			** PUBLIC DISCLOSURE COP			OMB No. 1545-0047
_	0	ON	Return of Organization Exempt Fi			0000
Form 990				section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		
Department of the Treasury			Do not enter social security numbers on this form as i Go to www.irs.gov/Form990 for instructions and the	-	•	Open to Public Inspection
A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024						
	B Check if C Name of organization D Employer identificatio					action number
	applicab	ole:	organization			
	Addre		ASSION & CHOICES			
	Name	9	usiness as		84-13288	29
	Initial			Room/suite	E Telephone number	
	Final returr	8156		-162	303-639-1	1202
	termi ated	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	36,005,907.
	Amer returr		LETON, CO 80128		H(a) Is this a group re	eturn
	Appli tion		nd address of principal officer: CRYSTAL HUISH		for subordinates	? Yes X No
	pend	0120	<u>S WADSWORTH BLVD SUITE E-162, LITTL</u>	LETON	H(b) Are all subordinates in	cluded? Yes No
1 1	Tax-ex	empt status:		527	If "No," attach a	list. See instructions
_	Vebs		COMPASSIONANDCHOICES.ORG		H(c) Group exemptio	
			X Corporation Trust Association Other	L Year	of formation: 1995	State of legal domicile: CO
Pá	art I	Summary				
é	1		e the organization's mission or most significant activities: TO IM			
anc			, AND EMPOWERS EVERYONE TO CHART TH			
Governance	2	Check this bo			than 25% of its net ass	13
Š	3		13			
		Number of inc	128			
ties	5	 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 				5730
Activities &	0 7a		d business revenue from Part VIII, column (C), line 12			0.
Ă	b		business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		20,263,715.	21,590,391.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		478,052.	1,222,607.
Ê	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,382.	29,008.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,761,149.	22,842,006.
	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) \dots		12,933,352.	13,986,672.
u Se	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b		ing expenses (Part IX, column (D), line 25) 1,746,532			
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		8,980,718.	9,300,864.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,914,070.	23,287,536.
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,152,921.	-445,530.
t Assets or d Balances				Be	ginning of Current Year	End of Year
sset	20	Total assets (F			24,670,749.	22,177,846.
Net A:	-		(Part X, line 26)		10,852,250.	7,803,128.
	art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		13,818,499.	14,374,718.
			I declare that I have examined this return, including accompanying schedules a	and stateme	inter and to the best of mu	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of whic			NITOWIEUYE ATHU DETIET, IL IS
	,			πρισμαισι		

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	01/14/25 self-employed P01775411					
Preparer	Firm's name WIPFLI LLP		Firm's EIN 39-0758449					
Use Only	Firm's address 3615 DELGANY ST.,	SUITE 500						
	DENVER, CO 80216		Phone no. 303.759.0089					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

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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	EIR
	END-OF-LIFE JOURNEY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?		s X No
•	If "Yes," describe these new services on Schedule O.		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		S A NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avaanaa	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$8,068,405. including grants of \$) (Rever	nue \$)
	PROMOTE AWARENESS AND EDUCATION RELATING TO END-OF-LIFE		UGH '
	OUR WEBSITE, QUARTERLY MAGAZINE, CONVENTIONS/CONFERENCES		
	BROCHURES, BOOKS AND VIDEOS, AND BY SPEAKING AT PUBLIC E	VENTS AND	
	WRITING ARTICLES.		
4b	(Code:) (Expenses \$6,581,524. including grants of \$) (Revel ADVOCACY FOR INDIVIDUALS THROUGH CREATIVE, LEGAL AND LEG)
	INITIATIVES TO SECURE COMPREHENSIVE AND COMPASSIONATE OF		<u>ק</u>
	END OF LIFE. WE SET NATIONAL STANDARDS FOR END-OF-LIFE C		
	CONSTITUTIONAL PROTECTION FOR AID IN DYING.	MILL MID HODE	<u> </u>
4c	(Code:) (Expenses \$5 , 392 , 489including grants of \$) (Rever)
	OPERATE A NATIONWIDE PROGRAM HELPING OUR CONSTITUENTS EN		IEIR
		R PAIN IS	
	ADEQUATLEY TREATED.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 20,042,418.		
		Form	990 (2023)
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	2		

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 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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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		- 11	
D.	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			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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)? If "Yes," complete Schedule E	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		X
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		X
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	L
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	X	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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 COMPASSION & CHOICES

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		169	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		
	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			v
~~	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%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See 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		x
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 noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
00	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?	200		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		1
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 86			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0-				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 128			
b	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
		15 !	20 3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		х
			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
Ŭ	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44-1			
a L	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did 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 Schedul	e O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is 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.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		Farm	990	(2022)
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VI	Governance, Management, and Disclosure.	e. For each "Yes" response to lines 2 through 7b below, and for a "No" respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances,	s, processes, or changes on Schedule O. See instructions.	

V	

Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	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	e direc	t 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 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-		37	
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	<u>Code.)</u>			
				10	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			401	х	
				10b	^ X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy betoi	e filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
13 14				14	X	
15	Did the organization have a written document retention and destruction policy?			17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	arbyin	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
~	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 arrange	ment w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, C	CO,C	T, DC, FL, GA	HI,	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explai	n on Sc	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	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 bo	oks and	d records			
	CRYSTAL HUISH - 303-639-1202					
	8156 S WADSWORTH BLVD, #E-162, LITTLETON, CO 8012	8				
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)
	6					

Form 990	(2023)
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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.

Name and tile Average hours per hours per believe metademonitories believe metademoni believe metademonito	(A)	(B)	(C)		(D)	(E)	(F)				
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BOARD CHAIRX0.0.0.(12) JILL GORDON0.50X0.0.0.TREASURERX0.630.0.0.(13) LESLIE ROWLEY0.63X0.0.0.SECOND VICE CHAIRX0.0.0.0.(14) MARK WEIDEMAN3.00X0.0.0.MEMBERX0.0.0.0.(15) IRENE JACKSON-BROWN3.00X0.0.0.(16) JOEL SIMONE MALDONADO3.00X0.0.0.MEMBERX0.0.0.0.(17) SATHEESH GUNAGA3.00X0.0.0.			Х						0.	0.	0.
(12) JILL GORDON 0.50 X 0. 0. 0. TREASURER X 0.63 0. 0. 0. 0. (13) LESLIE ROWLEY 0.63 X 0. 0. 0. 0. SECOND VICE CHAIR X 0. 0. 0. 0. 0. (14) MARK WEIDEMAN 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (15) IRENE JACKSON-BROWN 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (16) JOEL SIMONE MALDONADO 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (17) SATHEESH GUNAGA 3.00 X 0. 0. 0. 0.		2.50									-
TREASURER X 0. 0. 0. 0. (13) LESLIE ROWLEY 0.63 0.63 0. 0. 0. SECOND VICE CHAIR X 0. 0. 0. 0. (14) MARK WEIDEMAN 3.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (15) IRENE JACKSON-BROWN 3.00 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (16) JOEL SIMONE MALDONADO 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (17) SATHEESH GUNAGA 3.00 X 0. 0. 0. 0.			Х						0.	0.	0.
(13) LESLIE ROWLEY 0.63 X 0. <td></td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>		0.50									-
SECOND VICE CHAIR X 0.			Х						0.	0.	0.
(14) MARK WEIDEMAN 3.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (15) IRENE JACKSON-BROWN 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (16) JOEL SIMONE MALDONADO 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (17) SATHEESH GUNAGA 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0.		0.63									•
MEMBER X 0.			Х						0.	0.	0.
(15) IRENE JACKSON-BROWN 3.00 X 0. 0. 0. 0. MEMBER X 0.		3.00									•
MEMBER X 0. 0. 0. (16) JOEL SIMONE MALDONADO 3.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (17) SATHEESH GUNAGA 3.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0.			Х						0.	0.	0.
(16) JOEL SIMONE MALDONADO 3.00 X 0. </td <td></td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		3.00									•
MEMBER X 0.			Х						0.	0.	0.
(17) SATHEESH GUNAGA 3.00 X 0. </td <td></td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td><u>^</u></td>		3.00								•	<u>^</u>
MEMBER X 0. 0. 0.		2 00	X					<u> </u>	0.	0.	0.
		3.00								•	<u>^</u>
			X						0.	υ.	

332007 12-21-23

Form 990 (2023)

7

	990 (2023) COMPASSI	ON & CHC	IC	ES						84-132	8829	Page 8
Par	t 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	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	Estin amou	F) nated unt of ner				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	from organ and re	nsation in the ization elated zations
(18)	JEFF GARDERE	3.00										
<u>MEMB</u>	JER		X						0.	0	•	0.
	Subtotal								1,313,726.			.017.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0.		. 162,	0.
2	Total number of individuals (including but r compensation from the organization										• - • - •	6
3	Did the organization list any former officer			-	•	-		Ŭ	• •	•		es No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization	3 4 2	X
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." cor	accrue compen	sati	on fro	om	any	unre	late	ed organization or individ	dual for services	5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for	-									sation from	
	(A) Name and business				y w				(B) Description of s		(C) Compensa	ation
STE	GK PUBLIC STRATEGIES LI REET STE 201, NEW YORK				CK				FUNDRAISING CONSULTATION		304,	952.
112	PABLO EMMANUEL OTAOLA 120 S RUTH WAY, LAKEWOOD, CO 80232 DIRECT CONNECT GROUP				CONSULTING		217,	,523.				
PO	BOX 3905, SEATTLE, WA BEN GROUP, LLC, 525 9TI		7	TH				_	MARKETING		128,	627.
	OOR, WASHINGTON, DC 200								CONSULTING		105,	850.
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot lin	nited	l to i	thos 4		ted	above) who received me	ore than	- 00	
											Form 99	0 (2023)

332008 12-21-23

			ASSION	& 0	CHOICES			84-1328	829 Page 9
Pa	rt VI	III Statement of Reve	nue						
		Check if Schedule O cor	ntains a respo	onse o	r note to any line	e in this Part VIII	(B)		
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
s ts	1 a	a Federated campaigns	1a						
ran	k	b Membership dues							
, G	c	c Fundraising events			4,794,133.				
ar A	c		1d						
s, 0 inil	e	e Government grants (contribu	itions) 1e						
tion S	f	f All other contributions, gifts, gra	ints, and						
ibu		similar amounts not included ab			16,796,258.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	9 Noncash contributions included in lines				21 500 201			
<u>o</u> e	ł	h Total. Add lines 1a-1f				21,590,391.			
	•	_		ŀ	Business Code				
Program Service Revenue	2 8								
serv ue	k								
ven Ven		cd							
gra Re	é	d							
Pro	f	f All other program service rev	venue						
	ç	g Total. Add lines 2a-2f		_					
	3	Investment income (including							
		other similar amounts)				631,320.			631,320.
	4	Income from investment of ta	ax-exempt bo	ond pro	oceeds				
	5	Royalties							
			(i) Rea		(ii) Personal				
	6 a								
		b Less: rental expenses 6							
		c Rental income or (loss)							
		d Net rental income or (loss) a Gross amount from sales of	(i) Securi		(ii) Other				
	1 6		a 13,452,3		(
	t	b Less: cost or other basis		-					
P			b 12,860,8	851.					
evenue	c		c 591,2						
Rev		d Net gain or (loss)		<u></u>		591,287.			591,287.
Other	8 8	a Gross income from fundraising	events (not						
₽		including \$4,794	4,133. of						
		contributions reported on line							
		Part IV, line 18		8a	303,050.				
		b Less: direct expenses		8b	303,050.	0			
		c Net income or (loss) from fur				0.			
	9 8	a Gross income from gaming a							
	ŀ	Part IV, line 19 b Less: direct expenses		9a 9b					
		c Net income or (loss) from gai							
		a Gross sales of inventory, less	-						
		and allowances		10a					
	k	b Less: cost of goods sold		10b					
		c Net income or (loss) from sal		ry					
s				Ī	Business Code				
sou:	11 a	MISCELLANEOUS REVENUE			900099	24,858.			24,858.
Miscellaneous Revenue	k	b HONORARIA			900099	4,150.			4,150.
Sev		C							
Mis		d All other revenue				~~~~~			
		e Total. Add lines 11a-11d				29,008.	0.	0.	1251615.
	12	Total revenue. See instructions				22,842,006.	I ⁰ .	I ⁰ .	Form 990 (2023
33200	9 12-2	1-23							

2023.05030 COMPASSION & CHOICES

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84-1328829

⁵⁰²²¹⁰_1

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
	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	13,986,672.	11,920,873.	1,217,480.	848,319.
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				
с	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,				
40	column (A), amount, list line 11g expenses on Sch O.)	1,112,452.	1,098,644.	13,808.	
12	Advertising and promotion	1,112,492.	1,090,044.	13,000.	
13	Office expenses	598,169.	561,699.	36,470.	
14 15	Information technology	550,105.	501,055.	50, 170.	
16	Royalties Occupancy	196,406.	183,421.	6,292.	6,693.
17	Travel	682,611.	635,759.	19,253.	27,599.
	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	269,620.	169,846.	99,774.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,508.	3,185.	323.	
23	Insurance	147,591.	103,381.	44,210.	
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.)				
а	OUTSIDE SERVICES	2,797,986.	2,771,274.	26,712.	
b	DEVELOPMENT COSTS	2,072,219.	1,235,539.	-	836,680.
с	SPONSORSHIPS	550,900.	550,770.	130.	
d	OPERATIONAL EXPENSES	333,000.	289,314.	16,445.	27,241.
е	All other expenses	536,402.	518,713.	17,689.	
25	Total functional expenses. Add lines 1 through 24e	23,287,536.	20,042,418.	1,498,586.	1,746,532.
26	$\ensuremath{\textbf{Joint costs}}$. 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)				

Form 990 (2023)

Part IX Statement of Functional Expenses

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

COMPASSION & CHOICES

		Check if Schedule O contains a response or not	te to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,692,663.	1	3,818,690.
	2	Savings and temporary cash investments			7,693.	2	23,202.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,000.	4	231,737.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				702,209.	9	632,214.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	368,235.			
	b		10b	362,466.	8,277.	10c	5,769.
	11	Investments - publicly traded securities			20,200,116.	11	5,769. 16,541,983.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			6,417.	14	5,417.
	15	Other assets. See Part IV, line 11			1,038,374.	15	918,834.
	16	Total assets. Add lines 1 through 15 (must equ			24,670,749.	16	22,177,846.
	17	Accounts payable and accrued expenses			1,914,432.	17	2,007,553.
	18	Grants payable				18	
	19	Deferred revenue			8,000,000.	19	5,000,000.
	20				.,	20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				21	
	20	parties, and other liabilities not included on lines	•				
		of Schodulo D			937,818.	25	795,575.
	26				10,852,250.	26	7,803,128.
	20	Organizations that follow FASB ASC 958, che				20	.,
es		and complete lines 27, 28, 32, and 33.					
ů.	27				13,773,499.	27	14,077,981.
3ala	28	Net assets with donor restrictions			45,000.	28	14,077,981. 296,737.
Ц	20	Organizations that do not follow FASB ASC 9				20	
Ъ		and complete lines 29 through 33.	, ene				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
SS	30	Retained earnings, endowment, accumulated in				30	<u> </u>
et∤					13,818,499.	31	14,374,718.
Ž	32	Total net assets or fund balances			24,670,749.	32 33	22,177,846.
	33	Total liabilities and net assets/fund balances				აა	$\frac{22,17,040}{500}$

Form 990 (2023)

Form	990 (2023) COMPASSION & CHOICES	84-	-1328829	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,84	2,0	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	-44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,81		
5	Net unrealized gains (losses) on investments	5	1,05	1,7	<u>49.</u>
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	-5	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,37	4,7	18.
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	Ο.			
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	
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	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				l
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name of the	ne organization
-------------	-----------------

Name								identification number	
	-		ASSION & CI						4-1328829
Par	:1	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The or	gan	ization is not a private found		•		,			
1		A church, convention of ch				on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3 [A hospital or a cooperative					•		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and state:							
5 🗌		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
F		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov							
7 [An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	public described in
- F	_	section 170(b)(1)(A)(vi). (C							
8 [4	A community trust describe							
9 [An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40 [v	university:							
10	X	An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) in	om busines	ses acqui	red by the org	anization a	inter Julie 30, 1975.
11		See section 509(a)(2). (Con		voluto toot for public oo	foty Soo	agation E(O(a)(4)		
12	=	An organization organized a An organization organized a	-	•	•			rny out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •			-		-	aivina
u	L	the supported organization		-	• • • •	-			
		organization. You must c			indjointy e				pporting
b		Type II. A supporting org	-		tion with its	s supporte	ed organizatio	n(s), by hav	vina
-		control or management o	-				-		•
		organization(s). You mus						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization						, ,	,
d		Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	/eness
		requirement (see instruction	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iii) is the even	a institut lista d			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
T									
Total									1

Schedule A	(Form	990	202
		000	

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructiv	ons)		•	12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and sto	phere			-		
See	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2023 (ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ix and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the orç	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	: - 2022. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2023

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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 18809537.16124519.21512973.20263715.21590391.98301135. 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 18809537.16124519.21512973.20263715.21590391.98301135. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 324,637. 264,351. 148,233. 126,062. 259,057. 1122340. 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 0 148,233. c Add lines 7a and 7b 126,062. 259,057. 324,637. 264,351 1122340 97178795 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 16124519.21512973.20263715.21590391.98301135. 9 Amounts from line 6 18809537. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 344,838. 655,032. 629,838. 224,589. 631,320. 2485617. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 224,589. 344,838. 655,032. 629,838. 631,320. 2485617. 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.) 19034126.16469357.22168005.20893553.22221711.100786752 **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 96.42 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 96.52 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.47 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 2.20 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

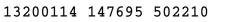
Part IV Supporting Organizations

(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) 2023	COMP	PASSION
Part IV	Supporting C	Organizations	(continued)

1

2

Yes No

			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.
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,

Part VI now providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the evenested evenestication(c)	

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- 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 s	supported a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------------	---

- 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.*

2a 2b 3a 3b

Schedule A (Form 990) 2023

Yes No

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

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990) 2023

1

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Section D - Distributions

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year**

_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotails in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	+ '			
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	<i>.</i>			10	
10	Line 8 amount divided by line 9 amount	(i)	(;;)	10	(;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023
Dart VI	Supplemental Info

	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9l line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, lines (See instructions.)	E, lines 1c, 2a, 2b, 3a, and 3b; Part V, li	ne 1; Part V, Section B, line 1e; Part V,
)28 12-21-	23		Schedule A (Form 990) 2
		20	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

84-1328829

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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 of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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Name of organization

Page **2** Employer identification number

COMPASSION & CHOICES

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	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		\$3,589,840.	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		\$ <u>1,200,000.</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
4		\$1,606,861.	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>700,000.</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
6		\$ <u>891,612.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

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Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 550,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 351,600. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule	В	(Form	990)	(2023)
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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
		\$	

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13200114 147695 502210

2023.05030 COMPASSION & CHOICES

Name of o	rganization		Employer identification number		
COMPAS	SSION & CHOICES		84-1328829		
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif	t		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gif			
-	Transferee's name, address,		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, and ZIP + 4		Relationship of transferor to transferee		
323454 12-26	3-23		Schedule B (Form 990) (2023		

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13200114 147695 502210

S	CH	IEC)UI	LE	С

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			E	mpic	byer identification number
D		ION & CHOICES	504 (a)			84-1328829
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c) of	r is a section 527	org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3)			
1 2	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section	incurred by the organization under incurred by organization managers	section 4955		. \$	Yes No
						Yes No
b	o If "Yes," describe in Part IV. Int I-C Complete if the org	enization is exempt under	enotion E01(a)	voont opption EC	1(0)	(2)
	Enter the amount directly expended Enter the amount of the filing organ				\$.	
2			-		¢	
2	exempt function activities				. Ψ.	
5	line 17b				\$	
4	Did the filing organization file Form					
	Enter the names, addresses, and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	mployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s	of all section 527 poli rom the filing organiza eparate political organ	tical organizations to v tion's funds. Also ente ization, such as a sep	which er the	the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1	1		

OMB No. 1545-0047

Open to Public

Inspection

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

	COMPASSION	& CHOICES	501(a)(2) and file	84-1	328829 Page 2
Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	1 50 1 (c) (3) and file	a Form 5768 (eie	ction under
	ition belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	address, FIN,
	re of excess lobbying e			group monibor o name	, ddarooo, Eirt,
	, ,	nd "limited control" pro	visions apply.		
Uimi	ts on Lobbying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (a	arassroots lobbving)		186,763.	
b Total lobbying expenditures to infl				691,869.	
c Total lobbying expenditures (add li	-	• • • •		878,632.	
d Other exempt purpose expenditure				20,739,614.	
e Total exempt purpose expenditure				21,618,246.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) of		bying nontaxable amo			
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000		0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
over \$1,500,000 but not over \$17,		0 plus 5% of the exces			
over \$17,000,000,	\$1,000,0	000.			
g Grassroots nontaxable amount (er	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or l	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under			
(Some organizations t				of the five columns be	low.
	•	ate instructions for lin	• ,		
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	910,162.	1,000,000.	1,000,000.	1,000,000.	3,910,162.
b Lobbying ceiling amount					

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021 (c) 2022		(b) 2021 (c) 2022 (d) 2023			(e) Total		
 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 	910,162.	1,000,000.	1,000,000.	1,000,000.	<u>3,910,162.</u> 5,865,243.				
c Total lobbying expenditures	546,440.	801,002.	635,490.	878,632.	2,861,564.				
d Grassroots nontaxable amount	227,541.	250,000.	250,000.	250,000.	977,541.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,466,312.				
f Grassroots lobbying expenditures	213,944.	182,892.	178,470.	186,763.	762,069.				

Schedule C (Form 990) 2023

332042 11-06-23

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 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	
 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: a Volunteers? 					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1) 					
c Media advertisements?	/				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-	-		
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5), or sec	tion		
501(c)(6).					
			Yes	No	
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?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures			1°		
Part III-B Complete if the organization is exempt under section 501(c)(4),				0 :-	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."	verea "No" OR	(b) Part I	II-A, IINe	3, IS	
		1			
1 Dues, assessments and similar amounts from members					
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid).	or political				
		20			
a Current year					
b Carryover from last year					
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d 					
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of 		3			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin					
	•	4			
expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions		4			
Part IV Supplemental Information		J			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d 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) 2023

332043 11-06-23

						E 4 E 00 4 7
			al Financial Statements		OMB No. 1	n
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			23
	ment of the Treasury	A	ttach to Form 990. 0 for instructions and the latest information		Open to	
	I Revenue Service		Inspect			
Nam	e of the organizati	COMPASSION & CHOIC	ES		r identificatio 34-13288	
Pa	rt I Organiza		d Funds or Other Similar Funds or A			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds	(b) Funds ar	nd other accou	ints
1	Total number at er	nd of year				
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			
•			exclusive legal control?		Yes	└── No
6	•	•	dvisors in writing that grant funds can be used	2		
	impermissible priv		r donor advisor, or for any other purpose conf	0	Yes	No
Pa			ganization answered "Yes" on Form 990, Part			
1		servation easements held by the organization		,		
	Preservation	o of land for public use (for example, recrea	tion or education) Preservation of a hi	istorically impo	rtant land area	a
	Protection o	f natural habitat	Preservation of a ce	ertified historic	structure	
	Preservation	n of open space				
2	•		fied conservation contribution in the form of a			
	day of the tax year				at the End of th	ie Tax Year
а	Total number of co	onservation easements		. 2 a		
b	U U					
c		vation easements on a certified historic stru		2c		
d		vation easements included on line 2c acqu	•			
3			eased, extinguished, or terminated by the orga		a the tax	
3	year	valion easements mouned, transiered, rei	eased, extinguished, or terminated by the orga		y the tax	
4	-	 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
	violations, and enf	orcement of the conservation easements it	holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easement	s during the y	ear
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements dur	ring the year	
•						
8			e satisfy the requirements of section 170(h)(4)(E	, ()	Yes	No
9			on easements in its revenue and expense stat		res	
5	,	v	note to the organization's financial statements		the	
		ounting for conservation easements.				
Pa			Art, Historical Treasures, or Other	[•] Similar As	sets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furthe	rance of public	;	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balar			
			exhibition, education, or research in furtherar	nce of public se	ervice,	
	-	ng amounts relating to these items.		*		
2	.,		asures, or other similar assets for financial gai			
2	-	unts required to be reported under FASB A		n, provide		
а	-		SO 500 relating to these items.	\$		
		· · · · · · · · · · · · · · · · · · ·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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2023.05030	COMPASSION	&	CHOICES

Sche		ION & CHOI				328829 Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Othe	er Similar Asse	ets (continued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make	significant use of it	S
	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 c	ollections and explain	n how they further	the organization's exe	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simila	ir assets	
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" or	i Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod				-	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		· · · · ·	. .
						Amount
С	Beginning balance					
d	Additions during the year					
-	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds Complete in					
1 41		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
4	Designing of year balance					
	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and losses					
a	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
g	End of year balance Provide the estimated percentage of the cur		l o (lipo 1 g. oolump (
2	Board designated or quasi-endowment	•	%	a)) Helu as.		
a h	Permanent endowment	%	70			
0	Term endowment	%				
U	The percentages on lines 2a, 2b, and 2c sho					
39	Are there endowment funds not in the posse		ation that are held :	and administered for t	he	
ou	organization by:					Yes No
	(i) Unrelated organizations?					
b	If "Yes" on line 3a(ii), are the related organiza					
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm	2				
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part X	, line 10.	
	Description of property	(a) Cost or c basis (investr	• • •		Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
	Leasehold improvements	11,	695.		5,926.	5,769.
	Equipment	256			356,540.	0.
	Other					
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. colum	n (B))		5,769.
	· ·					

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	COMPASSION	&	CHOICES
Part VII	Investments -	Other Securities		

84-1328829 Page 3

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA	on Form 990, Part IV, line		
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY	on Form 990, Part IV, line		297,207
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION	on Form 990, Part IV, line		297,207
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION (5) OPERATING LEASES LIABILITY	on Form 990, Part IV, line		297,207 91,356
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION	on Form 990, Part IV, line		297,207 91,356
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION (5) OPERATING LEASES LIABILITY (6) PORTION (7)	on Form 990, Part IV, line		297,207 91,356
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION (5) OPERATING LEASES LIABILITY (6) PORTION (7) (8)	on Form 990, Part IV, line		297,207 91,356
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITY PAYMENTS PAYA (3) OPERATING LEASES LIABILITY (4) CURRENT PORTION (5) OPERATING LEASES LIABILITY (6) PORTION (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 297,207 91,356 407,012 795,575

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) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 COMPASSION & CHOICES			84-	1328829 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re		
	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	25,564,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,051,749.		
b	Donated services and use of facilities	2b	1,670,410.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,722,159.
3	Subtract line 2e from line 1			3	22,842,006.
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	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,842,006.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	25,007,946.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,670,410.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	50,000.		
е	Add lines 2a through 2d			2e	1,720,410.
3	Subtract line 2e from line 1			3	23,287,536.
4	Amounts included on Form 990, Part IX, line 25, 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	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	23,287,536.
Pa	t XIII Supplemental Information				

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY GRANT

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 Schedule D (Form 990) 2023

32

13200114 147695 502210

Schedule D (Form 990) 2023 COMPASSION & CHOICES Part XIII Supplemental Information (continued)	84-1328829 Page 5
FROM THE INTERNAL REVENUE SERVICE, MANAGEMENT BELIEVES THER	E TO BE NO
POTENTIAL INCOME TAX POSITIONS THAT WOULD RESULT IN RELATED	TAX LIABILITY
FOR THE ORGANIZATIONS. MANAGEMENT WILL CONTINUE TO EVALUATE	ANY FUTURE
CONTRACTUAL ARRANGEMENTS WITH RESPECT TO POTENTIAL INCOME T	AX POSITIONS
UNDER THIS GUIDANCE.	
	Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2023
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he 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 itations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	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	s of individual	(ii) Activity	fundi have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	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	5,097,183.		303,050	4,794,133.
Total 3 List all states in wh or licensing.	ich the organizatic	n is registered or licensed to solicit	contrib	utions	5,097,183. or has been notified	l it is e	303,050, exempt from re	, ,

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

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 I and 6D. List e	events 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			col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	5,097,183.			5,097,183.
	2	Less: Contributions	4,794,133.			4,794,133.
	3	Gross income (line 1 minus line 2)	303,050.			303,050.
	4	Cash prizes				
6	5	Noncash prizes				
)ense:	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through	9 in column (d)			
_		Net income summary. Subtract line 10 from li				303,050.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	

 7
 Direct expense summary. Add lines 2 through 5 in column (d)

 8
 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain: ______

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	COMPASSION a	&	CHOICES	84-1	3288	29	Page 3
11	Does the organization conduct g	paming activities with nonr	me	mbers?		Y	es [No
				or a member of a partnership or other entity formed				
	to administer charitable gaming	?				Y	es	No
	Indicate the percentage of gami							
						13a		%
						13b		%
14	Enter the name and address of t	he person who prepares t	he	organization's gaming/special events books and reco	ords:			
	Name							
	Address							
	Address							
15a	Does the organization have a co	ntract with a third party fro	om	whom the organization receives gaming revenue?		Y	es [No
h	If "Yes," enter the amount of ga	ming revenue received by	the	e organization \$ and the a	amount			
~	of gaming revenue retained by the				inount			
с	: If "Yes," enter name and addres							
	Name							
	Address							
16	Gaming manager information:							
16	Gaming manager mormation.							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		Independent contractor				
17	Mandatory distributions:							
а	Is the organization required und	er state law to make charit	tab	le distributions from the gaming proceeds to			_	
	retain the state gaming license?					Y	es	No
b	Enter the amount of distribution	s required under state law	to	be distributed to other exempt organizations or spen	t in the			
	organization's own exempt activ			\$				
Pa				anations required by Part I, line 2b, columns (iii) and (v); and Part	: III, lines	s 9, 9b	, 10b,
	150, 150, 16, 810 170, 8	as applicable. Also provide	e ar	ny additional information. See instructions.				
SC	HEDULE G, PART I,	LINE 2B, LIS	ЗТ	OF TEN HIGHEST PAID FUNDRA	AISERS	:		
		,						
			_					
<u>(I</u>) NAME OF FUNDRAI	SER: EIDOLON	С	OMMUNICATIONS				
/т		олторо, 15 MA	\ т	DEN LANE COE 1401 NEW YOL	איע איע	10	020	
(I) ADDRESS OF FUNL	RAISER: 15 MA	7 T	DEN LANE, STE 1401, NEW YOF	(K, NI	10	038	
33208	83 09-13-23				Schedu	le G (Fo	orm 99	90) 2023

332084 04-01-23	Schedule G (Form 990)

13200114 147695 502210

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47			
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	∠ J				
Denai	tment of the Treasury	Attach to Form 990.		Open to					
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organizatior				ification number				
		COMPASSION & CHOICES	84-1	32882	9				
Pa		s Regarding Compensation							
	<u>.</u>		~~~		Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	<u> </u>							
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
h	If any of the boyes	on line 1a are checked, did the organization follow a written policy regarding payment or							
b	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		a require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	tractoco, and onico								
3	Indicate which, if ar	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 organizati							
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract							
	Independent c	ompensation consultant X Compensation survey or study							
	Form 990 of o	ther organizations I Approval by the board or compensation of	ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	ated organization:							
а	Receive a severanc	e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_)(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			_		v			
						X X			
a	Any related organiz			5 b					
e		r 5b, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization pay or secrue any componentia	n						
6	contingent on the n	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation at earnings of:	11						
2	•	•		6a		x			
	Any related organiz	ation?				X			
5	, ,	ation? r 6b, describe in Part III.							
7		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 the							
	-			. 8		x			
9		d the organization also follow the rebuttable presumption procedure described in							
	Regulations section		<u></u>	9					
For		on Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2023			

LHA 332111 11-06-23

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)	250,638.	0.	0.	11,593.	17,221.	279,452.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FREDERICK THOMAS MACINTYRE	(i)	240,000.	0.	0.	12,071.	16,559.	268,630.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN E DIAZ	(i)	218,923.	0.	0.	10,968.	14,038.	243,929.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA BERNSTEIN	(i)	214,935.	0.	0.	10,817.	15,844.	241,596.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRANDI S ALEXANDER	(i)	194,615.	0.	0.	9,739.	16,995.	221,349.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDDIE CHARMAINE MANANSALA	(i)	194,615.	0.	0.	9,361.	16,811.	220,787.	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) 2023

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) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

Employer identification number

84-1328829

23

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

COMPASSION & CHOICES

Pa	tl Typ	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works	of art			· · · · · · · · · · · · · · · · · · ·				
2		ical treasures							
3		onal interests							
4		publications							
5		nd household goods							
6		ther vehicles							
7		planes							
8	Intellectual								
9		Publicly traded	X	30	915 052.	AVG HIG/LOW	SH/	ARE	PR
10		Closely held stock			515,0520		0111		
11		Partnership, LLC, or							
••	trust intere								
40		sts Miscellaneous							
12									
13		onservation contribution -							
	Historic str								
14		onservation contribution - Other							
15		e - Residential							
16		- Commercial							
17		- Other							
18		5							
19		tory							
20		medical supplies							
21									
22		rtifacts							
23		pecimens							
24	Archeologi	cal artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of	Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which t	ne organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold t	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt pu	rposes for the entire holding period'	?				30a		X
b	If "Yes," de	escribe the arrangement in Part II.							
31	Does the o	rganization have a gift acceptance r	policy that re	equires the review of	of any nonstandard contribu	tions?	31	Х	
32a	Does the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash		i T	Ţ	_
	contributio	ns?					32a		X
b	lf "Yes," de	escribe in Part II.							
33	If the orgar	nization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in								

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 **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 this part for any additional information.

332142 09-11-23	 Schedule M (Form 990) 2023
322142 09-11-23	Schedule M (Form 990) 2023

42 2023.05030 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 XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY GRANT

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 43 -50,000.

Schedule O (Form 990) 2023

2023.05030 COMPASSION & CHOICES

COMPASSION & CHOICES

FORM 990, PART XII, LINE 2C:

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

INDEPENDENT AUDITOR AND THE AUDIT OF THE ORGANIZATIONS' FINANCIAL

STATEMENTS. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR PROCESS OF

SELECTION.

(Form	990)

SCHEDULE R

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

2023 Open to Public Inspection

Employer identification number 84 - 1328829

Department of the Treasury Internal Revenue Service

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

Name of the organization

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	9) 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
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Diling Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, income excluded from tax under	Share of end-of-year assets	Disproportionate allocations?		amount in box mana 20 of Schedule		ging her?	Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No		
	-												
	-												
	-												
	1												
	1												

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	512(b contr	i) b)(13) rolled iity?
		country)				400010		512(b contr enti	No
	1								

Schedule R (Form 990) 2023 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	-4,984.	OFFICE SPACE ALLOCATION
(2) COMPASSION & CHOICES ACTION NETWORK	0	-21,312.	TIME CARDS
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 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)	(6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(i org	all rs sec	Share of			• , opor-	Code V-UBI	Genera	al or P	ercentage
of entity	, second s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	NO	

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Part VII Supplemental Information

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

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