0	0	9,542	11,559	180,654	0
	(ii)	0	0	0	0	0	0	0
12 KEITH EDWARDS CFO THRU 5/2024	(i)	168,066	0	0	6,915	4,890	179,871	0
	(ii)	0	0	0	0	0	0	0
13 MICHELLE DAVISON EXEC. DIR., SOUTH CENTRAL REGION	(i)	144,477	0	0	8,638	14,204	167,319	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

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
PART I, LINE 7	CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII AND/OR SCHEDULE J, PART II RECEIVED A NON-FIXED PAYMENT IN THE FORM OF A BONUS, WHICH WAS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (WHO MAY UTILIZE DISCRETION TO DETERMINE THE AMOUNT OF BONUS PAYMENT AND/OR WHETHER TO MAKE A BONUS PAYMENT, AND ARE NOT DETERMINED UTILIZING A FIXED FORMULA).

Schedule J (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CANINE COMPANIONS FOR INDEPENDENCE INC

Employer identification number 94-2494324

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation of contributions.

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED (DEFINED AS EACH SEPARATE GIFT) IN SCHEDULE M, PART I, COLUMN (B).
PART I, LINE 32B:	VEHICLE DONATIONS ARE HANDLED BY A THIRD-PARTY. THE ORGANIZATION RECEIVES THE NET PROCEEDS AFTER VEHICLE DISPOSITION, LESS ANY EXPENSES AND FEES.

Schedule M (Form 990) (2024)

Additional Data

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Software ID:
Software Version:

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization CANINE COMPANIONS FOR INDEPENDENCE INC	Employer identification number 94-2494324
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANNE GITTINGER AND JOHN WM. HOPEN HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT, IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE DEPARTMENT. THE DRAFT FORM 990 IS THEN REVIEWED BY THE CONTROLLER, CFO, AND CEO; ADJUSTMENTS ARE MADE, AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENTS AND IS ALSO CIRCULATED TO THE NATIONAL BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST POLICY DISCLOSURE FORM WHICH REQUESTS THOSE SUBSTANTIVE RELATIONSHIPS: (A) THAT THEY OR MEMBERS OF THEIR FAMILY MAINTAIN WITH ORGANIZATIONS THAT DO BUSINESS WITH CANINE COMPANIONS; OR (B) THAT POTENTIALLY COULD BE CONSTRUED TO AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY AND RESPONSIBILITY. PERSONS COVERED BY THE CONFLICT OF INTEREST POLICY ALSO HAVE A DUTY TO UPDATE THIS INFORMATION DURING THE COURSE OF THE YEAR, AS NECESSARY. SHOULD A POTENTIAL CONFLICT OF INTEREST BE IDENTIFIED, THE BOARD CHAIR AND CANINE COMPANIONS LEGAL COUNSEL ARE CONSULTED AND MAY REFER THE MATTER TO THE AUDIT COMMITTEE FOR DETERMINATION. IN COMPLEX CASES, THE AUDIT COMMITTEE MAY REFER THE MATTER TO THE FULL BOARD FOR DETERMINATION. PERSONS WHO HAVE DECLARED A CONFLICT OF INTEREST, OR WHO HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST, REFRAIN FROM PARTICIPATING IN CONSIDERATION OF RELEVANT PROPOSED TRANSACTIONS UNLESS THE BOARD OR PRESIDENT REQUESTS INFORMATION OR INTERPRETATION FOR SPECIAL REASONS. SHOULD A CONFLICT OF INTEREST MATTER REQUIRE AN AUDIT COMMITTEE OR BOARD VOTE TO RESOLVE, THOSE CONCERNED SHALL NOT BE PRESENT AT THE TIME OF THE VOTE.
FORM 990, PART VI, SECTION B, LINE 15	AS PART OF CANINE COMPANIONS' 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 NONPROFIT 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 IS 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 FOLLOWING NATIONAL BOARD OFFICERS 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. THE NATIONAL BOARD PRESIDENT PREPARES THE CEO'S ANNUAL EVALUATION AND PROVIDES A MERIT RECOMMENDATION. THE ANNUAL EVALUATION IS PREPARED BASED ON INPUT FROM ALL NATIONAL BOARD MEMBERS. B. THE CEO PREPARES 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. THE NATIONAL BOARD PRESIDENT TALLIES THE VOTES AND THEN APPROVES THE MERIT ADJUSTMENTS FOR THE CEO AND CFO. THE NATIONAL BOARD PRESIDENT NOTIFIES HR OF THE APPROVED COMPENSATION ADJUSTMENTS. F. THE NATIONAL BOARD PRESIDENT REVIEWS THE EVALUATION WITH THE CEO AND SHARES THE RELATED MERIT ADJUSTMENT. G. THE CEO REVIEWS THE EVALUATION WITH THE CFO AND SHARES THE RELATED MERIT ADJUSTMENT.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUST ASSETS 124,866.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: (1) CANINE COMPANIONS CHARITABLE PROPERTIES LLC, HOLDING COMPANY FOR ASSETS TO BE USED TO FURTHER CHARITABLE MISSION OF CCI, CA, 0, 31,926,720, CANINE COMPANIONS FOR INDEPENDENCE INC.

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

Table with 9 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) Page 2

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

Table with 11 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

