



January 29, 2024

Compassion & Choices 8156 S Wadsworth Blvd Ste E-162 Littleton, CO 80128

Compassion & Choices:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Leanna Velotta, EA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Compassion & Choices 8156 S Wadsworth Blvd Ste E-162 Littleton, CO 80128

Prepared By:

Wipfli LLP 7887 E. Belleview Ave. Suite 700 Denver, CO 80111

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

We recommend that returns be mailed certified mail, return receipt requested with the stamp validated at a postal station in order to have proof of timely mailing.

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

	•	00	** PUBLIC DISCLOSURE CO Return of Organization Exempt F	PY **	ncome Tax	OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	s) 2022		
Department of the Treasury			Do not enter social security numbers on this form as	-		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection
				ل ending	UN 30, 2023	
В (Check if applicab	le:	organization		D Employer identific	ation number
			ASSION & CHOICES			
	chang	ge Doing b	usiness as		84-132882	
Ļ	returr Final	Number			E Telephone number	
		n-		<u>-162</u>	303-639-1	
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code LETON, CO 80128		G Gross receipts \$	<u>29,459,100.</u>
F	returr Appli		nd address of principal officer: CRYSTAL HUISH		H(a) Is this a group re for subordinates?	
	tion pendi		S WADSWORTH BLVD SUITE E-162, LITT		H(b) Are all subordinates inc	
<u> </u>	Tox ov	empt status:	•		- • •	list. See instructions
	Websi		COMPASSIONANDCHOICES.ORG	JI JZ7	H(c) Group exemption	
_			X Corporation Trust Association Other	I Vear		I State of legal domicile: CO
	art I	Summary				
	1		e the organization's mission or most significant activities: $\underline{ extsf{TO}}$ IM	IPROVE	CARE, EXPAN	
e	1.	OPTIONS	, AND EMPOWERS EVERYONE TO CHART T	HETR F	END-OF-LITFE	
nan	2	Check this bo	·			
Governance	3				3	15
ĝ	4			15		
<u>م</u>	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2022 (Part V, line 2a)			120
Activities &	6		of volunteers (estimate if necessary)			7333
Ę	7a				7a	0.
Ă	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		21,512,973.	20,263,715.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		615,505.	478,052.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,353.	19,382.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,133,831.	20,761,149.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		11,345,614.	12,933,352.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>1,577,32</u>		0.	0.
be	. b	Total fundrais	ng expenses (Part IX, column (D), line 25) <u>1,577,32</u>	23.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,957,185.	8,980,718.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,302,799.	21,914,070.
	19	Revenue less	expenses. Subtract line 18 from line 12		2,831,032.	-1,152,921.
Net Assets or				Be	eginning of Current Year	End of Year
sset	20	Total assets (F			27,407,653.	24,670,749.
it As	21		(Part X, line 26)		13,368,815.	10,852,250.
			fund balances. Subtract line 21 from line 20		14,038,838.	13,818,499.
	art II	Signature				
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge.	

Sign	Signature of officer			Date				
Here	CRYSTAL HUISH, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	LEANNA VELOTTA, EA	LEANNA VELOTTA,	EA 01/29	/24 self-employed P01775411				
Preparer	Firm's name WIPFLI LLP			Firm's EIN 39-0758449				
Use Only	Firm's address 7887 E. BELLEVIEW	AVE. SUITE 700						
	DENVER, CO 80111			Phone no. 303.759.0089				
May the II	May the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	990 (2022) COMPASSION & CHOICES	84-1328829	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO IMPROVE CARE, EXPANDS OPTIONS, AND EMPOWERS EVERYONE	TO CHART THE	IR
	END-OF-LIFE JOURNEY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	s 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,840,368. including grants of \$) (Reve	enue \$	
	PROMOTE AWARENESS AND EDUCATION RELATING TO END-OF-LIFE		
	OUR WEBSITE, QUARTERLY MAGAZINE, CONVENTIONS/CONFERENCES		AND
	BROCHURES, BOOKS AND VIDEOS, AND BY SPEAKING AT PUBLIC I	EVENTS AND	
	WRITING ARTICLES.		
4b	(Code:) (Expenses \$ 6,583,028. including grants of \$) (Reve		
	ADVOCACY FOR INDIVIDUALS THROUGH CREATIVE, LEGAL AND LEG		1
	INITIATIVES TO SECURE COMPREHENSIVE AND COMPASSIONATE OF END OF LIFE. WE SET NATIONAL STANDARDS FOR END-OF-LIFE (
	CONSTITUTIONAL PROTECTION FOR AID IN DYING.	AKE AND ASSE	
	CONSTITUTIONAL PROTECTION FOR ALL IN DIING.		
4c	(Code:) (Expenses \$ 4,315,134. including grants of \$) (Reve	enue \$	
	OPERATE A NATIONWIDE PROGRAM HELPING OUR CONSTITUENTS EN	NSURE THAT TH	IEIR
	ADVANCE HEALTHCARE DIRECTIVES ARE FOLLOWED AND THAT THE	IR PAIN IS	
	ADEQUATLEY TREATED.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 18,738,530.		
		Form	990 (2022
232002	12-13-22		
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 Form 990 (2022)
 COMPASSION & CHOICES

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		_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			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u>_</u>
10		10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V			- 23
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
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
	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		L
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	0000	Х
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 Form 990 (2022)
 COMPASSION & CHOICES

 Part IV
 Checklist of Required Schedules (continued)

			v	.
22	Did the exception report more than \$5,000 of grants or other exciptions to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22, if "Year" complete School via L Parte Lond III.	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	Х	
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? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~	х	
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3 0a		- 23
U	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 70			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	 (2022)
232004	· 12-13-22	rorm	330	(2022)

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Part V Statements Regarding Other IRS Filings and Tax Compliance province 2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements, 12.0		990 (2022) COMPASSION & CHOICES	84-1328	829	P	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wags and Tas Statements. 2a 12.0 b if at least one is reported on line 2a, did the organization file at required federal employment fax returns? 2a X b if Yes, 'has if filed a form 900.7 for this year? <i>P</i> Mo' to ine 3b, powder an explanation on Schedule 0 3a X b if Yes, 'has if filed a form 900.7 for this year? <i>P</i> Mo' to ine 3b, powder an explanation on Schedule 0 3a X b if Yes, 'has it filed a form 900.7 for this year? <i>P</i> Mo' to ine 3b, powder an explanation on Schedule 0 3a X b if Yes, 'has the the name of the forsign country (such as a bank account, securits of the financial Accounts (FBA4). 5a X b Od any toxadination their organization that was on is a part to a prohibitod tax shells transaction? 5a X c If Yes, 'a due to ganization that a commal gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions under section 170(c). 5a X b If Yes, 'a due to organization that are normally greater than \$100,000, and did the organization solid the organization neally on the use of the value of the good or services provided to the part? 5a X b If Yes, 'a due to organization maker and y the value of the good or services provided To the part. 7a X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Interpretendence 12.0 A Did the organization have unrelated business gross income of \$1.000 or more during the yes? 3a A Did the organization have unrelated business gross income of \$1.000 or more during the yes? 3a A Did the organization have unrelated business gross income of \$1.000 or more during the yes? 3a X A Did the organization have unrelated business gross income of \$1.000 or more during the set? 3a X B I T Ves, 'interpret the name of the organization have an interest in, or a signature or other authority over, a transmitted business gross income of \$1.000 or more during the lax year? 4a X B I T Ves, 'interpret the name of the organization fraction have an interest in, or a signature or other authority over, a transmitter the name of the organization fracting organization have an auge to a prohibited tax shaft transmitter than saccount? 4a X B W as the organization have annual gross recepts that are normally greater than \$100,000, and did the organization for the during the very solication an express statement that such contributions or fits were not its deductible or thaulate contributions? 7a X B I M Yes, 'i did the organization notify the donor of the value of the good or services provided? 7a X B I M Yes, 'i did the organization notify the donor of the value of the good or services provided? 7a X B I M Yes, 'i did the organization notify the donor of the value of the good or services	-				Yes	No
b If a least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2a X 3a Did the organization have unified backinss grows income of \$1,000 m more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in or a signification on Schedule 0 3a X 5b If "Yes," has it field a Form 980 T for this year? // No" to line 3b, provide an explanation on Schedule 0 3a X 5b If "Yes," institute a form 980 T for this year? // No" to line 3b, provide an explanation on Schedule 0 5a X 5c Was the organization that entry encountry (uch as a bark secount, secontris secont, or other financial Accounts (FBAR). 5a X 5c Did any taxanization have annual gross encepts that are on romaly greater than \$10,000, and did the organization solid any contributions that are normaly greater than \$10,000, and did the organization solid any contributions that are normaly greater than \$10,000, and did the organization solid any contributions solid are acceled deductible contributions or gits 6b 7 Organization have any more section \$170(c). a betto organization have appendim line costs of \$75 malp saths as contribution and pathy to produle at services provided? 7a X 7b If "Yes," is dual the organization have any contribute desce of thany greater than \$100 more dual greater setting and any setting at	2a		120			
ab Did the organization have unrelated business gross income of \$1,000 m more during the yea? 3a X b If "Yes," has the dar Germ 3000 for this yea? 3b X b If "Set," has the dar Germ 3000 for this yea? 3b X b If "Set," has the mane of the long notify (year) for this yea? 3b X b If "Set," has the mane of the long notify (year) as a bank account, or other financial account? 4a X b If "Set," has the mane of the long notify (the long notify (the long notify) (the long notify) (the long notify) (the organization financial Accounts (FBAR)). 5a X b U any basele part, notify the organization financial Accounts (FBAR). 5a X 5a X c If "set is the organization financial account (FBAR). 5a X 5a X c If "set," id the organization financial Accounts (FBAR). 5a X 5a X c If "set," id the organization not masse inflate contributions? 5a X 5a X c If "set," id the organization financial Accounts (account (FBAR). 5a X 5a X c If "set," id the organization financial Account (account (FBAR). 5a X 5a X	h		I	2h	x	
b If Yes, "basil Hield a Form 390-T for the year? If Yes' to here 3b, powder an explemation on Schedule O 38 4a At any time during the calendary year, dd the organization have an interest in, or a signature or other authonly over, a timancial account; Yes," and the organization have a bank account, securities account, or other financial accounts; IFBAR). 48 5a Wash the organization have annual gross receipts and the organization have annual gross receipts that was or is a party to a prohibid tax scheder transaction? 56 5a Did any taxation finding requirements for FinicONI form 114, Report of Foreign Bank and Financial Accounts; (FBAR). 56 5a Wash to organization have annual gross receipts that are normally greater than \$100,000, and did the organization have multiply to sport that was or is a party to a prohibid tax scheder transaction? 56 5b If Yes," in the organization have multiply as a contribution and party for goods and services provided to the aport? 7a X 7 Organization have any receive deductible contributions cold or services provided? 7a X 7 Organization have any receive deductible contributions under asction 1700;1 10 How and schedule organization have any theory and schedule annotable for thract? 7a X 7a Life How anglinization receive a contribution or galitio theoreive anglinition theoreive anglinition theoreive anglinition theoreive anglinition theoreive angliniti i theoreive angliniti i the						X
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11 Section 501(c)(12) organizations. Enter: Inta I	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders 11a 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>It "No," provide an explanation on Schedule O</i> 14b 14b 15 X if "Yes," see the instructions and file Form 4720, Schedule N. 15 X 15 X if "Yes," complete Form 4720, Schedule O. 16 X 16 X if "Yes," complete Form 6069. 104 the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X if "Yes," complete Form 4720, Schedule O.	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," complete Form 4720, Schedule N. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 17 <td>11</td> <td>Section 501(c)(12) organizations. Enter:</td> <td></td> <td></td> <td></td> <td></td>	11	Section 501(c)(12) organizations. Enter:				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 17 <td>а</td> <td>Gross income from members or shareholders</td> <td>11a</td> <td>1</td> <td></td> <td></td>	а	Gross income from members or shareholders	11a	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 5 Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 1f "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 1f "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 1f "Yes," complete Form 6069. 10 10						- 23
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16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 "Yes," complete Form 6069. 10						
If "Yes," complete Form 4720, Schedule O.	16		income?	16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	17		tivities			
If "Yes," complete Form 6069.				17		
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Form 990 (2022
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~	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respon-	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	X

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	í		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

ection C. Disclosure

Sec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records CRYSTAL HUISH - 303-639-1202
	8156 S WADSWORTH BLVD, #E-162, LITTLETON, CO 80128
3200	6 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2022)
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Form 990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

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

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(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trust	an	compensation	compensation	amount of
	week			uau			lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com ree		1099-NEC)		and related
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIMBERLY CALLINAN TAYLOR	40.00	-	<u> </u>	ò	¥	БН	Ĕ			
CHIEF EXECUTIVE OFFICER	10100			х				251,003.	0.	29,300.
(2) FREDERICK THOMAS MACINTYRE	40.00									
EMPLOYEE						x		214,615.	Ο.	24,484.
(3) KEVIN E DIAZ	40.00									
EMPLOYEE						x		205,539.	0.	27,336.
(4) PATRICIA BERNSTEIN	40.00									
CHIEF OPERATING OFFICER						X		205,539.	0.	26,480.
(5) EDDIE CHARMAINE MANANSALA	40.00									
EMPLOYEE						X		184,615.	0.	26,210.
(6) BRANDI S ALEXANDER	40.00									
EMPLOYEE						X		175,403.	0.	25,499.
(7) DAVID COOK	12.00									
MEMBER		Х						0.	0.	0.
(8) MADISON SHOCKLEY	3.75									
MEMBER		Х						0.	0.	0.
(9) DAN GROSSMAN	5.00									
TREASURER		Х						0.	0.	0.
(10) STEVE HUT	1.00									
MEMBER		Х						0.	0.	0.
(11) CHANDANA BANERJEE	1.25									
FIRST VICE CHAIR		Х						0.	0.	0.
(12) ELAINE CHARNEY	6.25									
SECRETARY		х						0.	0.	0.
(13) JERRI SHAW	2.50							_	•	^
BOARD CHAIR		Х						0.	0.	0.
(14) JILL GORDON	0.50							_	•	^
MEMBER		Х						0.	0.	0.
(15) LESLIE ROWLEY	0.63	37						_	•	•
SECOND VICE CHAIR		Х						0.	0.	0.
(16) MARK WEIDEMAN	3.00	v							•	<u>^</u>
MEMBER		Х						0.	0.	0.
(17) SAMANTHA SANDLER	2.25	v							0.	<u>م</u>
MEMBER	1	х						0.	υ.	0.

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Form 990 (2022) COMPASSI	ON & CHC	DIC	ES						84-13	2882	9 ғ	-age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	e (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	(F) Estimat amount other	t of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS0 1099-NEC)	C/	ompens from th organiza and rela organizat	ne Ition Ited
(18) IRENE JACKSON-BROWN	3.00											•
MEMBER	3.00	X						0.		0.		0.
(19) JOEL SIMONE MALDONADO MEMBER	5.00	х						0.		0.		0.
(20) SATHEESH GUNAGA	3.00							0.		••		0.
MEMBER		x						0.		0.		0.
		-										
		-										
1b Subtotal								1,236,714.			.59,3	09.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								1,236,714.		0.1	.59,3	09.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			6
3 Did the organization list any former officer	. director. truste	ee. k	kev e	mpl	ove	e. or	hia	hest compensated emp	ovee on		Yes	No
line 1a? If "Yes," complete Schedule J for s			•	•	•		Ŭ	• • •		💽	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	,		•							🗖	4 X	
5 Did any person listed on line 1a receive or a	-				-			•			_	x
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	nplete Schedule	e J fe	or su	ich į	Ders	on .					5	<u> </u>
1 Complete this table for your five highest co the organization. Report compensation for	•	•							, ,	ensatior	from	
(A)				<u>g</u>				(B)			(C)	
Name and business								Description of s	ervices	Com	pensatio	on
ASGK PUBLIC STRATEGIES LI STREET STE 201, NEW YORK	, NY 100			CK				FUNDRAISING CONSULTATION		3	877,9	27.
JPD OAK BROOK HOLDING LLC 2815 JRIE BLVD, OAK BROOM		05	23					MEETING FACI		1	.66,0	34
ROBIN ROOKS MCQUEEN A-TEA	AM CONSU	LT	IN									
4829 16TH ST. NW, WASHING	FON, DC	4	00	<u> </u>				CONSULTING		<u> </u>	40,4	31.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	0	ot lin	nitec	l to	thos 3		ted	above) who received mo	ore than			
· · · · · · · · · · · · · · · · · · ·										Fo	rm 990	(2022)

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				& C	HOICES			84-1328	829 Page 9
Pa	rt VI	III Statement of Reven	ue						
		Check if Schedule O conta	ains a respo	nse or	note to any line	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
ς Ω	1 a	a Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues							
ng G		c Fundraising events			3,606,043.				
ifts r A		d Related organizations							
, G nila		e Government grants (contributi							
ons Sir	f	f All other contributions, gifts, gran	· · –						
her		similar amounts not included abov			16,657,672.				
lot		g Noncash contributions included in lines							
Cor		h Total. Add lines 1a-1f				20,263,715.			
<u> </u>					Business Code				
Ð	2 8	a							
vic	- t	b							
Ser		c							
am eve		d							
Program Service Revenue		e							
Pro	f	f All other program service reve	nue						
	Ģ	g Total. Add lines 2a-2f							
	3	Investment income (including							
					629,838.			629,838.	
	4	Income from investment of tax							
	5	Royalties							
			(i) Real		(ii) Personal				
	6 a	a Gross rents 6a							
	k	b Less: rental expenses 6b	1						
		c Rental income or (loss) 6c	1						
		d Net rental income or (loss)							
		a Gross amount from sales of	(i) Securiti	ies	(ii) Other				
		assets other than inventory 7a	8,284,6	515.					
	k	b Less: cost or other basis							
er	_		8,436,4	01.					
evenue		c Gain or (loss) 7c							
Rev		d Net gain or (loss)	-			-151,786.			-151,786.
er I		a Gross income from fundraising ev							
Other	_	including \$ 3,606	-						
•		contributions reported on line							
		Part IV, line 18		8a	261,550.				
	ł	b Less: direct expenses		8b	261,550.				
		c Net income or (loss) from fund		nts		0.			
	9 a	a Gross income from gaming ac							
		Part IV, line 19		9a					
	k	b Less: direct expenses		9b					
		c Net income or (loss) from gam		s					
		a Gross sales of inventory, less	-						
		and allowances		10a					
	ł	b Less: cost of goods sold		10b					
		c Net income or (loss) from sales			I				
		,, ouro			Business Code				
snc	11 :	a MISCELLANEOUS REVENUE		F	900099	18,882.			18,882.
Miscellaneous Revenue		b HONORARIA		—	900099	500.			500.
ella ver		c		—					
Be		d All other revenue		—					
Σ		e Total. Add lines 11a-11d				19,382.			
	12	Total revenue. See instructions				20,761,149.	0.	0.	497,434.
23200	9 12-1					· ·		•	Form 990 (2022)

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	Check if Schedule O contains a respor		U	1 ()	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7D,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5					
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,933,352.	10,858,883.	1,274,157.	800,312.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C -	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)			1	
12	Advertising and promotion	866,822.	865,517.	1,305.	
13	Office expenses				
14	Information technology	665,435.	616,757.	48,678.	
15	Royalties				
16	Occupancy	226,700.	200,089.	10,863.	15,748.
17	Travel	721,649.	630,515.	49,993.	41,141.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	377,988.	323,841.	54,147.	
20		5.,,500.			
21	Payments to affiliates	1,300.	1,176.	124.	
22	Depreciation, depletion, and amortization	143,231.	97,689.	45,542.	
23	Insurance	143,231.	97,009.	43,342.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0 001 051	0.045.004		
а	OUTSIDE SERVICES	2,921,351.	2,845,831.	75,520.	
b	DEVELOPMENT COSTS	1,971,990.	1,253,095.		718,895.
с	SPONSORSHIPS	366,114.	365,670.	444.	
d	OPERATIONAL EXPENSES	234,109.	217,204.	15,678.	1,227.
е	All other expenses	484,029.	462,263.	21,766.	
25	Total functional expenses. Add lines 1 through 24e	21,914,070.	18,738,530.	1,598,217.	1,577,323.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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10 2022.05040 COMPASSION & CHOICES Form **990** (2022)

502210_1

COMPASSION & CHOICES

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Form 990 (2022)

Part X Balance Sheet

COMPASSION & CHOICES

		Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,787,870.	1	2,692,663.
	2	Savings and temporary cash investments			381,633.	2	7,693.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			357,500.	4	15,000.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				415,786.	9	702,209.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		368,235.			
	b	Less: accumulated depreciation	10b	359,958.	8,576.	10c	<u>8,277.</u> 20,200,116.
	11	Investments - publicly traded securities			24,117,880.	11	20,200,116.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		7,417.	14	6,417.	
	15	Other assets. See Part IV, line 11			330,991.	15	1,038,374.
	16	Total assets. Add lines 1 through 15 (must equa			27,407,653.	16	24,670,749.
	17	Accounts payable and accrued expenses		1,469,955.	17	1,914,432.	
	18	Grants payable	11 500 000	18			
	19	Deferred revenue			11,500,000.	19	8,000,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			398,860.	25	937,818.
	26	of Schedule D Total liabilities. Add lines 17 through 25			13,368,815.	25 26	10,852,250.
	20	Organizations that follow FASB ASC 958, che	ok boro	X	15,500,015.	20	10,052,250.
Se		and complete lines 27, 28, 32, and 33.		41			
nce	27	Net assets without donor restrictions	13,382,431.	27	13,773,499.		
3ala	28	Net assets with donor restrictions	656,407.	28	45,000.		
Βpc		Organizations that do not follow FASB ASC 9			,		
Fur		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Vet	32	Total net assets or fund balances			14,038,838.	32	13,818,499.
-	33	Total liabilities and net assets/fund balances			27,407,653.	33	24,670,749.

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Form 990 (2022)

Form	990 (2022) COMPASSION & CHOICES	84-	-1328829	Pag	_{ge} 12
Pa	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	20,761		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,914	Ŀ, 0'	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,152	2,92	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,038	3,83	38.
5	Net unrealized gains (losses) on investments	5	932	2,5	82.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,818	3,49	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	<u> </u>
	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 X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Nam	e of	the organizati		de le linninelgen			141001 111	ormation	Employer	identification number
		Ū		ASSION & C	8	84-1328829				
Pa	rt I	Reason			(All organizations must o	omplete tl	nis part.) S	ee instructior		
The	organ				For lines 1 through 12, c					
1	Ū				on of churches described			1)(A)(i).		
2				•	Attach Schedule E (Forn					
3					anization described in se)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	he general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10	X	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not t	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
					nplete Part IV, Sections					
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number								
g	Pro	vide the follow	ing informatior	n about the supporte	d organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)

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Schedule	A (Form 990) 202
Part II	Suppor	rt Sc

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
		()	(1) 00 (0)	() 0000	()) 000 (() 0000	(0,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,		0222)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax		· · ·	
10	organization, check this box and stor	0		,	,		
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021						%
	33 1/3% support test - 2022. If the o					· · · · ·	
	stop here. The organization qualifies					,	
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2022

Schedule A	Form 990) 2022

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 13312461.18809537.16124519.21512973.20263715.90023205. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 13312461.18809537.16124519.21512973.20263715.90023205. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 259,057. 324,637. 264,351. 206,664. 126,062. 1180771. 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 206,664. 126,062. 259,057. 324,637. 264,351. 1180771 c Add lines 7a and 7b 88842434 Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 18809537.16124519.21512973.20263715.90023205. 9 Amounts from line 6 13312461. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 224,589. 344,838. 655,032. 629,838. 166,476. 2020773. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 166,476. 224,589. 344,838. 655,032. 629,838. 2020773. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13478937.19034126.16469357.22168005.20893553.92043978. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.52 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 96.50 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.20 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 1.87 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 gualifies 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) 2022 232023 12-09-22

11500129 147695 502210

15

2022.05040 COMPASSION & CHOICES

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

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Schedule A	(Form 990) 2022	COMPASSION
Part IV	Supporting O	rganizations (continued

the supported organization(s)

COMPASSION & CHOICES

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

3	ection C. Type in Supporting Organizations		
		 Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

Sei	cion D. An Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	and a stand and stand in the stand in the stand	2		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the	method that the organization u	sed to satisfy the Integral Part	Test during the vear	/ (see instructions).
-----------------------------	--------------------------------	----------------------------------	----------------------	-----------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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502210_1

Yes No

-	Chock

Schedule A (Form 990) 2022

All other Type III non-functionally integrated supporting organizations mu			(D) Commont Varia
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

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

1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3				3	
4	Amounts paid to acquire exempt-use assets				
5	Aualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

Current Year

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Schedule A (Form	990	2022

	(Form 990) 2022	COMPASSION			84-1328829	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the 6 , 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	exp 6, 9a Sect	lanations required by Part II, line 10; Part II, line 17a of a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V nes 2, 5, and 6. Also complete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section (V, Section B, line 1e; Part	С,
232028 12-09-2	2			20	Schedule A (Form 99	0) 2022
				4 V		

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

84-1328829

Filers of:	Section:
Form 990 or 990-EZ	X 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**.

COMPASSION & CHOICES

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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page **2**

COMPASSION & CHOICES

84-1328829

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>3,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 1,322,988.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,138,530.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

COMPASSION & CHOICES

84-1328829

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$444,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$714,443.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Schedule	B (Form	990)	(2022)
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Name of organization

Page 3 Employer identification number

84-1328829

COMPASSION & CHOICES

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

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

24 2022.05040 COMPASSION & CHOICES

Name of orga	anization		Employer identification number
COMPASS	SION & CHOICES		84-1328829
Part III f	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	h) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Jse duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 			
	Transferee's name address	(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
223454 11-15-22			Schedule B (Form 990) (202

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2022.05040 COMPASSION & CHOICES 502210_1

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047		
(Form 990)	Form 990)			2022			
For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.				ZUZZ			
Department of the Treasury	-	-			-EZ.	Open to Public Inspection	
Internal Revenue Service		to www.irs.gov/Form990 for ins				·	
•	-	Form 990, Part IV, line 3, or For		e 46 (Political Campa	lign Activ	vities), then	
		plete Parts I-A and B. Do not com 1(c)(3)) organizations: Complete P		Do not complete Dart			
 Section 501(c) (other Section 527 organiz 			ans l-A and C below. I	Do not complete Part	I-D.		
•	•	Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lin	e 47 (Lobbying Activ	ities), the	en	
-		ave filed Form 5768 (election und			-		
		nave NOT filed Form 5768 (election		•	•		
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ, I	Part V, line 35c (Proxy	
Tax) (See separate inst							
), or (6) organizat	ions: Complete Part III.					
Name of organization	2010D 2 2 2			1		r identification number	
Part I-A Compl		ION & CHOICES anization is exempt under	$c_{\rm contion} = 501(a) a$	r is a soction 52		<u>34-1328829</u>	
	ete il the org				organ		
1 Drovido o docorinti	on of the organiz	ation's direct and indirect political	compaign activition in				
		ation's direct and indirect political			¢		
10	, i	ures gn activities					
	political campai						
Part I-B Compl	ete if the org	anization is exempt under	[•] section 501(c)(3).			
1 Enter the amount of	of any excise tax i	ncurred by the organization under	section 4955		\$		
2 Enter the amount of	of any excise tax i	ncurred by organization managers					
3 If the organization i	ncurred a sectior	n 4955 tax, did it file Form 4720 fo	r this year?			Yes No	
4a Was a correction m						Yes No	
b If "Yes," describe in		anization is exempt under	$\frac{1}{1}$	avaant agation E	11/0//2)		
				-			
		by the filing organization for secti zation's funds contributed to othe					
exempt function ac			-		\$		
		Add lines 1 and 2. Enter here and			. Ψ <u> </u>		
	-				\$		
		1120-POL for this year?			·	Yes No	
		ployer identification number (EIN)				e filing organization	
		ion listed, enter the amount paid f					
	•	omptly and directly delivered to a s			parate seg	gregated fund or a	
·		additional space is needed, provid	1	Т			
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of political ntributions received and	
				filing organization funds. If none, enter		promptly and directly	
					c	delivered to a separate	
						political organization. If none, enter -0	
						,	
			<u> </u>				

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

Schedule C (Form 990) 2022

232041 11-08-22

	COMPASSION &				328829 Page 2	
Part II-A Complete if the orga	anization is exem	pt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
section 501(h)).						
			Part IV each affiliated	group member's name	e, address, EIN,	
	e of excess lobbying e tion checked box A an	. ,	visions apply			
		•	visions apply.	(a) Filing	(b) Affiliated group	
	s on Lobbying Expen			organization's	totals	
(The term "expend	litures" means amour	its paid or incurred.)		totals		
1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)		178,470.		
b Total lobbying expenditures to influ	ence a legislative body	/ (direct lobbying)		457,020.		
c Total lobbying expenditures (add lir	nes 1a and 1b)			635,490.		
d Other exempt purpose expenditure	s			19,704,718.		
e Total exempt purpose expenditures	s (add lines 1c and 1d)			20,340,208.		
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.	1,000,000.		
If the amount on line 1e, column (a) or	(b) is: The lobb	ying nontaxable amo	ount is:			
Not over \$500,000		he amount on line 1e.				
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	D plus 15% of the exce				
Over \$1,000,000 but not over \$1,50		D plus 10% of the exce				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,50 Over \$17,000,000 \$1,000,000.					
Over \$17,000,000	\$1,000,0	00.				
	or OEO/ of line 1f			250,000.		
•	,			0.		
6	ubtract line 1g from line 1a. If zero or less, enter -0- ubtract line 1f from line 1c. If zero or less, enter -0-					
j If there is an amount other than zer				0.		
reporting section 4911 tax for this					Yes No	
X		raging Period Under		_		
(Some organizations th		.,	•	of the five columns be	low.	
	•	te instructions for lin				
	Lobbying Expen	ditures During 4-Yea	r Averaging Period	r	r	
Calendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
(or fiscal year beginning in)	(a) 2019	(d) 2020	(C) 2021	(a) 2022	(e) Total	
2a Lobbying nontaxable amount	881,172.	910,162,	1,000,000.	1.000.000.	3.791.334.	
b Lobbying ceiling amount	001/1/20	51071021	1,000,000	1,000,0000	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(150% of line 2a, column(e))					5,687,001.	
· · · · · · · · · · · · · · · ·						
c Total lobbying expenditures	673,828.	546,440.	801,002.	635,490.	2,656,760.	
d Grassroots nontaxable amount	220,293.	227,541.	250,000.	250,000.	947,834.	
e Grassroots ceiling amount						
(150% of line 2d, column (e))					1,421,751.	
	100 000	010 044	100 000	100 400		
f Grassroots lobbying expenditures	186,979.	213,944.	182,892.	178,470.		
				Schedu	Ile C (Form 990) 2022	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots					
c	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	501(a)(F)	l or oor	tion		
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 30 1(0)(3)	, 01 500			
	001(0)(0).			Yes	No	
4	Ware substantially all (00% or more) dues reseived pendeductible by members?		1	100		
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?		tion		
1 01	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is	
	answered "Yes."		.,		0,10	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		2b			
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		. 4			
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	. 5			
Par	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D Supplement		Supplementa	al Financial Statements		OMB No. 1	545-0	047	
(Form 990) Complete if the orga			nization answered "Yes" on Form 990,	2022				
), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public			
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection			
Nam	e of the organization		EC		identificatio			
Par	t I Organiza	COMPASSION & CHOIC	d Funds or Other Similar Funds or A		<u>4-13288</u>			
Fai		n answered "Yes" on Form 990, Part IV, lin		Accounts.	Complete if t	ne		
	organization		(a) Donor advised funds	(b) Funds and	d other accor	ints		
1	Total number at er	nd of year		(2)				
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5			writing that the assets held in donor advised fu	inds				
	-		exclusive legal control?		Yes		No	
6			dvisors in writing that grant funds can be used					
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	erring				
	impermissible priva				Yes		No	
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	V, line 7.				
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).					
	Preservation	n of land for public use (for example, recrea	tion or education)	storically impor	tant land are	a		
	Protection o	f natural habitat	Preservation of a ce	ertified historic	structure			
	Preservation	n of open space						
2		c c .	fied conservation contribution in the form of a c					
	day of the tax year				at the End of t	ne Tax	x Year	
а								
b	-							
			ucture included in (a)	. 2 c				
d		vation easements included in (c) acquired a	• • •					
•								
3		vation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	inization during	g the tax			
4	year	 where property subject to conservation eas	compart in located					
5		tion have a written policy regarding the per						
Ŭ	-	orcement of the conservation easements if			Yes		No	
6	,		handling of violations, and enforcing conserva			ear		
-		3, 1 3,	, j		5)			
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements duri	ing the year			
8			ve satisfy the requirements of section 170(h)(4)(_	_	
					Yes		No	
9		•	on easements in its revenue and expense state					
			note to the organization's financial statements	that describes	the			
Da		ounting for conservation easements.	f Art, Historical Treasures, or Other	Similar Acc	ote			
Fai		f the organization answered "Yes" on Form		Similar Ass	5013.			
10			is, not to report in its revenue statement and b	alanaa ahaat w	(orl/o			
Id	6	, ,	blic exhibition, education, or research in further					
h	· •		ncial statements that describes these items. i8, to report in its revenue statement and balan	ce sheet work	sof			
D	-		c exhibition, education, or research in furtheran					
		ing amounts relating to these items:						
	•	5		\$				
				•				
2	. ,		asures, or other similar assets for financial gair					
_	•	unts required to be reported under FASB A	•	· · · · · · · · · · · · · · · · · · ·				
а	-			\$				

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2022.05040	COMPASSION	&	CHOICES

Sche		ION & CHOI				-1328829 _{Page} 2		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Similar As	ssets (continued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	c		change program				
b	Scholarly research	e	e 🔄 Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's exe	empt purpose in	Part XIII.		
5	During the year, did the organization solicit of		•	•				
Des	to be sold to raise funds rather than to be ma					Yes No		
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes" o	n Form 990, Pa	rt IV, line 9, or		
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?					Yes No		
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			Amount		
•	Paginning balance				1c	, anount		
	Beginning balance Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F					Yes No		
	If "Yes," explain the arrangement in Part XIII.				• · · · · · · · · · · · · · · · · · · ·			
Par								
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four years back		
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		_%						
-	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered for t	he	Yes No		
	organization by:							
	(i) Unrelated organizations							
Ь	(ii) Related organizations							
ں ۸	Describe in Part XIII the intended uses of the			،				
Par	t VI Land, Buildings, and Equipm		wittent fullus.					
	Complete if the organization answere), Part IV, line 11a.	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or c basis (investr	other (b) Co	st or other (c)	Accumulated epreciation	(d) Book value		
1a	Land							
				. 8,277.				
					. 0.			
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column (B), line	10c.)		8,277.		

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	COMPASSION	&	CHOICES
Part VII	Investments -	• Other Securities.		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITY PAYMENTS PAYA	ABLE		325,058.
(3) OPERATING LEASES LIABILITY			
(4) CURRENT PORTION			145,935.
(5) OPERATING LEASES LIABILITY	7 – ፒጥ		
(6) PORTION	- <u>-</u>		466,825.
			±00,02J•
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			937,818.

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

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 COMPASSION & CHOICES				1328829 _P	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	22,837,5	76.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	932,582.			
b	Donated services and use of facilities	2b	1,143,845.	,		
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	2,076,4	27.
3	Subtract line 2e from line 1			3	20,761,1	49.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5					20,761,1	49.
_	(THIS HIGH COULT FOR TOOD, T ALCH, INTO TE.)			5		10.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per		n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per	Retur	n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per		n. 23,057,9	
_	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per	Retur	n.	
1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per	Retur	n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per	Retur	n.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per	Retur	n.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per	Retur	n. 23,057,9	15.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	Retur	n. 23,057,9 1,143,8	45.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per		n. 23,057,9	45.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per		n. 23,057,9 1,143,8	45.
1 2 b c d e 3	T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per		n. 23,057,9 1,143,8	45.
1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per		n. 23,057,9 1,143,8	45.
1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per		n. 23,057,9 1,143,8 21,914,0	<u>45.</u> 70.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per	Retur	n. 23,057,9 1,143,8	<u>45.</u> 70.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2

THE ORGANIZATIONS ADOPTED THE PROVISIONS OF TOPIC 740 ON JULY 1, 2009. THE
ADOPTION OF TOPIC 740 DID NOT RESULT IN A MATERIAL MODIFICATION OF THE
OVERALL FINANCIAL STATEMENTS OF THE ORGANIZATIONS AS OF AND FOR THE YEAR
ENDED JUNE 30, 2010. AS THE ORGANIZATIONS ARE QUALIFIED AS NONPROFIT
ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE, ANY INCOME TAX POSITION
WOULD BE PRIMARILY RELATED TO UNRELATED BUSINESS ACTIVITIES OUTSIDE THE
CORE MISSION OF THE ORGANIZATIONS. BASED ON PRIOR EXAMINATIONS OF
CONTRACTUAL ARRANGEMENTS OF THE ORGANIZATIONS AND CORRESPONDENCE RECEIVED
FROM THE INTERNAL REVENUE SERVICE, MANAGEMENT BELIEVES THERE TO BE NO
POTENTIAL INCOME TAX POSITIONS THAT WOULD RESULT IN RELATED TAX LIABILITY
FOR THE ORGANIZATIONS. MANAGEMENT WILL CONTINUE TO EVALUATE ANY FUTURE
232054 09-01-22 Schedule D (Form 990) 2022 32
1500129 147695 502210 2022.05040 COMPASSION & CHOICES 502210_1

Part XIII	Supplemental Information	(continued)	

CONTRACTUAL ARRANGEMENTS WITH RESPECT TO POTENTIAL INCOME TAX POSITIONS

UNDER THIS GUIDANCE.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2022
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and tl	ne latest informatio	n.		Inspection
Name of the organization								entification number
		ION & CHOICES					84-1328	
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
 a X Mail solicitation b X Internet and c X Phone solicitation d X In-person solicitation 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc irofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
EIDOLON COMMUNICAT	IONS - 15	MAIL, INTERNET AND EMAIL	Yes	No				
MAIDEN LANE, STE 1	401, NEW	SOLICITATION		X	3,867,593.		261,550	3,606,043.
Total 3 List all states in wh or licensing.	ich the organizatic	n is registered or licensed to solicit	contrib	utions	3,867,593. or has been notified	l it is e	261,550 exempt from n	, ,

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM NY, NV, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			DIRECT MAIL		(totol www.mah.e.v)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	3,867,593.			3,867,593.
	2	Less: Contributions	3,606,043.			3,606,043.
	3	Gross income (line 1 minus line 2)	261,550.			261,550.
	4	Cash prizes				
ŝ	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				
		Net income summary. Subtract line 10 from lin				261,550.
Pa				990. Part IV. line 19. or r	eported more than	202/0000
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	COMPASSION	&	CHOICES	84-1	328	829	Page 3
11	Does the organization conduct ga	aming activities with non	me	mbers?			Yes	No
				, or a member of a partnership or other entity formed				
	to administer charitable gaming?						Yes	No No
13	Indicate the percentage of gaming							
a	The organization's facility					13a		%
						13b		%
				organization's gaming/special events books and recor				
		- F						
	Name							
	Address							
15a	Does the organization have a con	tract with a third party fr	on	whom the organization receives gaming revenue?			Yes	No No
b	If "Yes," enter the amount of gam	ina revenue received bv	th	e organization \$ and the ar	nount			
-	of gaming revenue retained by the							
c	If "Yes," enter name and address							
-								
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	0 0 1	·						
	Description of services provided							
	Director/officer	Employee		Independent contractor				
17	Mandatory distributions:							
a	Is the organization required under	r state law to make chari	tak	ble distributions from the gaming proceeds to				
	retain the state gaming license?						Yes	No No
b	Enter the amount of distributions	required under state law	/ to	be distributed to other exempt organizations or spent	in the			
	organization's own exempt activit	ies during the tax year		\$				
Pa	rt IV Supplemental Infor	mation. Provide the e	хр	anations required by Part I, line 2b, columns (iii) and (v); and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	e a	ny additional information. See instructions.				
SC	HEDULE G, PART I,	LINE 2B, LIS	SТ	OF TEN HIGHEST PAID FUNDRA	ISERS	:		
<u>(</u>]) NAME OF FUNDRAL	SER: EIDOLON	С	OMMUNICATIONS				
<u>(I</u>) ADDRESS OF FUND	RAISER: 15 MZ	ΑI	DEN LANE, STE 1401, NEW YOR	<u>K, NY</u>	1	003	8
					Oalaast		-	

	Cohodula O /E 000
	Schedule G (Form 990)

232084 04-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					<u> </u>		
•		Compensated Employees		20	22	-		
Deres	the sector of the Transmission	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizatior	1	Employer i	dentificatio	ntification number			
		COMPASSION & CHOICES	84-1	32882	9			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com		sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	0	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
_								
3		y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	·	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant						
	Form 990 of o	ther organizations	ommittee					
		any newspan listed on Faura 000 Dart VIII. Continue A. line to with warmant to the filing						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
~	organization or a re			40		x		
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?		4		X		
	•					X		
c Participate in or receive payment from an equity-based compensation arrangement?								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
-	contingent on the re							
а	•			5a		x		
	Any related organiz					X		
-	, ,	r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n							
а	•	с 				X		
	Any related organiz					X		
	If "Yes" on line 6a c	r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section	53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2022		

11500129 147695 502210

84-1328829

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIMBERLY CALLINAN TAYLOR	(i)	251,003.	0.	0.	12,094.	17,206.	280,303.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FREDERICK THOMAS MACINTYRE	(i)	214,615.	0.	0.	9,824.	14,660.	239,099.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN E DIAZ	(i)	205,539.	0.	0.	10,297.	17,039.	232,875.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA BERNSTEIN	(i)	205,539.	0.	0.	10,364.	16,116.	232,019.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EDDIE CHARMAINE MANANSALA	(i)	184,615.	0.	0.	9,242.	16,968.	210,825.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRANDI S ALEXANDER	(i)	175,403.	0.	0.	8,775.	16,724.	200,902.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE L	-	Tra	nsactior	ns V	Vith	Interested	Persons			O	VIB No. 1	545-004	17	
(Form 990)	Complete if th	the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.									2022			
Department of the Treasury Internal Revenue Service	Go te	o ww\	Attac w.irs.gov/Form				Open To Public Inspection							
Name of the organization	n							-	-		ificatio	on nu	mber	
Part I Excess I			V & CHOI							288	29			
							ction 501(c)(29) orgar o, or Form 990-EZ, Pa							
1			elationship betv			ified				(d) Corrected			cted?	
(a) Name of disqual	ified person		person and or	rganiza	ation	(1	c) Description of trans	sactio	n		Ye	es	No	
											_			
2 Enter the amount o	f tax incurred by t	the or	ganization man	agers	or disq	ualified persons dur	ing the year under							
3 Enter the amount o	f tax, if any, on lir	ie 2, a	ibove, reimburs	ed by	the org	janization			\$					
Part II Loans to	and/or From	Inte	erested Pers	sons.										
•	•					Part V, line 38a or F	Form 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n		
(a) Name of	<u>amount on Form</u> (b) Relatior	î	(c) Purpose	(d) La	oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved	(i) W	ritten	
interested person	with organiz	ation	of loan		m the ization?	principal amount		defa	default?		ard or hittee?	J		
				To	From			Yes	No	Yes	No	Yes	No	
Total						\$							1	
	or Assistance		-											
(a) Name of intere	f the organization sted person	()	b) Relationship interested pers the organiza	betwe son an	en	(c) Amount of assistance	(d) Type assistanc			•) Purpo assista		:	

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L		(Form	aan	2022
Schedule L	•		330)	2022

COMPASSION & CHOICES

(e) Sharing of

organization's

revenues? Yes

No

Х

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person person and the organization transaction transaction MARK WEIDEMAN 72,000.MARK WEIDEM

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK WEIDEMAN

(D) DESCRIPTION OF TRANSACTION: MARK WEIDEMAN

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST PERSONS:

(A) NAME OF PERSON: MARK WEIDEMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MARK

WEIDEMAN ON THE BOARD OF DIRECTORS OF COMPASSION & CHOICES

(D) DESCRIPTION OF TRANSACTION: MARK WEIDEMAN IS AN OWNER OF WEIDEMAN

GROUP, INC. WHO PROVIDES CONSULTING SERVICES IN THE STATE OF CALIFORNIA

TO COMPASSION & CHOICES.

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

Employer	identification number
8	4-1328829

ſ ΖU Open to Public

COMPASSION	&	CHOICES
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applicable contributions or items contributed amounts reported on Form 990, Part VIII, line 1g noncas 1 Art - Works of art Art - Historical treasures amounts reported on items contributed noncas	(d) thod of determining h contribution amounts	
2 Art - Historical treasures		
2 Art - Historical treasures		
3 Art - Fractional interests		
4 Books and publications		
5 Clothing and household goods		
6 Cars and other vehicles		
7 Boats and planes		
8 Intellectual property		
9 Securities - Publicly traded X 34 418,728. AVG HI	G/LOW SHARE P	<u>PR</u>
10 Securities - Closely held stock		
11 Securities - Partnership, LLC, or		
trust interests 12 Securities - Miscellaneous 12		
13 Qualified conservation contribution -		
Historic structures		
14 Qualified conservation contribution - Other		
15 Real estate - Residential		
16 Real estate - Commercial		
17 Real estate - Other		
18 Collectibles		
19 Food inventory		
20 Drugs and medical supplies		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens		
24 Archeological artifacts		
25 Other ()		
26 Other ()		
27 Other ()		
28 Other ()		
29 Number of Forms 8283 received by the organization during the tax year for contributions		
for which the organization completed Form 8283, Part V, Donee Acknowledgement		
	Yes N	10
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for	No. N	7
exempt purposes for the entire holding period?	<u>30a X</u>	<u>x</u>
b If "Yes," describe the arrangement in Part II.	A V	
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<u>31 X</u>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a X	х
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
describe in Part II.		

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

Schedule M (Form 990) 2022

232141 09-09-22

this part for any additional information.

84-1328829 Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete

232142 09-09-22	Schedule M (Form 990) 2022

44

2022.05040 COMPASSION & CHOICES

502210_1

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84 - 1328829

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

COMPASSION & CHOICES

THE ORGANIZATION'S HEAD OF FINANCE TRANSMITS THE ORGANIZATION'S FORM 990 TO

THE FINANCE COMMITTEE FOR REVIEW BY EACH MEMBER OF THE FINANCE COMMITTEE.

THE FINAL VERSION WITH REVISIONS (IF ANY) IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS SELF-MONITORED BY THE

INDIVIDUAL BOARD MEMBERS.

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

THE ORGANIZATION'S BOARD OF DIRECTORS DETERMINES THE CHIEF EXECUTIVE

OFFICER'S SALARY BY LOOKING AT COMPARABLE DATA AND BY RESEARCHING WITH

OUTSIDE SOURCES. THE CHIEF EXECUTIVE OFFICER DETERMINES THE CHIEF'S

SALARIES BY DOING MARKET RESEARCH.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, ME, MD, MI, MN, MO, MS, NC, ND, NH, NJ

NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, FORM 1023 AND

FORM 990 ARE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE AUDIT/FINANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE

Schedule O (Form 990) 2022	Page 2
Name of the organization COMPASSION & CHOICES	Employer identification number $84 - 1328829$
	NANCIAL
INDEPENDENT AUDITOR AND THE AUDIT OF THE ORGANIZATIONS' FI	
STATEMENTS. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR P	ROCESS OF
SELECTION.	
232212 10-28-22	Schedule O (Form 990) 2022

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047 22

Open to Public

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

Inspection Employer identification number 84-1328829

Name of the organization

SCHEDULE R (Form 990)

COMPASSION & CHOICES

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

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
COMPASSION & CHOICES ACTION NETWORK FKA							
END-OF-LIFE CHOICES - 84-1328830, 8156 S	EMPOWERS EVERYONE TO CHART						
WADSWORTH BLVD, #E-162, LITTLETON, CO 80128	THEIR END-OF-LIFE JOURNEY	COLORADO	501(C)(4)				х
]						
]						
]						
]						
	1						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 COMPASSION & CHOICES

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

	1 3	, .									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	manag partn	l or ^{ing} ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) ction (b)(13) trolled tity?	
		country)		or trusty		233613		No	

Schedule R (Form 990) 2022 COMPASSION & CHOICES

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		+
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n 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)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMPASSION & CHOICES ACTION NETWORK	N	-5,595.	OFFICE SPACE ALLOCATION
(2) COMPASSION & CHOICES ACTION NETWORK	0	-21,794.	TIME CARDS
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 COMPASSION & CHOICES

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	、	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of) por-	(I) Code V-UBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(101111003)	Yes No	
										\vdash	+

Schedule R (Form 990) 2022

COMPASSION & CHOICES

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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