#### EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30,

Open to Public

OMB No. 1545-0047

Inspection

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	
В	Check if applicable:	C Name of organization	D Employer identifi	cation number
а				
	Address change	COMPASS, INC.		
	Name change	Doing business as	65-00526	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/st	uite <b>E</b> Telephone numbe	r
	Final return/	201 NORTH DIXIE HIGHWAY	(561) 53	3-9699
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,684,761.
	Amende return	LAKE WORTH, FL 33460	H(a) Is this a group re	eturn
	Applica- tion	F Name and address of principal officer: JULIE SEAVER	for subordinates	? Yes X No
	pending		34 H(b) Are all subordinates in	ncluded? Yes No
1 7	Tax-exen			list. (see instructions)
J١	<b>Nebsite</b>	· ▶ WWW.COMPASSGLCC.COM	H(c) Group exemptio	
K	orm of o	rganization: X Corporation Trust Association Other Ly		A State of legal domicile: FL
	art I	Summary		
0	<b>1</b> B	riefly describe the organization's mission or most significant activities: TO ENGAG	E, EMPOWER AN	D ENRICH
Governance	T	HE LIVES OF LESBIAN, GAY, BISEXUAL, TRANSGE	NDER AND QUEE	R (LGBTQ)
rna	2 C	heck this box  if the organization discontinued its operations or disposed of m	nore than 25% of its net as	ssets.
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	7
<u>م</u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		7
es 8	1	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		27
Ϋ́Ē		otal number of volunteers (estimate if necessary)		0
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		0.
•	1	et unrelated business taxable income from Form 990-T, line 39		0.
			Prior Year	Current Year
Φ	8 C	ontributions and grants (Part VIII, line 1h)	1,616,083.	2,009,433.
nu.	<b>9</b> P	rogram service revenue (Part VIII, line 2g)	259,666.	405,282.
Revenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<u> </u>	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259,526.	270,046.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,135,275.	2,684,761.
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,146,203.	1,277,755.
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	b To	otal fundraising expenses (Part IX, column (D), line 25)   115,000.		
Ш	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	684,328.	894,704.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,830,531.	2,172,459.
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	304,744.	512,302.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
set	20 T	otal assets (Part X, line 16)	1,509,606.	2,241,228.
t As	21 T	otal liabilities (Part X, line 26)	60,577.	279,897.
		et assets or fund balances. Subtract line 21 from line 20	1,449,029.	1,961,331.
		Signature Block		
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Doto	
Sig	n	,	Date	
Her	е	JULIE SEAVER, EXECUTIVE DIRECTOR  Type or print name and title		
		Print/Type preparer's name Preparer's signature	I Data	I DTIN
D-'		Date Check	PTIN	
Paid		DEREK M. WEBB DEREK M. WEBB	01/22/21 self-employ	P00389509
	_	irm's name LIGGETT & WEBB P.A.	Firm's EIN	51-0452188
use	Only	Firm's address NO1 SOUTH CONGRESS AVE., SUITE 110	, , , , ,	61 \ 750 1701
		BOYNTON BEACH, FL 33426	Phone no. (5	
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	Charlett Ocharlett O contains a war area and the travelless in this Deat III	$\neg$
_	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:  COMPASS' MISSION IS TO ENGAGE, EMPOWER AND ENRICH THE LIVES OF LGBTQ	
	PEOPLE AND THOSE IMPACTED BY HIV/AIDS.	
	PEOPLE AND INOSE IMPACIED BY HIV/AIDS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	Ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$247, 240 • including grants of \$) (Revenue \$	_ )
	HIV PREVENTION - PROVIDES FREE HIV TESTING, OUTREACH, EDUCATION	
	COUNSELING AND LINKAGE TO CARE, BOTH ON-SITE AND THROUGHOUT THE	
	COMMUNITY. COMPASS CONDUCTED 1,427 UNIQUE HIV TESTS AND 678 HOURS OF	
	COUNSELING WITHIN THE LAST YEAR. COMPASS REMAINS THE MOST SUCCESSFUL	
	HIV PREVENTION PROGRAM IN IDENTIFYING NEWLY DIAGNOSED LGBTQ INDIVIDUALS	3
	IN THE COUNTY.	
		_
		_
		_
4b	(Code:) (Expenses \$ 306,175 • including grants of \$) (Revenue \$	
	COMPASS YOUTH PROGRAM PROVIDES SOCIAL-SUPPORT, MENTORING, PERSONAL	- '
	DEVELOPMENT, COMPREHENSIVE SEXUAL HEALTH EDUCATION AND COMMUNITY	_
	ORGANIZING FOR LGBTQ YOUTH AND THEIR FAMILIIES IN PALM BEACH COUNTY.	_
	THIS PAST YEAR, COMPASS ADED TELEHEALTH PROGRAMMING TO 127 UNDUPLICATED	<u></u>
	YOUTH WHO RECEIVED LIFE SAVING SERVICES THROUGH 48 THERAPY GROUP	_
	SESSIONS, 528 INDIVIDUAL THERAPY SESSIONS AND 312 HOURS OF SOCIAL AND	_
	SUPPORT GROUPS.	_
	BOTTORT GROOTS:	_
		_
	7	
4c	(Code: ) (Expenses 1,201,855. including grants of \$ ) (Revenue \$ HIV CARE SERVICES (RYAN WHITE PART A) PROVIDES DIRECT SUPPORT SERVICES	_ )
	THROUGHT AN OUTSTANDING MEDICAL CASE MANAGEMENT CARE TEAM FOR PEOPLE	
	LIVING WITH HIV IN PALM BEACH COUNTY. LAST CONTRACT YEAR, OVER 530	
	CLIENTS RECEIVED VITAL HEALTH SERVICES INCLUDING FOOD PANTRY, MENTAL	
	HEALTH, MEDICAL TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE AND	
	HEALTH INSURANCE PREMIUM AND CO-PAY ASSISTANCE. ADDITIONALLY, 128	
	NEWLY DIAGNOSED WERE LINKED TO CARE THROUGH EARLY INTERVENTION	
	SERVICES.	
4d	1 3 '	
	(Expenses \$ 96,230 • including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 1,851,500.	

# Form 990 (2019) COMPASS, INC. 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			\ <sub>3,7</sub>
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

# Form 990 (2019) COMPASS, INC. 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			7.
	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	<b>.</b>		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Б	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			
		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٦,	
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1	H		
	Enter the number of Forms w-2d included in line 1a. Enter 40- in flot applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## COMPASS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 2	17					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	. 2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	. 3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	. 4a		X			
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 A	ccounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X			
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. <u>5</u> c					
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the second se	ne organization solicit						
	any contributions that were not tax deductible as charitable contributions?		. 6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts						
	were not tax deductible?		. 6b					
7	Organizations that may receive deductible contributions under section 170(c).				l			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		_		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			,,			
	to file Form 8282?		. 7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr							
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997).				-			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		? <b>7h</b>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
_	sponsoring organization have excess business holdings at any time during the year?		. 8					
9	Sponsoring organizations maintaining donor advised funds.		00					
a								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		. 90					
	Section 501(c)(7) organizations. Enter:	10a						
	Initiation fees and capital contributions included on Part VIII, line 12	10b	_					
	Section 501(c)(12) organizations. Enter:	TOD						
		11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	Tiu						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> 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		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or						
	excess parachute payment(s) during the year?		. 15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	. 16		Х			
	If "Yes," complete Form 4720, Schedule O.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
<del></del>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an experient to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (Section FO1/a)/	\a c=!	۱۰ ۵۰:۵!	abl-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(5)	ys only	) avall	auie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)			
10		d fine	ncia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year.	iu iiiial	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JULIE SEAVER, CEO – (561) 533–9699			
	201 NORTH DIXIE HIGHWAY, LAKE WORTH, FL 33460			

Form 990 (2019) COMPASS, INC. 65-0052657 Page 7

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any					T	T	from the	from related organizations	other compensation
	hours for	direct				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICOLE MARULLI	2.00		_							
BOARD OF TRUSTEE		Х						0.	0.	0.
(2) NICHOLAS COPPOLA	2.00									_
BOARD OF TRUSTEE		Х						0.	0.	0.
(3) MARC PICKERING	2.00							_	_	_
CHAIRMAN		Х		Х				0.	0.	0.
(4) CLARENCE BROOKS	2.00									
BOARD OF TRUSTEE		Х						0.	0.	0.
(5) J MICHAEL WOODS	2.00									•
TREASURER	40.00	Х		Х				0.	0.	0.
(6) JULIE SEAVER	40.00	\ \		\ \				00 700	0	0
EXECUTIVE DIRECTOR	2.00	Х		Х				80,792.	0.	0.
(7) BARRY HAYES VICE CHAIRMAN	2.00	Х		x				0.	0.	0.
(8) KARA ROSA	2.00	^		_				0.	0.	<u> </u>
SECRETARY	2.00	Х		x				0.	0.	0.
DECKETART				1				0.	•	
		1								
						_				
					_					
		-								
										- 000

Par	C VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	<u>d Hi</u>	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	•	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	an	nount	of
		week	$\vdash$	cer ar	ia a a	irecto	or/trus	itee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	98			sated		organization	(W-2/1099-MI	SC)		om th	
		organizations	rustee	trust		e e	ubeu		(W-2/1099-MISC)			·	anizat d relat	
		below	dual t	tiona	١	nploy	st cor	<u></u>					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			_	-	Ť	-	<u> </u>							
			1											
			1											
			1											
1b	Subtotal								80,792.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	80,792.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	ole			
	compensation from the organization													(
													Yes	No
3	Did the organization list any former officer,	,	,	,		,	,	_	, i i	,				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su			-						the organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a										3			37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest co										npens	ation	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir		/ear.				
	<b>(A)</b> Name and business	address	NT/	INC					<b>(B)</b> Description of s	envices	ر	)) eamo:	<b>;)</b> nsatio	n
	Name and business	addicss	11/	OINI				$\dashv$	Description of s	CIVICCS	$\vdash \vdash$	ompo	iioatio	''
								_			<del>                                     </del>			
											1			
								_						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	sted	d above) who received m	ore than				
_	\$100,000 of compensation from the organi		- ••			(	0		,					
		-												

			2019) COMPASS, INC.	,			65-0052	657 Page <b>9</b>
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir			(0)	
					(A) Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
S S	4	_	Federated campaigns 1a					30000013 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
mc Inc			Fundraising events 1c					
ìifts arA			Related organizations 1d					
s, G mila			Government grants (contributions) 1e 1,	584,924.				
ion r Si			All other contributions, gifts, grants, and	· · · · · · · · · · · · · · · · · · ·				
but			similar amounts not included above 1f	424,509.				
ntri d O		g	Noncash contributions included in lines 1a-1f					
a Co		h	Total. Add lines 1a-1f	<b>&gt;</b>	2,009,433.			
				Business Code				
Ce	2	а	340B PROGRAM FEES	541900	405,282.	405,282.		
ervi Je		b						
n S ren		С						
Program Service Revenue		d						
roc		е						
ъ.			All other program service revenue		405,282.			
	_		Total. Add lines 2a-2f		405,202.			
	3		Investment income (including dividends, inter-					
	4		other similar amounts)  Income from investment of tax-exempt bond p					
	4 5		Royalties					
	3		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b></b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
υne			and sales expenses <b>7b</b>					
evenue		С	Gain or (loss) 7c					
Ě			Net gain or (loss)	. <u></u>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	270,046.				
		<b>L</b>						
			Less: direct expenses 8b  Net income or (loss) from fundraising events	1	270,046.			270,046.
			Gross income from gaming activities. See		270,0100			270,0100
		u	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory	<b></b>				
SI				Business Code				
eor	11	а						
llan /ent		b						
Miscellaneous Revenue		С						
Ξ			All other revenue					
	12		Total. Add lines 11a-11d	<u>P</u>	2.684.761	405,282.	0	270 046
	16		rotar rovoliuo. Oco mandoliuma		,	,2020		, _ ,

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5poi 1003	goriorar experience	5po11000
•	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	80,792.		80,792.	
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	921,794.	824,069.	77,688.	20,037.
8	Pension plan accruals and contributions (include	,	,	,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	180,648.	158,797.	20,196.	1,655.
10	Payroll taxes	94,521.	80,585.	13,073.	1,655. 863.
11	Fees for services (nonemployees):	,	,	,	
b	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	column (A) amount, list line 11g expenses on Sch O.)	35,687.	30,269.	3,726.	1,692.
12	Advertising and promotion	1,375.	1,293.		82.
13	Office expenses	53,817.	35,882.	628.	17,307.
14	Information technology				
15	Royalties				
16	Occupancy	17,824.	16,042.		1,782.
17	Travel	7,157.	4,937.		2,220.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,763.	13,794.		8,969.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,713.	49,242.	5,471.	
23	Insurance	24,382.	21,944.	2,438.	
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	PROGRAM DIRECT EXNENSE	597,432.	545,365.	0.	52,067.
b	TELEPHONE	23,822.	21,451.	140.	2,231.
С	UTILITIES	22,980.	20,682.	0.	2,298.
d	EQUIPMENT LEASE PAYMENT	16,611.	12,837.	817.	2,957.
е	All other expenses	16,141.	14,311.	990.	840.
25	Total functional expenses. Add lines 1 through 24e	2,172,459.	1,851,500.	205,959.	115,000.
26	<b>Joint costs</b> . 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)				
03201	0.01-20-20				Form <b>990</b> (2019)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	558,779.	1	1,075,239.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,502.	3	12,402.
	4	Accounts receivable, net	478,526.	4	737,502.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
ts	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	387.	9	387.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  1,562,582.  10b  1,151,834.			
	b	Less: accumulated depreciation 10b 1,151,834.	465,462.	10c	410,748.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,950.	15	4,950.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,509,606.	16	2,241,228.
	17	Accounts payable and accrued expenses	60,577.	17	95,670.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	184,227.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	60 555	25	252 225
	26	Total liabilities. Add lines 17 through 25	60,577.	26	279,897.
Ś		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	1 420 000		1 000 561
alaı	27	Net assets without donor restrictions	1,430,279.	27	1,890,561. 70,770.
d B	28	Net assets with donor restrictions	18,750.	28	70,770.
ڌ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
χ¥	31	Retained earnings, endowment, accumulated income, or other funds	1 440 000	31	1 061 221
ž	32	Total net assets or fund balances	1,449,029.	32	1,961,331.
	33	Total liabilities and net assets/fund balances	1,509,606.	33	2,241,228.

Form **990** (2019)

_							
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,68				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17		<u>59.</u> 02.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,44	9,0	<u> 29.</u>		
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,96	<u>1,3</u>	<u>31.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				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 in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or guidite, explain why on Schodule O and describe any stone taken to undergo such guidite		26	X	I		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

## **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

Employer identification number

Open to Public Inspection

COMPASS, INC. 65-0052657 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## 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		•	•			
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1407249.	1341359.	1432233.	1350162.	2009433.	7540436.
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	260,019.	242,394.	186,979.			
4	Total. Add lines 1 through 3	1667268.	1583753.	1619212.	1554319.	2249051.	8673603.
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)						0672602
	Public support. Subtract line 5 from line 4.						8673603.
	ction B. Total Support	( ) 0045	#120040	( ) 0047	/ N 0040	( ) 0040	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2015 1667268.	(b) 2016 1583753.	(c) 2017 1619212.	(d) 2018 1554319.	(e) 2019 2249051.	(f) Total 8673603.
	Amounts from line 4	10072000	1303733.	1019212.	1334319.	2249031.	0073003.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources  Net income from unrelated business						
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			16,455.			16,455.
11	Total support. Add lines 7 through 10						8690058.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,				_
	organization, check this box and <b>stop</b>						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	99.81 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.80 %
	33 1/3% support test - 2019. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the				-		•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶Щ
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

#### 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.)

Se	ction A. Public Support	slow, picase com	Dictor art II.)				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						,
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 20 10	(2) 2010	(0, 20	(4,) = 0.10	(5) = 5 : 5	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth t	av vear as a secti		zation
•	check this box and <b>stop here</b>	· ·			•		
Se	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						<b>&gt;</b> □
k	33 1/3% support tests - 2018. If the	-	-	•	• • •		and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	<b>&gt;</b>
20	Private foundation. If the organization						<b>•</b>

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
	.oa		
	10b		
m 9	90 or 99	90-EZ)	2019

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		illy member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
-		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a	H	The organization satisfied the Activities Test. Complete line 2 below.			
b	Н	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- \	
C		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions		Na
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined these activities constituted substantially all of its activities.	2a		
b		· · · · · · · · · · · · · · · · · · ·	Za		
D		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer (a) and (b) below.</b>	ZIJ		
о a		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		ees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
.,		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruct				
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 1-1/2% 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 .035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

1	on D - Distributions  Amounts paid to supported organizations to accomplish exe			Current Year
	Amounts paid to supported organizations to accomplish exe			
2		mpt purposes		
	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMPASS, INC.

**Employer identification number** 65-0052657

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring			
	impermissible private benefit?		Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired		ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ear					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
•			0(1-)(4)(D)(2)			
8	Does each conservation easement reported on line 2(d) above	•				
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati	•				
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the			
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets			
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.			
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works			
ıu	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its final	, ,	•			
h	If the organization elected, as permitted under FASB ASC 95					
-	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	o oximpliani, caacation, or recoaren in rai	anoranoe or pasite service,			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
			<b>L</b> .			
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A		g, p. 5 g			
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$			
b	Assets included in Form 990, Part X					

	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	er Simil	ar Asse	<b>ts</b> (conti	nued,	)
3	Using the organization's acquisition, access	on, and other record	ls, checl	k any of the	following tha	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	on's exe	mpt purpo	ose in Par	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	'Yes" on	Form 990	), Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or co	ustodial acco	unt liabil	ity?	L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete				· · · · · · · · · · · · · · · · · · ·						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	<b>(e)</b> Fou	r year	s back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	-	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	ne organiz	zation			T
	by:								0 (1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		+-
D 4									3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		willelit	iurius.							
	Complete if the organization answere		) Part I\	/ line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	<sup>2</sup> d	(d) Boo	k val	
	bescription of property	basis (investr			(other)		preciation	,	( <b>u</b> ) Doo	n vai	ue
12	Land	<del></del>	,		4,190.					4.1	190.
	Buildings				-,					- , -	
	Leasehold improvements			85	8,198.		171,7	89.	38	6.4	109.
	Equipment				8,260.		348,2			- / -	0.
	Other				1,934.		331,7		2	0,1	149.
	Add lines 1a through 1e. (Column (d) must e		X, colun				•	ightharpoonup			748.
	(2)	,	,	1 //	, , , , , , , , , , , , , , , , , , , ,			Schedule		<u> </u>	

Part VII	Investments - Other Securities.			v
( ) December 1	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	ial derivatives			
	held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) and the second Ferrary COO. Best V. and (D) line 40.)			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
raitix	Complete if the organization answered "Yes"	on Form 900 Part IV line	11d Soo Form 990 Part V line 15	
		Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
(1)	()			(a) Doon value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
<u>1.                                    </u>	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	was (b) sout agust Farms 000 Fa LV and (D) "	00 OF )	<b>.</b>	
	umn (b) must equal Form 990, Part X, col. (B) lin			that rangets the
-	y for uncertain tax positions. In Part XIII, provide cation's liability for uncertain tax positions unde		_	
Urgariiz	ation a hability for unlocitally tax positions unde	1 1 730 730 740. CHECK TI	ere ii ure text or the roothole has been pi	IOVIUCU III FAIL AIII L

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,924,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	239,619.		
С					
d					
е				2e	239,619.
3	Subtract line 2e from line 1			3	2,684,761.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	2,684,761.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit	h Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	2,412,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	239,619.		
b	Prior year adjustments	2b			
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	239,619.
3	Subtract line 2e from line 1			3	2,172,459.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	2,172,459.
Pa	rt XIII Supplemental Information.				
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional infor	mation.		

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMPASS, INC.

Employer identification number 65-0052657

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE AND THOSE IMPACTED BY HIV AND AIDS. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN WAS PRESENTED, REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 12C: ALL POLICIES OF THE ORGANIZATION ARE APPROVED ANNUALY BY THE BOARD OF TRUSTEES AND COMMUNICATED AT LEAST ANNUALLY TO THE EMPLOYEES. THE ORGANIZATION ENCOURAGES ALL OF ITS OFFICERS, TRUSTEES AND EMPLOYEES TO IMMEDIATELY REPORT ANY NOTED CONFLICTS OF INTEREST TO THE CEO AND THE BOARD. UPON REPORTING OF SUCH FINDINGS, THE CEO AND THE BOARD EVALUATES THE NATURE OF THE REPORTED CONFLICT AND DETERMINES THE APPROPRIATE STEPS FOR DISPOSITION OF THE CONFLICT, IF ANY. FORM 990, PART VI, SECTION B, LINE 15: ALL CONTRACTS AND SALARIES OF THE OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION C, LINE 18: ALL GOVERNING DOCUMENTS ARE KEPT ON FILE AND ARE READILY AVAILABLE UPON

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

ALL GOVERNING DOCUMENTS ARE KEPT ON FILE AND ARE READILY AVAILABLE UPON

WRITTEN REQUEST.

WRITTEN REQUEST.