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Return of Organization Exempt From Income Tax

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

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

1	OMB No 1545-0047
1	
1	901/
1	Open to Public
	- Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number COMPANION ANIMAL CLINIC OF THE SANDHILLS FOUNDATION X Name change 20-2886984 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Final return PO BOX 148 910-692-3499 148, 507 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ SOUTHERN PINES, NC 28388 H(a) is this a group return F Name and address of principal officer, DEBORAH WILSON Applica-tion Yes X No W for subordinates? nending PO BOX 1883, SOUTHERN PINES, NC 28388 H(b) Are all subordinates included? Yes 4947(a)(1) or I Tax-exempt status. X 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list (see instructions) Website: ► WWW.COMPANIONANIMALCLINIC.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust [Other > Association Year of formation: 2005 M State of legal domicile: NC Summary Briefly describe the organization's mission or most significant activities. THE MISSION IS TO PROVIDE Governance AFFORDABLE SPAY/NEUTER IN NORTH CAROLINA TO ADDRESS PET Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets 13 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)-5 $\overline{11}$ Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prio<u>r Year</u> Current Year 148,219. 84,945. Contributions and grants (Part VIII, line 1h) Ō. 0. Program service revenue (Part VIII, line 2g) 151. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 238. -7.603.-14.301.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77,493. 134,156. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,881. 17,006. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 650. 14 Benefits paid to or for members (Part IX, column (A), line 4) О. 100. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 67,692. 91,185. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 107,673. 108,841. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -30,180.25,315. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 363,015. 370,235. 20 Total assets (Part X, line 16) 2,306. 20,401. 21 Total liabilities (Part X, line 26) 342,614. 367,929 Net assets or fund balances. Subtract line 21 from line 20 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. ಞ Signature of officer Sign TREASURER DEBORAH WILSON, Here Type or print name and title PTIN Preparer's signatu Print/Type preparer's name SCOTT BREWER 02/27/18 P00004789 Paid SCOTT BREWER Firm's name DIXON HUGHES GOODMAN LLP 56-0747981 Preparer Firm's EIN Firm's address 130 TURNBERRY WAY Use Only PINEHURST, NC 28374 Phone no. (910) 692-8555 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

COMPANION ANIMAL CLINIC OF THE SANDHILLS 20-2886984 FOUNDATION Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III NONE Briefly describe the organization's mission: Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 101,634. including grants of \$ 17,006.) (Revenue \$) (Expenses \$ THE ORGANIZATION SUBSIDIZES AN APPROPRIATELY EQUIPPED VETERINARY CLINIC TO PROVIDE LOW COST SPAY AND NEUTER SERVICES TO THE GENERAL PUBLIC AND ANIMAL WELFARE ORGANIZATION. ___) (Expenses \$ _

4e Total program service expenses ▶

732002 11-28-17

4d Other program services (Describe in Schedule O)

Form 990 (2017)

101,634.

Yes No

Form 990 (2017) FOUNDATION

| Part IV | Checklist of Required Schedules

1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		۱ ۱	ĺ
	If "Yes," complete Schedule A .	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_8_		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			}
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ <u>~</u> _		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1.3	
	as applicable.			N. S.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-+	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	[Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
IJ	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		X
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Form 990 (2017) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]		ļ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			(
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		1
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."	}		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		. 1	*
	instructions for applicable filing thresholds, conditions, and exceptions):		1 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ļ
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			i
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		ı
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_X_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		[
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	}		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Form 9	990 (20	FOUNDATION		20-2886	984	P	age	5
Parl	: 🗸	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 t	he number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1				
b	Enter t	he number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0] ,			
C	Did the	e organization comply with backup withholding rules for reportable payments to vendors and re	portable g	gaming			<u> </u>	
	(gambl	ling) winnings to prize winners?			1c	X		
2a	Enter t	the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				1		-
	filed fo	or the calendar year ending with or within the year covered by this return	2a	0	; }}: %:	\$3 à	2 à ;	ŝ.
b	If at lea	ast one is reported on line 2a, did the organization file all required federal employment tax returr	ns?		2b			
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)		1263	ěχ	3	ş
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?			За		X	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule ()		3b		L	
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other a	uthority o	ver, a				
	financı	ial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X	
b	If "Yes	s," enter the name of the foreign country.					34	8
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (F	BAR)			4Ř	
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did an	ly taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X	_
		s," to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ	_
		the organization have annual gross receipts that are normally greater than \$100,000, and did the	organiza	ition solicit				
	•	ontributions that were not tax deductible as charitable contributions?			6a		X	_
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribution	ons or gift	s				
		not tax deductible?			6b	a) C	. خ.	<i>a</i> <
	_	sizations that may receive deductible contributions under section 170(c).				% }.	∜ % .	
		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provi	ded to the payor?	7a		X	_
		s," did the organization notify the donor of the value of the goods or services provided?			7b			_
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	1			v	
		Form 8282?			7c	1 2 8 2	X	_
		s," indicate the number of Forms 8282 filed during the year	7d	· · · · · · · · · · · · · · · · · · ·		1 187	*	
_		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f			_
f g		organization, during the year, pay premiums, directly of indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		se required?	7g			_
_		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7 <u>9</u> 7h			_
		soring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,	*	*8	3
•	-	oning organization have excess business holdings at any time during the year?	2,		8		Ť	> <
9	•	soring organizations maintaining donor advised funds.			ټون. نون	Ÿ	3.2	a
	•	e sponsoring organization make any taxable distributions under section 4966?			9a			
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			_
		on 501(c)(7) organizations. Enter			(§. 4)	TARK		_
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a		* :		K	
b	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			,	b	, ***
11	Section	on 501(c)(12) organizations. Enter.				ς,	, š	Ä
а	Gross	income from members or shareholders	11a		:À%			, §,
b	Gross	income from other sources (Do not net amounts due or paid to other sources against				3 %	M 2	
	amoui	nts due or received from them.)	11b		\$ 68 4	*	, ,	3
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a			
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the year	12b			* (1)		, de
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			* * /	*	ş ·	35
а	Is the	organization licensed to issue qualified health plans in more than one state?			13a			
	Note.	See the instructions for additional information the organization must report on Schedule O			,	,	· *	3
b	Enter	the amount of reserves the organization is required to maintain by the states in which the				33.5	*	ž
	organ	zation is licensed to issue qualified health plans	13b			Ň	٠,	cratique .
C	Enter	the amount of reserves on hand	13c		. *		ž	*
		e organization receive any payments for indoor tanning services during the tax year?			14a		Х	
<u>b</u>	If "Yes	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	000		_
					Form	990	(201	7)

FOUNDATION Form 990 (2017)

20-2886984

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

Section A. Governing Body and Management 1a Enter the number of volang members of the governing body at the end of the tax year If there are material differences in unique grids among members of the governing body, or if the governing body deligated troad subnovil to an executive committee or similar committee, explain in Schedule 0. b Enter the number of volting members included in line 1st, above, who rais independent 2 Old any officiar, directic, flustees, or key employee have a family relationship or a business relationship with any other officiar, directic, instales, or key employees to a governing body or under the direct supervision of officiers, direction, traises, or key employees to a management of company or other person? 4 Did the organization have any significant changes to its governing documents encot the prior form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization sakes? 5 Did the organization become aware during the year of a significant diversion of the organization sakes? 6 Did the organization become aware during the year of a significant diversion of the organization sakes? 7a Did the organization beare members, stockholders, or often persons who had the power to elect or appoint one or more members of the organization have members, stockholders, or often persons who had the power to elect or appoint one or more members of the organization the electron of the organization decisions of the organization of the person of the organization decisions of the organization of the person of the organization of the person of the organization of the person of the organization of severe the process. 5 Did the organization have a winter conflict of interest policy?		Check if Schedule O contains a response or note to any line in this Part VI					X
to greate the number of voting members of the governing body at the and of the tax year If there are metal differences in worling nights among members of the governing body, or the governing body or delegated brraid authority to an executive committee or symbol production of the province of the provi	<u>Sec</u>	tion A. Governing Body and Management					
the three are material differences in voting rights among members of the governing body of this governing body of this governing body of the governing body of the governing body of the governing body of the communities, or plan in Schodule 0. b Enter the number of voting members included in line 1a, above, who are independent 2 old any officer, director, frustee, or key employees the are a family relationship or a business relationship with any other officer, director, nustee, or key employees? 3 old the organization delegate control over management duties customany performed by or under the direct supervision of officers, freefocts, or trustees, or key employees to a management company or other person? 4 old the organization have members or stockholders? 5 old the organization have members or stockholders? 6 old the organization have members a stockholders? 7 old the organization have members a stockholders? 8 old the organization have members as tockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 old the organization contemporations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 b old the organization contemporations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 b Each committee with authority to act on behalf of the governing body? 10 b old the organization have members of the presence of the organization reserved to fine governing body? 11 b Late committee with authority to act on behalf of the governing body? 12 b Late committee with authority to act on behalf of the governing body? 13 b Late the organization have local chapters, branches, or affiliates? 14 b If the organization have local chapters, branches, or affiliates? 15 b If 'Yes,' did the organization have a written conflict of interest policy? If 'Nos,' go to line 13 16 b Late organization have a written confli				•		Yes	No
be Enter the number of voting members included in line 1s, above, who are independent 2 hid any officer, director, frusted, or key employee 3 hid the organization delegate control over management dustes customarly performed by or under the direct supervision of officers, director, instexe, or key employees 3 hid the organization delegate control over management dustes customarly performed by or under the direct supervision of officers, director, instexe, or key employees to a management company or other person? 4 hid the organization have members or stockholders? 5 bid the organization have members or stockholders? 6 bid the organization have members or stockholders? 7 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 bid the organization the governing body? 9 bid the organization cortemporaneously document the mestings held or written actions undertaken during the year by the following: 8 bid the organization thanks of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 9 bid the organization cortemporaneously document the mestings held or written actions undertaken during the year by the following: 8 bid to approve the power to elect or appoint one or more members of the organization cortemporaneously document the mestings held or written actions undertaken during the year by the following: 8 bid the organization cortemporaneously document the mestings held or written actions undertaken during the year by the following: 9 bid the organization have a written organization to a stockholders. 10 bid the organization have a written organi	1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1:	3] ;	44	3
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Page 7

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

FOUNDATION

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization r		orga I	nızat			npen	sate				
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than c	one -	Reportable	Reportable	Estimated amount of	
	hours per							compensation	compensation		
	week	\vdash			Γ	T	7	from the	from related	other	
	(list any hours for	direct			l			organization	organizations (W-2/1099-MISC)	compensation from the	
	related	5 8	stee			Sate		(W-2/1099-MISC)	(** 2/ 1000 14/100)	organization	
	organizations	Individual trustee or director	institutional trustee) se	iad iii		(,		and related	
	below	Idual	tution	le.	Ja mg	esto	ier Ier			organizations	
	line)	lpdi	Instr	Officer	Key	Highest compensated employee	Former	<u></u>			
(1) BETSY BEST	1.00				1				_		
PRESIDENT	1 00	Х		X	<u> </u>	<u> </u>		0.	0.	0.	
(2) TOM DANIEL, DVM	1.00							•			
DIRECTOR	1 00	X			<u> </u>	-	<u> </u>	0.	0.	0.	
(3) TERI GAGAN	1.00				1						
DIRECTOR	1 00	Х			├-	_	<u> </u>	0.	0.	0.	
(4) BOBBIE MUDGE	1.00	ļ , ,						•	•		
DIRECTOR	1.00	Х			├	-		0.	0.	0.	
(5) RANDALL PHILLIPS DIRECTOR	1.00	X						0		•	
	1.00	^	_		├-		┝╌	0.	0.	0.	
(6) JAMES VANCAMP VICE PRESIDENT	1.00	x		x	1			0.	0	0	
(7) DEBROAH WILSON	1.00	^	\vdash		├	├	\vdash	<u> </u>	0.	0.	
TREASURER	1.00	x		X		ļ		0.	0.	0	
(8) SAM DREHER	1.00	<u> </u>		Λ	-	-	\vdash	0.	<u> </u>	0.	
SECRETARY	1.00	X		x	ł			0.	0.	0.	
(9) JIM HEIM	1.00	 ^			┢	┢					
DIRECTOR		x			Ì	1		0.	0.	0.	
(10) MARY GRIFFITH	1.00	<u> </u>			<u> </u>						
DIRECTOR		X						0.	0.	0.	
(11) JOAN THIELE	1.00				$\overline{}$						
DIRECTOR		x			l	l		0.	0.	0.	
(12) LEE EVERS	1.00										
DIRECTOR		X						0.	0.	0.	
(13) TONY IOPPOLO	1.00										
DIRECTOR		X			L	L.		0.	0.	0.	
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	ne organization. Report compensation for the calendar	<u>r year ending with or wi</u>	thin the organization's tax year.	
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	Name and business address	MONE	Description of services	Compensation
-				
	· · · · · · · · · · · · · · · · · · ·			
				

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

0

Form 990 (2017)

7) FOUNDATION
Statement of Revenue Form 990 (2017)
Part VIII

		Check if Schedule O cont	ains a response	or note to any lin	e 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
st st	1 a	Federated campaigns	1a			}		
Grants	b	Membership dues	1b	-	· ,	, ×5		* ; ,
و <u></u>	С	Fundraising events	1c	126,461.	<u>}`</u>	; · · · · · · · · · · · · · · · · · · ·	1000	37.3
ar A	d	5	1d					
S, G	е							
Sign	f	All other contributions, gifts, gran						
her		similar amounts not included abo		21,758.				
ĒŌ	g							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			148,219.		. 13 8	
				Business Code				
e,	2 a							
Ž,	b							
Se	С							
am	d							
Program Service Revenue	е							
Pr	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>			3 🕻 🦹	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	238.	238.	İ	
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents .						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ē	8 a	Gross income from fundraisin						
		including \$126,4	61 of					
ě		contributions reported on line	1c) See	_				
-		Part IV, line 18	. а					
Other Reven	b		b	14,351.	(1888)			
	С	· ·	-		-14,351.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-14,351.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		'	, b			1 38 \{\text{\$1.5}		
		Net income or (loss) from garr	-					
	10 a	Gross sales of inventory, less	returns				ξ	
		and allowances	. a					
		Less cost of goods sold	b	L			§3, 4	<u> </u>
			<u> </u>	7. X 8		2 2 3 3 5		
				Business Code		***		31 11
		MISCELLANEOUS R	EVENUE _	518210	50.	50.		
	b							
	C	All address on						
	d All other revenue			F 0	* : **			
	e 40	Total. Add lines 11a-11d			50. 134,156.	300		14 255
	12	Total revenue See instructions.			L TO4,TO0.	288.	0.	-14,351.

Form 990 (2017)	TOURDATION
Part IX Statement of F	unctional 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								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations			* * * * * * * * * * * * * * * * * * * *				
_	and domestic governments. See Part IV, line 21				\$3 / 3 3 3 4			
2	Grants and other assistance to domestic	17,006.	17,006.					
_	individuals See Part IV, line 22	17,000.	17,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16	650.	650.					
4	Benefits paid to or for members	030.	630.		(45.36 a) (5 36 a) (8 a) (8 a)			
5	Compensation of current officers, directors,				ĺ			
	trustees, and key employees			 	 			
6	Compensation not included above, to disqualified			ļ	}			
	persons (as defined under section 4958(f)(1)) and				}			
	persons described in section 4958(c)(3)(B)		<u> </u>	ļ	ļ			
7	Other salaries and wages		ļ. 	 				
8	Pension plan accruals and contributions (include				[
	section 401(k) and 403(b) employer contributions)		<u> </u>		<u> </u>			
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees).		}	1	<u> </u>			
а	Management							
b	Legal							
С	Accounting	2,762.	2,210.	552.				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
9	column (A) amount, list line 11g expenses on Sch 0.)	75.	75.					
12	Advertising and promotion	17,846.	17,846.					
13	Office expenses	6,444.	4,511.	1,933.				
14	Information technology	3,006.	3,006.					
15	Royalties			 	 			
	Occupancy	16,304.	16,304.		 			
16	'	20/3010	20,3020		 			
17	Travel				 -			
18	Payments of travel or entertainment expenses)	}			
	for any federal, state, or local public officials		 	 	 			
19	Conferences, conventions, and meetings	226.	226.	 	 			
20	Interest	100.	100.		 			
21	Payments to affiliates	35,483.	35,483.	 	 			
22	Depreciation, depletion, and amortization	3,691.	3,691.	 				
23	Insurance	3,031.	3,031.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M' ('SM' , S 28 A			
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.)							
а	MISCELLANEOUS	4,704.		4,704.				
b	EVENT EXPENSES GENERAL	476.	476.					
С	ORGANIZATIONAL CORP EXP	50.	50.					
d	DANTE CITADORC	18.		18.				
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	108,841.	101,634.	7,207.	0.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined]	1	1			
	educational campaign and fundraising solicitation.	1]	}	}			
	Check here if following SOP 98-2 (ASC 958-720)))	1			
72201	0 11-28-17	·		·	Form 990 (2017)			

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	1.	Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	891.	1	1,405.		
	2	Savings and temporary cash investments			40,179.	2	60,090.
	3	Pledges and grants receivable, net				3	ļ <u>-</u>
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,		** .	
		trustees, key employees, and highest compensa		13.53			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section		2.33			
		employers and sponsoring organizations of sections			* e . \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
sts		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	ı	1		9	
	10a	Land, buildings, and equipment cost or other	40-	568,194.		*	
		basis. Complete Part VI of Schedule D	10a 10b	259,454.	321,945.	10c	308,740.
	l	Less. accumulated depreciation		237,333.	341,343.	11	300,740.
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 1		12			
	12 13	Investments - order securities See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	363,015.	16	370,235.
	17	Accounts payable and accrued expenses			20,401.	17	2,306.
	18	Grants payable		•		18	<u> </u>
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	art IV	of Schedule D		21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
E.		key employees, highest compensated employee	s, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D				25	ļ
	26	Total liabilities. Add lines 17 through 25			20,401.	26	2,306.
		Organizations that follow SFAS 117 (ASC 958		ck here X and			
es		complete lines 27 through 29, and lines 33 an	d 34.		342 614	**	367,929.
anc	27	Unrestricted net assets			342,614.	27	307,929.
Bal	28	Temporarily restricted net assets				28	
ā	29	Permanently restricted net assets	CC 0E	O) abaak basa N	**************************************	29	M Y 32 \ \ X \ X
Ţ		Organizations that do not follow SFAS 117 (A	3C 93	8), check here		*	
Net Assets or Fund Balances	20	and complete lines 30 through 34.			<u> </u>	30	* * * * * * * * * * * * * * * * * * *
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	u unma	ant frund		31	
As	31	Retained earnings, endowment, accumulated in				32	
Net	33	Total net assets or fund balances	JUI116,	or other fullus	342,614.	33	367,929.
-	34	Total liabilities and net assets/fund balances			363,015.		370,235.
		1932 Habilito di la fiet desette/fatta balations				<u> </u>	Form 990 (2017)

Form	1990 (2017) FOUNDATION	<u> 20</u> -	<u>-2886984</u>	Page 12
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,156.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	25	,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	342	,614.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments .	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	367	,929.
Pa	rt 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. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		lă, s	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	l l	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Înspection

Name of the organization COMPANION ANIMAL CLINIC OF THE SANDHILLS **Employer identification number** FOUNDATION 20-2886984 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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) (iv) Is the organization listed (ii) EIN (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions)

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]					
	ınclude any "unusual grants ")	100,492.	104,282.	192,486.	84,945.	148,219.	630,424.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						"
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	100,492.	104,282.	192,486.	84,945.	148,219.	630,424.
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)						
	Public support. Subtract line 5 from line 4						630,424.
	ction B. Total Support		r 				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	100,492.	104,282.	192,486.	84,945.	148,219.	630,424.
8	Gross income from interest,						
	dividends, payments received on					l	
	securities loans, rents, royalties,	80.	60.	174	151	220	702
_	and income from similar sources	00.	80.	174.	151.	238.	703.
9	Net income from unrelated business	ľ					
	activities, whether or not the	Į					
40	business is regularly carried on						
IU	Other income Do not include gain or loss from the sale of capital	1			1		
	assets (Explain in Part VI)	ļ	1			,	
11	Total support. Add lines 7 through 10					7	631,127.
	Gross receipts from related activities,			100 V X X 100 400	· · * # X X X	12	031,127.
	First five years. If the Form 990 is for			d fourth or fifth ta	ا . x vear as a section		
	organization, check this box and stor	_		-,		(.)(.)	▶□
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2017 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.89 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.89 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2016. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2017. If the org	anization did not o	check a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop h	i ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
þ	10% -facts-and-circumstances test	_				•	
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ			•	- · · · · -		▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

Part III Support Schedule for C	ondations organizations	Described in S	ection 509(a)(2)	20-200	0 9 0 4 Page 3
(Complete only if you checked	-			•	art II If the organize	ation fails to
qualify under the tests listed be			rga iization ralieu	to quality drider i	art ii ii iile organizi	ation ians to
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						./
membership fees received (Do not					1	y ^f
ınclude any "unusual grants.")					L _	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						II.
3 Gross receipts from activities that					 	
are not an unrelated trade or bus-						
iness under section 513	,	,				
i				<u> </u>	11	
4 Tax revenues levied for the organ-				<i></i>	/	
ization's benefit and either paid to					-	
or expended on its behalf				- J	 	
5 The value of services or facilities						
furnished by a governmental unit to	,				1	
the organization without charge					 	
6 Total. Add lines 1 through 5	<u> </u>			_//	 	
7a Amounts included on lines 1, 2, and			<i>"</i> "			
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)			<u> </u>			
Section B. Total Support			<u>/</u>			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014 //	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		;			ļi	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<i>j</i>		 		
b Unrelated business taxable income		1			1	
(less section 511 taxes) from businesses	})	
acquired after June 30, 1975	<i>/</i>	<u> </u>				
c Add lines 10a and 10b						·
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	r'the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Section D. Computation∕of Inves						
17 investment income percentage for 20	017 (line 10c. colur	nn (f) divided by lin	e 13. column (f))		17	<u>~~~~~</u>

18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2017

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	Yes	X.
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		tille A (Form 990 or 990-EZ) 2017 FOUNDATION			0-2886984 Page 6
cother Type III nonfunctionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Pnor Year (B) Current Year (cptional) 1. Net short-term capital gain 2. Recoveries of pnor-year distributions 3. Other gross income (see instructions) 3. Other gross income (see instructions) 4. Add lines 1 through 3 4. Add lines 1 through 3 5. Depreciation and depletion 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) 7. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8. Section B - Minimum Asset Amount (A) Pnor Year (B) Current Year (cptional) 1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a. Average monthly value of securities b. Average monthly value of securities 1. Average monthly value of other non-exempt-use assets 1. December 1. In the securities of the properties and to be counted and to be a securities 1. Average monthly value of other non-exempt-use assets 1. December 1. In the securities of the part of year) 2. Acquisition indebtedness applicable to non-exempt-use assets 2. Subtract line 2 from line 1. 2. Acquisition indebtedness applicable to non-exempt-use assets 2. Subtract line 2 from line 1. 3. Subtract line 2 from line 1. 4. Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5. Net value of non-exempt-use assets (subtract line 4 from line 3) 6. Multiply line 5 by 0.35 7. Recoveries of prior-year distributions 7. Recoveries of prior-year distributions 7. Recoveries of prior-year distributions 7. Adjusted net income for prior year (from Section B, line B, Column A) 7. All finite greate	Par	Typo III (tot) (another integration cos(a)(c) capporting			
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see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year			Ť		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Income tax imposed in prior year 5 Income tax imposed in prior year	•	•	4		
6 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount	-5				
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year					
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year					
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year					
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5					Current Year
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5	1	Adjusted net income for prior year (from Section A. line 8. Column A)	1		
Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year 5			2		
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5					
5 Income tax imposed in prior year 5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions)	•		6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7				nization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION 20-2886984 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 g Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e 133 g Applied to underdistributions of prior years h Applied to 2017 distributable amount 190 Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 FOUNDATION 20 - 2886 984 Page 8
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.)
·	
	
	
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	·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

COMPANION ANIMAL CLINIC OF THE SANDHILLS

Open to Public Inspection &

Employer identification number

OMB No 1545-0047

FOUNDATION 20-2886984 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.		•
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds	
-	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	used only	
	for charitable purposes and not for the benefit of the donor o		-	
	impermissible private benefit?	,	g	Yes No
Par	t II 🚉 Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, i	Part IV, line	
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e		torically im	portant land area
	Protection of natural habitat	Preservation of a cert	_	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conse	rvation easement on the last
_	day of the tax year		123	
а	Total number of conservation easements		_	ta
b	Total acreage restricted by conservation easements	·		tb
c	Number of conservation easements on a certified historic str	ucture included in (a)		de l
d	Number of conservation easements included in (c) acquired a	• •		
	listed in the National Register	,		ed
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the		
-	year >	, , , , , , , , , , , , , , , , , , , ,	J	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	•		
_	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	asements during the year
	•	•		,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easem	nents during the year
	\$			· ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organiz	zation's accounting for
	conservation easements.			
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and b	alance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherai	nce of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items		
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	blic service	e, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X	•		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	l gain, prov	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		•	> \$
b	Assets included in Form 990, Part X			> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2017

	dule D (Form 990) 2017 FOUNDAT							20-28	86984	Page 2
Par	t III. Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t are a si	gnıficant	use of its o	collection	ıtems
	(check all that apply)									
а	Public exhibition	C		Loan or excl	nange progr	ams				
b	Scholarly research	6	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizati	on's exer	npt purp	ose ın Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma						<u></u> _		Yes	No.
Pai	reported an amount on Form 990, Par		ete if the	organization	n answered	"Yes" on	Form 99	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able [.]		•			_	
	. ,	·	•						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e	1		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	stodial acco	unt liabil	ity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been i	provided on	Part XIII				
	rt V Endowment Funds. Complete						10.			
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		<u> </u>			i]	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	id administe	red for th	e organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		wment f	unds				-		
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990), Part X,	line 10.		·	
	Description of property	(a) Cost or o		(b) Cost basis	or other (other)	, , ,	ccumula preciatio		(d) Book	value
	Land				3,100.	315 48	4 3 T	F 3	3	3,100.
b	Buildings				9,767.		56,6			3,142.
c	Leasehold improvements									
d	Equipment					<u> </u>				
	Other			21	5,327.		202,8	329.	12	2,498.
	I. Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X colun							740.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year ma	arket value
(1) Financial derivatives			
(2) Closely-held equity interests .			
(3) Other	<u> </u>		
(A)			
(B)			
(C)			
(D)	· · · · · · · · · · · · · · · · · · ·		
<u>(E)</u>	<u></u>		
(F)			
(G)	_		
(H)		. 205-20 1	Similar
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			4°3° 181:1
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year ma	arket value
(1)			 -
(2)			
(3)			
(4)			
(5)			
(6)		-	·
(7)	-		 -
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		**************************************	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
	Description		ook value
(2)			
(3)			
(4)	***************************************		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		***	
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements that reports	

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) 2017

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number

OMB No 1545-0047

Inspection ► Go to www.irs.gov/Form990 for the latest instructions. COMPANION ANIMAL CLINIC OF THE SANDHILLS 20-2886984 FOUNDATION

					120 2000						
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 e Solicitation of non-government grants											
				-							
b Internet and email solicitations			-	nment grants							
c Phone solicitations g Special fundraising events											
d In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or											
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
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	•		- J								
(i) Name and address of individual (ii) Name and address of individual (vi) Amount paid (vii) Amount paid (vii) Amount paid (viii) Name and address of individual (viii) Name and address of ind											
(i) Name and address of individual	(ii) Activity	fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)					
or entity (fundraiser)	(,	or con	itrol of utions?	from activity	fundraiser listed in col. (i)	organization					
			r -		iioted iii eoi. (i)						
		Yes	No	ļ							
	<u> </u>		<u> </u>	L		<u></u>					
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)								
	<u> </u>	L	L								
Total				L	L	L					
3 List all states in which the organization	n is registered or licensed to solicit o	ontnb	utions	or has been notified	it is exempt from reg	gistration					
or licensing.											
					·						
											
											
					·						
				<u></u>							
		_									
				-							

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

Schedule G (Form 990 or 990-EZ) 2017

Pa		e G (Form 990 or 990-EZ) 2017 FOUNDAT Fundraising Events. Complete if the		1 "Yes" on Form 990. Part	IV. line 18, or reported	2886984 Page 2
	_	of fundraising event contributions and gre				
\Box			(a) Event #1	(b) Event #2	(c) Other events	<u>-</u>
			CAPITAL	OH THE		(d) Total events
			CAMPAIGN	PLACES YOU'L	2	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
)						
Revenue	1	Gross receipts	71,645.	34,500.	20,316.	126,461
į	2	Less: Contributions	71,645.	34,500.	20,316.	126,461
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ا	5	Noncash prizes			·	
Direct Expenses	6	Rent/facility costs				
rect EX	7	Food and beverages				
5	8	Entertainment				
-		Other direct expenses	141.	11,321.	2,889.	14,351
-	9	•		11,321.	2,003.	
-	10	Direct expense summary Add lines 4 through				14,351
끅	11	Net income summary Subtract line 10 from I		000 D + 0/ 1 + 40		-14,351
a	** **	<u> </u>	answered "Yes" on Forn	n 990, Paπ IV, line 19, or re	eported more than	
\neg		\$15,000 on Form 990-EZ, line 6a	1	T (1) D. H. L.		
او			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
餇				bingo/progressive bingo		col (a) through col. (c
Revenue						
4	_1_	Gross revenue				
တ္ထ	2	Cash prizes				
బ						
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes % No	Yes %	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
_	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities _			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain [.]	·	· · · · · · · · · · · · · · · · · · ·		
_						
		ere any of the organization's gaming licenses re				Yes No
D	ır "	Yes," explain				
	_					
_	_					
208	2 09	-13-17			Schedule G (For	m 990 or 990-EZ) 201

Schedule G (Form 990 or 990-EZ) 2017 FOUNDATION	20-2886984 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	rmed
to administer charitable gaming?	Yes 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 an	• • • • • • • • • • • • • • • • • • • •
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and	the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	r 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	
	-
	•
722002 00 12 17	chedule G (Form 990 or 990-EZ) 2017

	/F 000 000 F7	COMPA	ANION	ANIMAL			SANDHILLS	20 2006004	
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	OITAC	<u> </u>				20-2886984	Page 4
Ediria	Supplemental mo	illiation (continued)				 		
							 		
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						-	 	· — — — — — — — — — — — — — — — — — — —	
							 		

SCHEDULE (Form 990)

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

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 the latest information.

COMPANION ANIMAL CLINIC OF THE SANDHILLS

*Partis | General Information on Grants and Assistance

FOUNDATION

Name of the organization

Department of the Treasury Internal Revenue Service

7	iblic
201	Open to Pu Inspectic

OMB No 1545-0047

Employer identification number

20-2886984

o N Schedule I (Form 990) (2017) (h) Purpose of grant or assistance \textstyle 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (**b)** EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government PartII

Schedule I (Form 990) (2017) FOUNDATION

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

Page 2

20-2886984

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information (d) Amount of non-cash assistance ٥. 17,006. (c) Amount of cash grant (b) Number of recipients 0 CASH GRANT TO THE SPAY AND NEUTER CLINIC TO PROVIDE SERVICES TO THE LOCAL COMMUNITY. (a) Type of grant or assistance

Schedule I (Form 990) (2017)

732102 11-01-17

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. COMPANION ANIMAL CLINIC OF THE SANDHILLS FOUNDATION

Employer identification number 20-2886984

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OVERPOPULATION.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL DIRECTORS ARE FURNISHED WITH A COPY OF THE 990 PRIOR TO FILING FOR
THEIR ACCEPTANCE AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE FOR PUBLIC
INSPECTION AT THE ORGANIZATION'S PLACE OF BUSINESS

SCHEDULE R

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Employer identification number 20 – 2886984 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. COMPANION ANIMAL CLINIC OF THE SANDHILLS FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part I

Direct controlling entity 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 End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity **@** Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ž controlled entity? Yes Direct controlling entity Public charity status (if section 501(c)(3)) **e** Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

Schedule R (Form 990) 2017

FOUNDATION

Schedule R (Form 990) 2017

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

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organizations treated as a partnership during the tax year	irtnership during the tax	year							-		-	
(a)	(Q)	<u>(</u>)	(D)	_		E	(6)	€ 		=	s —	&
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fre	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Olspropor allocatio		Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
SPAY/NEUTER VETERINARY CLINC OF THE SANDHILLS PLLC - 14-2006507, 5071 US HWY 1 N, SOUTHERN PINES, NC 28394	VETERINARY SERVICES	NC	CYNTHIA EATON, DVM						×	N/A	×	
					,							
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	s a Corpo g the tax y	or Trust.	omplete if th	ne organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	s" on Form 99	30, Part IV, IIr	ne 34, bec	cause it had	one or m	ore related
(a) Name, address, and EIN of related organization	N:	Prım	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	Sha end-c end-c ass	(g) Share of Peend-of-year o	(h) Percentage ownership	Section 512(b) (1) controlled entry?
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732162 09-11-17				38						Schedu	le R (For	Schedule R (Form 990) 2017

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FOUNDATION Schedule R (Form 990) 2017

Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2017 × Yes ₽ Ē 두 우 ē ₽ 5 ŧ 5 두 ¥ 4 ₽ ¥ = ţ ÷ ÷ (d)
Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 17,006. ACTUAL EXPENSES During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved (b)
Transaction type (a-s) Д Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets to related organization(s) SPAY/NEUTER VETERINARY CLINIC OF THE Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) SANDHILLS PLLC 732163 09-11-17 **9** 2 ପ୍ର € ত্র

COMPANION ANIMAL CLINIC OF THE SANDHILLS FOUNDATION

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Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

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(a)	Q)		e) #		(6)	E)	(3)	3	£.
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	S sec Share of total	Share of end-of-year	Dispropor- tionate allocations?	Uspropor- CODE V-UBI General or Percentage tonder amount in box 20 managing ownership allocations? of Schedillo K-1 partner?	General or managing partner?	Percentage ownership
	į	country)	sections 512-514) Yes No	No	assets	Yes No	(Form 1065)	Yes No	
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