

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization: D Employer identification number: E Telephone number: F Accounting method: G Website: H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates: H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: M Check if the organization is not required to attach Sch. B

G Website: H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates: H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 514,014,642.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash \$ <u>61,653</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	61,653.	61,653.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	466,556.	41,493.	425,063.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	16,041,705.	13,726,485.	906,827.	1,408,393.
27 Pension plan contributions not included on lines 25a, b, and c	801,065.	665,160.	63,179.	72,726.
28 Employee benefits not included on lines 25a - 27	2,694,393.	2,393,025.	106,454.	194,914.
29 Payroll taxes	1,263,780.	1,063,958.	97,842.	101,980.
30 Professional fundraising fees	12,000.			12,000.
31 Accounting fees	59,900.	3,594.	56,306.	
32 Legal fees	89,017.	6,245.	32,365.	50,407.
33 Supplies	92,273.	73,431.	6,997.	11,845.
34 Telephone	309,718.	259,034.	12,682.	38,002.
35 Postage and shipping	148,660.	107,815.	5,741.	35,104.
36 Occupancy	23,905.	19,756.	3,112.	1,037.
37 Equipment rental and maintenance	532,455.	451,956.	44,807.	35,692.
38 Printing and publications	97,508.	75,805.	2,737.	18,966.
39 Travel	1,061,539.	919,770.	47,532.	94,237.
40 Conferences, conventions, and meetings	96,911.	82,253.	3,203.	11,455.
41 Interest	364,797.	360,072.	27.	4,698.
42 Depreciation, depletion, etc. (attach schedule)	2,226,327.	2,051,816.	43,133.	131,378.
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 6	7,153,438.	4,666,369.	1,419,408.	1,067,661.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	33,597,600.	27,029,690.	3,277,415.	3,290,495.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 907,157. ; (ii) the amount allocated to Program services \$ 569,687. ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ 337,470.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 10	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a DOG TRAINING AND STUDENT INSTRUCTION: GUIDE DOGS' STAFF SPEND APPROXIMATELY 4-6 MONTHS OF INTENSIVE TRAINING WITH THE DOGS. THESE DOGS ARE THEN MATCHED WITH STUDENTS WHO SPEND FOUR WEEKS IN RESIDENCE ON ONE OF THE GUIDE DOGS' CAMPUSES TRAINING WITH INSTRUCTORS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	14,077,831.
b SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,161,634.
c SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,184,832.
d PUBLIC INFORMATION: PROMOTES AWARENESS OF THE ORGANIZATION AND ITS MISSION. GUIDE DOGS IS FEATURED IN NUMEROUS NEWSPAPERS, MAGAZINES, NETWORK RADIO AND TELEVISION PROGRAMS AND WEB-BASED MEDIA. GUIDE DOGS PUBLISHES NEWSLETTERS AND BROCHURES TO RAISE AWARENESS OF GUIDE DOGS' PROGRAMS AND ISSUES RELATED TO VISUALLY IMPAIRED INDIVIDUALS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	686,403.
e Other program services (attach schedule) SEE STATEMENT 11	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,918,990.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	27,029,690.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	2,455,809.	45 1,171,739.
	46 Savings and temporary cash investments	13,508,870.	46 10,293,921.
	47 a Accounts receivable	47a 1,113,557.	
	b Less: allowance for doubtful accounts	47b	47c 1,113,557.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a 2,423.	
	b Less: allowance for doubtful accounts	51b	51c 2,423.
	52 Inventories for sale or use	118,801.	52 131,980.
	53 Prepaid expenses and deferred charges	103,786.	53 95,668.
	54 a Investments - publicly-traded securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	329,361,360.	54a 293,679,918.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 43,906,331.		
b Less: accumulated depreciation STMT 12	57b 24,487,228.	18,957,461.	
58 Other assets, including program-related investments (describe SEE STATEMENT 13)	8,316,319.	58 8,035,096.	
59 Total assets (must equal line 74). Add lines 45 through 58	373,142,628.	59 333,943,405.	
Liabilities	60 Accounts payable and accrued expenses	2,954,294.	60 3,142,603.
	61 Grants payable		61
	62 Deferred revenue	4,571,362.	62 4,927,462.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities	11,425,000.	64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe		65
66 Total liabilities. Add lines 60 through 65	18,950,656.	66 8,070,065.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	340,608,213.	67 312,367,077.
	68 Temporarily restricted	6,576,526.	68 6,391,509.
	69 Permanently restricted	7,007,233.	69 7,114,754.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	354,191,972.	73 325,873,340.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	373,142,628.	74 333,943,405.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	179,333.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84a	N/A		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85a	N/A		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			X
90 a	List the states with which a copy of this return is filed CA, OR		
90b	Number of employees employed in the pay period that includes March 12, 2007		298
91 a	The books are in care of JOELLE HOOVER Telephone no. 415-499-4000 Located at 350 LOS RANCHITOS, SAN RAFAEL, CA ZIP + 4 94903		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM RELATED RENTAL					135,744.
b SPEAKING FEES					45,352.
c CAREER CHANGE					62,560.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,421,903.	
96 Dividends and interest from securities			14	2,771,724.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	23,756,772.	
101 Net income or (loss) from special events			01	-192,188.	
102 Gross profit or (loss) from sales of inventory	453220	106,860.			
103 Other revenue:					
a VENDING			03	571.	
b PLANNED GIVING			01	863.	
c MISCELLANEOUS			01	95,259.	
d OTHER INCOME			01	488,003.	
e					
104 Subtotal (add columns (B), (D), and (E))		106,860.		30,342,907.	243,656.
105 Total (add line 104, columns (B), (D), and (E))					30,693,423.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> Signature of officer Date </div>								
	<div style="display: flex; justify-content: space-between;"> KEN STUPI, CHIEF FINANCIAL OFFICER </div>								
	Type or print name and title								
Paid Preparer's Use Only	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Preparer's signature</td> <td style="width: 10%; border-bottom: 1px solid black;">Date</td> <td style="width: 15%; border-bottom: 1px solid black;">Check if self-employed <input type="checkbox"/></td> <td style="width: 35%; border-bottom: 1px solid black;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="2" style="border-bottom: 1px solid black;">EIN</td> <td style="border-bottom: 1px solid black;">Phone no.</td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)						
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.						
	HOOD & STRONG LLP, CPAS 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105 (415) 781-0793								

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization GUIDE DOGS FOR THE BLIND, INC.	Employer identification number 94 1196195
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANDREW EBER 350 LOS RANCHITOS, SAN RAFAEL, CA 949	DIR.-DEVELOP 40.00	152,071.	30,096.	
TERRY BARRETT 350 LOS RANCHITOS, SAN RAFAEL, CA 949	DIR.-TRAINING 40.00	144,355.	28,997.	
CRAIG DIETRICH 350 LOS RANCHITOS, SAN RAFAEL, CA 949	VETERINARIAN 40.00	138,779.	27,904.	
TOM HORTON 350 LOS RANCHITOS, SAN RAFAEL, CA 949	DIR.-GIVING 40.00	134,955.	27,193.	
MICHAEL HINGSON 350 LOS RANCHITOS, SAN RAFAEL, CA 949	DIR.-NATL PUB AFFAIR 40.00	133,548.	26,910.	
Total number of other employees paid over \$50,000	▶ 133			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DIGIORGIO CONTRACTING CO, INC 8 COMMERCIAL BLVD, STE E, NOVATO, CA 94949	CONSTRUCTION	1613260.
LEWIS ADVERTISING CO. 325 EAST OLIVER STREET, BALTIMORE, MD 21202	ADVERTISING	523,742.
LISTPLAN SERVICE, LLP 45 AMY'S WAY, WELLFLEET, MA 02667	LISTS	128,324.
RV KUHNS & ASSOCIATES 1000 SW BROADWAY, STE 1680, PORTLAND, OR 97205	INVESTMENT CONSULTANT	90,630.
HOOD & STRONG LLP 100 FIRST ST., 14TH FL., SAN FRANCISCO, CA 94105	ACCOUNTING	59,900.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
J.F. PACIFIC LINERS, INC. (PIPELINE REHAB) 70 UNION WAY, VACAVILLE, CA 95687	LANDSCAPING	96,850.
ABM JANITORIAL SERVICE, INC. PO BOX 61000, SAN FRANCISCO, CA 94161	JANITORIAL	75,931.
BRIGHT STAR SECURITY, INC. PO BOX 5326, NOVATO, CA 94948	SECURITY	58,089.
PACIFIC LANDSCAPE MANAGEMENT 21555 NW AMBEROOD DR., HILLSBORO, OR 97124	LANDSCAPING	53,540.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 19	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 20	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	25,198,191.	22,805,354.	25,900,867.	18,178,309.	92,082,721.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	177,934.	124,909.	388,499.	473,756.	1,165,098.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,336,659.	5,409,978.	3,929,240.	4,189,852.	19,865,729.
19 Net income from unrelated business activities not included in line 18	106,477.	115,159.	93,162.	86,908.	401,706.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	49,660.	47,916.	SEE STATEMENT 21 55,360.	496,167.	649,103.
23 Total of lines 15 through 22	31,868,921.	28,503,316.	30,367,128.	23,424,992.	114,164,357.
24 Line 23 minus line 17	31,690,987.	28,378,407.	29,978,629.	22,951,236.	112,999,259.
25 Enter 1% of line 23	318,689.	285,033.	303,671.	234,250.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,259,985.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,358,023.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 112,999,259.
d Add: Amounts from column (e) for lines: 18 19,865,729. 19 401,706. 22 649,103. 26b 3,358,023.					26d 24,274,561.
e Public support (line 26c minus line 26d total)					26e 88,724,698.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 78.5179%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

GUIDE DOGS FOR THE BLIND, INC.

94-1196195

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

GUIDE DOGS FOR THE BLIND, INC.

94-1196195

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,822,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,488,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 736,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 714,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GUIDE DOGS FOR THE BLIND, INC.	Employer identification number 94-1196195
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	07/01/05	L				1,371,741.				1,371,741.			0.	
2	IMPROVEMENTS	07/01/05	SL	.000		HY16	1,864,468.				1,864,468.	178,358.		0.	178,358.
3	BUILDINGS	07/01/05	SL	.000		HY16	25977101.				25977101.	13586862.		0.	13586862.
4	BLDG. IMPROVEMENTS	07/01/05	SL	.000		HY16	5,347,968.				5,347,968.	3,309,891.		0.	3,309,891.
5	FURNITURE & EQUIPMENT	07/01/05	SL	.000		HY16	4,733,595.				4,733,595.	4,082,777.		0.	4,082,777.
6	AUTOMOBILE	07/01/05	SL	.000		HY16	2,094,495.				2,094,495.	1,750,977.		0.	1,750,977.
7	MEDIA COMMUNICATIONS	07/01/05	SL	.000		HY16	412,053.				412,053.	137,126.		0.	137,126.
8	WORK IN PROCESS	07/01/05	SL	.000		HY16	202,031.				202,031.			0.	
9				.000		HY16								0.	
	* TOTAL 990 PAGE 2 DEPR						42003452.				42003452.	23045991.		0.	23045991.

FORM 990		GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)		
PUBLICLY TRADED SECURITIES	487,656,473.	463,924,066.	0.	23,732,407.		
TO FORM 990, PART I, LINE 8	487,656,473.	463,924,066.	0.	23,732,407.		

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE	DATE	METHOD	NET GAIN OR (LOSS)	
	ACQUIRED	SOLD	ACQUIRED		
DISPOSITION OF FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	24,365.	0.	0.	0.	24,365.
TO FM 990, PART I, LN 8	24,365.	0.	0.	0.	24,365.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SEATTLE CHAMPAGNE & CHOCOLATES GALA LABS & LUNCH, LAGUNA BEACH	106,796.	87,516.	19,280.	62,763.	-43,483.
SUPPORT OUR CANINE HEROES WINE GALA, YOUNTVILLE	40,555.	35,165.	5,390.	12,850.	-7,460.
OREGON FALL LUNCHEON	433,700.	378,225.	55,475.	126,125.	-70,650.
HOLIDAY LUNCHEON/PINOT & PUPS	105,149.	87,649.	17,500.	29,975.	-12,475.
	374,283.	307,327.	66,956.	125,076.	-58,120.
TO FM 990, PART I, LINE 9	1,060,483.	895,882.	164,601.	356,789.	-192,188.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		-44,036,661.	
UNREALIZED LOSS ON PLANNED GIFTS		-273,877.	
TOTAL TO FORM 990, PART I, LINE 20		-44,310,538.	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
OTHER	187,982.	43,446.	132,162.	12,374.	
GENERAL OFFICE	78,742.	77,642.	839.	261.	
STUDENT FOOD & SERVICES	233,076.	214,273.	8,984.	9,819.	
MEDICAL SUPPLIES & DRUGS	515,979.	514,932.	-6,648.	7,695.	
PUBLICITY & EVENTS	1,131,290.	237,870.	21,285.	872,135.	
DOG FOOD & SUPPLIES	486,006.	485,920.	-27,207.	27,293.	
JANITORIAL & SECURITY SERVICES	182,298.	149,511.	24,590.	8,197.	
VETERINARY SERVICES	1,431,655.	1,431,655.			
DUES & SUBSCRIPTIONS	46,785.	28,170.	9,879.	8,736.	
UTILITIES	644,639.	574,060.	53,044.	17,535.	
INVESTMENT FEES	1,064,541.		1,064,541.		
INSURANCE	450,073.	348,523.	52,011.	49,539.	
FEES AND LICENSES	370,023.	230,018.	85,928.	54,077.	
DONATED SUPPLIES	330,349.	330,349.			
TOTAL TO FM 990, LN 43	7,153,438.	4,666,369.	1,419,408.	1,067,661.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	7
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
EDUCATIONAL NADINE HAALBOOM 1021-47TH STREET, APT A EMERYVILLE, CA 94608	6,000.
EDUCATIONAL KATIE KERR 1736 LAGUNA STREET SAN FRANCISCO, CA 94115	6,000.
EDUCATIONAL WENDY MELLBERG HAECKER 163 MERRYDALE ROAD #112 SAN RAFAEL, CA 94903	6,000.
CHARITABLE AMERICAN FOUNDATION FOR THE BLIND 11 PEN PLAZA, SUITE 200 NEW YORK, NY 10001	1,100.
CHARITABLE MARY BADINGER 1601 OHIO STREET CHALMETTE, LA 70043	10,886.
CHARITABLE AMERICAN COUNCIL OF THE BLIND 310 4TH AVENUE SOUTH, #822 MINNEAPOLIS, MN 55415	1,000.
EDUCATIONAL ERIN WEST 421 LAUREL AVE. SAN ANSELMO, CA 94960	6,000.
EDUCATIONAL STEPHANIE ZABITZ 38A FRANCES AVE. LARKSPUR, CA 94939	6,000.
EDUCATIONAL JENNIFER SKAY 920 W. GUNNER ST. SANTA MARIA, CA 93458	6,000.

EDUCATIONAL CYNTHIA TAM 27636 SE HALEY RD. BORING, OR 97009	3,667.
CHARITABLE NATIONAL FEDERATION OF THE BLIND 1800 JOHNSON STREET BALTIMORE, MD 21230	3,000.
CHARITABLE AMERICAN DIABETES ASSOCIATION 1900 POWELL ST., SUITE 1 EMERYVILLE, CA 94608	1,000.
EDUCATIONAL ADELAIDE BABER 1113 CARSON STREET COLUSA, CA 95932	1,000.
EDUCATIONAL CINDY BRYAN PO BOX 306 VICTOR, CA 95253	1,000.
EDUCATIONAL EMILY CHENG 11421 FORTY NINER CIRCLE GOLD RIVER, CA 95670	2,000.
EDUCATIONAL ERIN LUKACOVIC 17935 E. NASSAU DRIVE AURORA, CO 80013	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>61,653.</u>

DESCRIPTION OF PROGRAM SERVICE TWO

STUDENT SELECTION, TRAVEL AND FOLLOW-UP SERVICES:
 APPLICANTS ARE EVALUATED BY THE GUIDE DOGS' STAFF FOR
 ORIENTATION, MOBILITY SKILLS AND THE ABILITY TO PROVIDE A
 SAFE ENVIRONMENT FOR A GUIDE DOG PRIOR TO TRAINING. STAFF
 MAKE REGULAR VISITS TO THE CURRENT 2,122 TEAMS IN THE FIELD
 SUBSEQUENT TO GRADUATION TO ASSIST IN EVALUATION OF THE
 TEAM, THE GUIDE'S HEALTH AND EVENTS SUCH AS CHANGES IN
 GEOGRAPHICAL ENVIRONMENT.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
_____	_____
=====	3,161,634.
=====	=====

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

VETERINARY CARE, BREEDING AND FEEDING: GUIDE DOGS HAS A PROFESSIONAL AND TECHNICAL STAFF FOR RESEARCH AND TREATMENT OF DOGS. WORK IS CONDUCTED IN CLINICS LOCATED ON EACH CAMPUS. GUIDE DOGS ALSO PAYS OUTSIDE PROFESSIONALS FOR THE ROUTINE CARE AND HEALTH MAINTENANCE OF DOGS IN THE PROGRAM. GUIDE DOGS ALSO PAYS OUTSIDE PROFESSIONALS FOR THE ROUTINE CARE AND HEALTH MAINTENANCE OF MORE THAN 4,000 DOGS IN THE PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		7,184,832.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 10
PART III

EXPLANATION

PROVIDE GREATER MOBILITY FOR BLIND AND VISUALLY IMPAIRED PERSONS.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 11

DESCRIPTION OF OTHER PROGRAM SERVICES

PUPPY RAISING: FAMILIES IN 8 WESTERN STATES RAISE PUPPIES PLACED IN THEIR HOMES FOR 14 - 16 MONTHS. EACH RAISER IS AFFILIATED WITH A GROUP WHO RECEIVES TRAINING AND DIRECTION FROM GUIDE DOGS' STAFF IN PUPPY SOCIAL AND OBEDIENCE SKILLS.

GRANTS AND ALLOCATIONS	EXPENSES
	0. 1,918,990.
TOTAL TO FORM 990, PART III, LINE E	1,918,990.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 12**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,371,741.	0.	1,371,741.
LAND IMPROVEMENTS	1,921,090.	225,636.	1,695,454.
BUILDINGS	27,631,151.	14,633,794.	12,997,357.
BUILDING IMPROVEMENTS	5,365,681.	3,530,355.	1,835,326.
FURNITURE & EQUIPMENT	4,779,921.	4,211,040.	568,881.
AUTOMOBILES	2,073,803.	1,679,442.	394,361.
MEDIA COMMUNICATION	449,907.	206,961.	242,946.
WORK IN PROGRESS	313,037.	0.	313,037.
TOTAL TO FORM 990, PART IV, LN 57	43,906,331.	24,487,228.	19,419,103.

FORM 990 **OTHER ASSETS** **STATEMENT 13**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED BOND ISSUANCE COST (NET OF AMORTIZATION)	363,447.	0.
PLANNED GIFTS	7,952,872.	8,035,096.
TOTAL TO FORM 990, PART IV, LINE 58	8,316,319.	8,035,096.

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT 14**

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	248286560.			248286560.
BONDS	FMV		45,393,358.		45,393,358.
TO FORM 990, LINE 54A, COL B		248286560.	45,393,358.		293679918.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSE	356,789.
COST OF GOODS SOLD	144,281.
TOTAL TO FORM 990, PART IV-B	<u>501,070.</u>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	-144,281.
REALIZED GAINS	23,732,408.
FUNDRAISING EXPENSE	-356,789.
TOTAL TO FORM 990, PART IV-A	<u>23,231,338.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 17
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAN KYSOR 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
RALPH CECHETTINI 350 LOS RANCHITOS SAN RAFAEL, CA 94903	CHAIRMAN OF THE BOARD 1.00	0.	0.	0.
TED SCHAEFER 350 LOS RANCHITOS SAN RAFAEL, CA 94903	FIRST VICE CHAIR 1.00	0.	0.	0.
VICKIE KENNEDY 350 LOS RANCHITOS SAN RAFAEL, CA 94903	SECOND VICE CHAIR 1.00	0.	0.	0.
BRUCE POTTER 350 LOS RANCHITOS SAN RAFAEL, CA 94903	VICE CHAIR - FINANCE 1.00	0.	0.	0.
MICHAEL BRAGG 350 LOS RANCHITOS SAN RAFAEL, CA 94903	VICE CHAIR - PNW 1.00	0.	0.	0.
ETTA ALLEN 350 LOS RANCHITOS SAN RAFAEL, CA 94903	SECRETARY 1.00	0.	0.	0.
BOB BEDRITIS 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
STEPHEN M. DOBBS, PH.D. 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
CLAYTON EARLE 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
BOB PHILLIPS 350 LOS RANCHITOS SAN RAFAEL, CA 94903	FORMER PRESIDENT & CEO 40.00	78,332.	11,084.	0.

R. PATRICK REITEN 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
DOUG UNGER 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
JAN VAN DER VOORT 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
CECILIA VON BEROLDINGEN 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
TED WARD 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 2.00	0.	0.	0.
MORGAN WATKINS 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
GREGORY RICE 350 LOS RANCHITOS SAN RAFAEL, CA 94903	DIRECTOR 1.00	0.	0.	0.
NANCY GARDNER 350 LOS RANCHITOS SAN RAFAEL, CA 94903	PRESIDENT & CEO 40.00	163,996.	23,205.	0.
KEN STUPI 350 LOS RANCHITOS SAN RAFAEL, CA 94903	CHIEF FINANCIAL OFFICER 40.00	158,191.	31,748.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		400,519.	66,037.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 18
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	RENTAL HOUSING IS PROVIDED ON THE GUIDE DOGS CAMPUS FOR A FEW EMPLOYEES SO THAT DOGS CAN BE MAINTAINED TWENTY-FOUR HOURS A DAY.
93B	GUIDE DOGS' SPEAKERS RECEIVE COMPENSATION FOR SPEAKING TO GROUPS ABOUT GUIDE DOGS FOR THE BLIND.
93C	GUIDE DOGS RECEIVES FEES FOR THEIR CAREER CHANGE DOGS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 19

FREE GUIDE DOG SERVICES, SIMILAR TO THOSE PROVIDED TO ALL GRADUATES,
ARE PROVIDED TO BLIND BOARD MEMBERS.

