2021 Return Summary	
COMPASS, INC.	65-0052657
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS ENDING NET ASSETS</deficit>	4,388,240. 4,195,611. 192,629. 2,350,729. 0. 2,543,358.
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES	2,890,568. 347,210. 2,543,358.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0. 0.

#### EXTENDED TO MAY 15, 2023

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change COMPASS, INC. Name change 65-0052657 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ (561) 533-9699 201 NORTH DIXIE HIGHWAY termin-ated 4,721,949. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LAKE WORTH, FL 33460 H(a) Is this a group return Applica-F Name and address of principal officer: JULIE SEAVER for subordinates? pending 201 NORTH DIXIE HIGHWAY, LAKE WORTH, FL 334 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.COMPASSGLCC.COM **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1988 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO ENGAGE, EMPOWER AND ENRICH Activities & Governance THE LIVES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTO) Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 27 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,280,997. 2,125,225. Contributions and grants (Part VIII, line 1h) Revenue 399,089. 1,940,107. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 322,908. 217.325. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,897,411. 4,388,240. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,292,070. 1,185,753. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,215,943. 3,009,858. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,508,013. 4,195,611. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 192,629. 389,398. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,743,961. 2,890,568. 20 Total assets (Part X, line 16) 393,232 347,210. 21 Total liabilities (Part X, line 26) 350,729. 2,543,358. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JULIE SEAVER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed DEREK M. WEBB DEREK M. WEBB 03/27/23 P00389509 Paid

Firm's address 1901 SOUTH CONGRESS AVE., SUITE 110

BOYNTON BEACH, FL 33426

Firm's name LIGGETT & WEBB P.A.

May the IRS discuss this return with the preparer shown above? See instructions

Preparer

Use Only

X Yes No

Firm's EIN **51-0452188** 

Phone no. (561) 752-1721

# Form 990 (2021) 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)?		х	
2	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	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	Ė		
•	similar amounts as defined in Rev. Proc. 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		Х
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		Х
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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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	l		. v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a		20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domostic government on Fatch, column (A), line 1: 11 105, complete concedie 1, Fatch and 11		000	

# Form 990 (2021) 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			X
04 -	Schedule J	23		
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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,			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	Щ_

# O21) COMPASS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		27			
	filed for the calendar year ending with or within the year covered by this return	2a	27			v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		X
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country	accou	111.9:	<del>T</del> a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		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			_		٦,
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo			7 <del>f</del> 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file of 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 file of the organization file organization file of the organization file organization file organization file of the organization file of the organization file orga			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•			_	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Didd			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	44,				
10-	amounts due or received from them.)	11b	2	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 <b>12b</b>	<u></u>	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l			
	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				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	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					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
	n 166, complete i onn coco.					

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.

1a Enter the number of voting members of the governing body at the end of the tax year  1 there are material differences in voting ignits among members of the governing body, or if the governing body eligible for the governing body or if the governing body or under the direct supervision of officers, directors, trustees, or key employee have a transity realizonship or a business relationship with any other officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  2	1a Enter the number of voting members of the governing body at the end of the tax year   1a		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year   1a	a Enter the number of voting members of the governing body at the end of the tax year  If there are inable in differencis in voting rights among members of the governing body, or if the governing body or if the governing with a government of the g	Sec				
the there are instairal differences in voting rights among members of the governing body, of it the governing body delayed broad authority for an executive committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	the there are material differences in voting rights among members of the governing body, of it the governing body delegated broad authority to an excusive committee, organic not Schadule 0.  b Enter the number of voting members included on line 1a, above, who are independent  1 b				Yes	No
the there are instairal differences in voting rights among members of the governing body, of it the governing body delayed broad authority for an executive committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	the there are material differences in voting rights among members of the governing body, of it the governing body delegated broad authority to an excusive committee, organic not Schadule 0.  b Enter the number of voting members included on line 1a, above, who are independent  1 b	1a	Enter the number of voting members of the governing body at the end of the tax year			
b Enter the number of voting members included on line 1a, above, who are independent. 1	b Enter the number of voting members included on line 1a, above, who are independent to the control of the control, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was field?  4 X X Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 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?  8 Did the organization nother members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization smalling address? If "Yes," provide the names and addresses on Schedule O  9 Section B. Policies (This Schotton B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have vinten policies and procedures governing the activities of such chapters, affiliates, and pranches to ensure their operations are consistent with the organization to release the process. If any used by the organization to review this Form 980.  10a Did the organization have winten ordition of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  10b Did the organization have a written ordition of members o					
2 Did any officer, director, fustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, fustees, or key employee? 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, fustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization become aware during the year of a significant diversion of the organization's assets? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, fustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Section B. Policies (This Section B requests information about policies not required by the internal Revenue Code)  10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 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 to seventy purposes? 11 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this form	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Like the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Like 10 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members of the overning body? 8 Like any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Like 2 Like		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
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b Each committee with authority to act on behalf of the governing body?  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  Section 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?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  12c Did the organization have a written whistleblower policy?  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  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?  15a Type officers or key employees of the organization in piont venture arrangement with a taxable entity during the year?  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15a Section C. Disclosure  15b Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspect	b Each committee with authority to act on behalf of the governing body?  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  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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Section 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?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O now this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization in the deliberation and decision?  a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of thi	Section B. Policies (This Section B reguests information about policies not required by the Internal Revenue Code.)  Yes No 10a Did the organization have local chapters, branches, or affiliates?  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?  b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  12b Did the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  14 X Internal 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?  15a The organization face Cp. Executive Director, or top management official  15b X Internal Process for the organization of the organization of the deliberation and decision?  15c X Internal Process of Schedule O. See instructions.  15d Did the organization for local process on Schedule O. See instructions.  15d Did the organization for local process on Schedule O. See instructions.  15d Did the organization for west in the process on Schedule O. See instructions.  15d Did the organization for local process on Schedule O. See instructions.  15d Did the organization for local process on Schedule O. See instructions.  15d Did the organization	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
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Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  13 Id the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  \[ \begin{arrange} \text{X} \text{ Own website } \begin{arrangements} \text{X}  Upon r	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►FL  Section G. Another's website	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  15b X  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶FL  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	b Describe on 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►FL  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  St		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	for public inspection. Indicate how you made these available. Check all that apply.  X Own website			\ ·	\ ··	- 1- 1
Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	<ul> <li>X Own website</li></ul>	18		s only	) avail	abie
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	<ul> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► JULIE SEAVER, CEO - (561) 533-9699</li> </ul>					
	statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records   JULIE SEAVER, CEO - (561) 533-9699	40		-1.0		
adada a a a del de	State the name, address, and telephone number of the person who possesses the organization's books and records ►  JULIE SEAVER, CEO - (561) 533-9699	19		id tinai	ncial	
·	JULIE SEAVER, CEO - (561) 533-9699	00				
		20				
	AAT MANTI DIVIR HITAHMAT' HAVR MANTU' LH 77#AA		201 NORTH DIXIE HIGHWAY, LAKE WORTH, FL 33460			

Form 990 (2021) 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	1
Check it 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, 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	er box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week			h an tee)	compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (	trustee		au au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JULIE SEAVER	40.00	<del>  -</del>	_							
EXECUTIVE DIRECTOR				Х				0.	98,426.	0.
(2) NICOLE MARULLI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) NICHOLAS COPPOLA	2.00	l		l						
CO-CHAIRMAN		Х		Х				0.	0.	0.
(4) AQUANNETTE THOMAS	2.00	١,,		,,					0	0
CO-CHAIRMAN	2 00	Х		Х				0.	0.	0.
(5) BARRY HAYES	2.00	X		x				0.	0.	0
VICE CHAIRMAN  (6) J MICHAEL WOODS	2.00	^		^				0.	0.	0.
TREASURER	2.00	X		x				0.	0.	0.
(7) MANUEL GUTIERREZ	2.00	122		<u> </u>				0.	0.	•
BOARD OF TRUSTEE	2:00	x						0.	0.	0.
DOING OF TROUBLE									•	
		1								
		1								
		1								
		4								
		-								
		1								
		1								
		1								

Section A. Officers, Directors, Trus	itees, Key Em	рюу	ees	, and	а ні	gne	St C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box offic	not c	Pos heck ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	compensation	e Estima			
	(list any hours for related organizations below line)	idividual trustee or director	stitutional trustee	fficer	sy employee	ighest compensated mployee	ormer	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI	SC/	C/ from the organizat and relat		
	,	드	L L	0	3	王亩	Œ						
Subtotal								0.	98.4	26.			0.
								0.	-	0.			0.
									•				0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	ole			(
Did the organization list any <b>former</b> officer	director trust	ا مم	(OV 6	amn	love	.a 0	, hio	sheet compensated emr	olovee on			Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
•	-		-					•	the organization		4		Х
* *	-				-		elat	ed organization or indiv	idual for services	3	5		Х
	prote Corredar	007	0, 0,	a on i	0010	,011							
										npens	ation f	rom	
(A)						(B)							
Name and business	address	INC	JINI	<u>.                                    </u>				Description of	sei vices		Omper	isatio	<u>'</u>
•	-	ot li	mite	d to	tho (	se lis	sted	d above) who received n	nore than				
	Subtotal  Total from continuation sheets to Part VI Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization)  Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors  Complete this table for your five highest contended to the organization. Report compensation for (A)  Name and business	Name and title  Name and title  Average hours per week (list any hours for related organizations below line)  Subtotal  Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  Did the organization list any former officer, director, trust line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportab and related organizations greater than \$150,000? If "Yes, Did any person listed on line 1a receive or accrue comper rendered to the organization? If "Yes," complete Schedulition B. Independent Contractors  Complete this table for your five highest compensated in the organization. Report compensation for the calendar y (A)  Name and business address	Name and title  Name and titl	Name and title  NoNi	Name and title    Average   Constituted   C	Name and title    Average hours per week (list any hour perdicer and a direct property of the component of t	Name and title    Average   Average	(A) Name and title  Average hours per week (list any hours for related organizations below line)  Subtotal  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Did the organization list any former officer, director, trustee, key employee, or higher and related organization from the organization listed on line 1a; is the sum of reportable compensation from any unrelated rendered to the organizations? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a; is the sum of reportable compensation from any unrelated organizations greater than \$150,000? If "Yes," complete Schedule J for such person  Line B. Independent Contractors  Complete this table for your five highest compensated independent contractors the organization. Report compensation for the calendar year ending with or within (A)  Name and business address  NONE	(A) Name and title  Average hours per week (list arry hours for related organization is the part VII, Section A below line)  Subtotal  Total from continuation sheets to Part VII, Section A below limited to those listed above) who received more than \$100 arry per year. Years or complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation from and related organizations greater than \$150,0007 lif "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation from and related organizations greater than \$150,0007 lif "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation from and related organizations greater than \$150,0007 lif "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation from and related organizations greater than \$150,0007 lif "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation from any unrelated organization greater than \$150,0007 lif "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual listed on line 1a, is the sum of reportable to organization from any unrelated organization or individual listed on line 1a, is the sum of reportable to organization from any unrelated organization or individual listed on line 1a, is the sum of reportable to organization or individual listed on line 1a, is the sum of reportable to organization from any unrelated organization or individual listed on line 1a, is the sum of reportable to organization from any unrelated organization or individual listed on line 1a, is the sum	Name and title    Average   Week   Stat and the second of	Color   Colo	Co   (D)   Reportable   Exportable   Compensation of the compens	Average Name and title  Name and title  Average News (list any) hours for related organizations below lines of organizations below lines of the compensation of the compensation from round organizations below lines of the compensation of the compensation from the organizations of the compensation of the compensation of the compensation of the compensation from the organizations organizations below lines of the compensation from the organizations of the compensation of the compensati

Pa	rt V	1111	Check if Schedule O con		or note to any li	no in this Part VIII			
			Crieck ii Scriedule O con	italiis a response	or note to any iii	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gratismilar amounts not included about the contributions included in line Total. Add lines 1a-1f	1b	497,290. 627,935.				
					Business Code				
Program Service Revenue	2	a b c d	340B PROGRAM F	EES	541900	1,940,107.	1,940,107.		
Page		u _		_					
P.		f	All other program service rev	venue					
			Total. Add lines 2a-2f		<b></b>	1,940,107.			
	3		Investment income (including other similar amounts)	g dividends, intere ax-exempt bond p	est, and roceeds				
	5		Royalties						
			Gross rents 6a Less: rental expenses 6b	+	(ii) Personal	-			
			Rental income or (loss) 60	С					
		d	Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7	а					
o l			Less: cost or other basis						
Revenue			and sales expenses						
e ve		C	Gain or (loss) 70	c					
er F			Net gain or (loss)		<b>P</b>				
O E	0		including \$	,					
			contributions reported on line						
			Part IV, line 18	·····	656,617.				
			Less: direct expenses		333,709.	200 000			200 000
			Net income or (loss) from fun	· -	<b></b>	322,908.			322,908.
	9		Gross income from gaming a						
			Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gar		<b>)</b>				
			Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale	es of inventory	<b></b>				
SZ					Business Code				
Miscellaneous Revenue	11					-			
lar ven		b							
Be		Ç	All other revenue			-			
Σ			All other revenue <b>Total.</b> Add lines 11a-11d						
	12		Total revenue. See instructions			4,388,240.	1,940,107.	0.	322,908.
						, = =	, , , , , ,		, , , , , ,

## 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 respons	se or note to anv line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		0,0011000	gorioral expenses	одрогосо
•	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				
Ū	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	937,134.	775,063.	122,784.	39,287.
8	Pension plan accruals and contributions (include	,	,	,	,
,	section 401(k) and 403(b) employer contributions)	160,565.	134,321.	19,105.	7,139.
9	Other employee benefits	,	,	- ,	, = = = =
10	Payroll taxes	88,054.	73,043.	11,058.	3,953.
11	Fees for services (nonemployees):	,	-,	,	- ,
	Management				
b	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)	37,233.	31,178.	4,899.	1,156.
12	Advertising and promotion	7,388.	5,348.	,	1,156. 2,040.
13	Office expenses	49,495.	29,208.	1,401.	18,886.
14	Information technology	,	•		·
15	Royalties				
16	Occupancy	19,445.	17,257.	2,188.	
17	Travel	1,039.	1,039.		
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,462.	7,660.	175.	5,627.
20	Interest	,	•		,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,248.	62,855.	2,167.	7,226.
23	Insurance	22,471.	19,942.	282.	2,247.
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	CLINIC & 340B	1,519,334.	1,519,334.		
b	PROGRAM DIRECT EXPENSE	1,119,940.	988,691.	0.	131,249.
С	EQUIPMENT LEASE PAYMENT	32,687.	24,674.	1,320.	6,693.
d	REPAIRS AND MAINT	31,822.	30,158.	855.	809.
e	All other expenses	83,294.	72,450.	2,951.	7,893.
25	Total functional expenses. Add lines 1 through 24e	4,195,611.	3,792,221.	169,185.	234,205.
26	Joint costs. Complete this line only if the organization	. ,		•	, -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	12-09-21		L		Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pa	πλ	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	1,439,855.	1	1,580,673
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	20,484.	3	0
	4	Accounts receivable, net	644,046.	4	721,308
	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	
	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	
တ္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	387.	9	5,321
	l	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,843,053.			
	Ь	Less: accumulated depreciation 10b 1,264,737.	634,239.	10c	578,316
	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)	2,743,961.	16	2,890,568
	17	Accounts payable and accrued expenses	102,005.	17	108,454
	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	
S	22	Loans and other payables to any current or former officer, director,			
<u> </u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	291,227.	24	238,756
	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		25	
	26	Total liabilities. Add lines 17 through 25	393,232.	26	347,210
		Organizations that follow FASB ASC 958, check here ▶ X	·		
Ses		and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	2,299,479.	27	2,540,932
Ra	28	Net assets with donor restrictions	51,250.	28	2,426
2		Organizations that do not follow FASB ASC 958, check here			
<u> </u>		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,350,729.	32	2,543,358
_	33	Total liabilities and net assets/fund balances	2,743,961.	33	2,890,568

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	4,38				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,19				
3	Revenue less expenses. Subtract line 2 from line 1	3			29.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,35	0,7	29.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	2,54	3,3	58.		
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 O.						
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	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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 th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Sir	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 requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	X			

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

**Employer identification number** 

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).) 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 on 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1432233.	1350162.	2009433.	2280997.	2125225.	9198050.
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	406 000	004 455	000 640	006 405		4004000
	the organization without charge	186,979.	204,157.				1234903.
4	Total. Add lines 1 through 3	1619212.	1554319.	2249051.	2577194.	2433177.	10432953.
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)						10422052
6	Public support. Subtract line 5 from line 4.						10432953.
	ction B. Total Support	( ) 0047	(1) 2040	( ) 0040	( 1) 0000	( ) 2004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 1619212.	(b) 2018 1554319.	(c) 2019 2249051.	(d) 2020 2577194.	(e) 2021 2433177	(f) Total 10432953.
	Amounts from line 4	1019212.	1334319.	2249031.	2311194.	2433177•	10432333.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	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	,					10449408.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (	line 6, column (f), c	divided by line 11,	column (f))		14	99.84 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.83 %
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	ı			<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact		*	-	•	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		. —
	organization meets the facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	b, check this box a	and see instruction	ıs ▶Ш

# 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	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	` ,	` ,	<u> </u>	, ,	,,
	membership fees received. (Do not						
	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						
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			-			
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  a 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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						<u></u> ▶∟⊥
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I			column (f))			%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					14-1	
17							<u>%</u>
18	1 3						%
19	a 33 1/3% support tests - 2021. If the						1/ is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his hox and see in	nstructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

		Yes	No
			110
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
ماريا	Δ (Forr	n 000	2021

Par	Part IV Supporting Organizations (continued				
				Yes	No
11	1 Has the organization accepted a gift or contribution fr	om any of the following persons?			
а	a A person who directly or indirectly controls, either alo	ne or together with persons described on lines 11b and			
	11c below, the governing body of a supported organi	zation?	11a		
b	b A family member of a person described on line 11a at	pove?	11b		
С	c A 35% controlled entity of a person described on line	11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	ection B. Type I Supporting Organizations				
				Yes	No
1	1 Did the governing body, members of the governing bo	ody, officers acting in their official capacity, or membership of one or			
		larly appoint or elect at least a majority of the organization's officers,			
		If "No," describe in <b>Part VI</b> how the supported organization(s) anization's activities. If the organization had more than one supported			
		/or remove officers, directors, or trustees were allocated among the			
	• • • • • • • • • • • • • • • • • • • •	ctions, if any, applied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any sup	pported organization other than the supported			
	organization(s) that operated, supervised, or controlle	d the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the pure	poses of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		2		
Sec	ection C. Type II Supporting Organizations				
		_		Yes	No
1	1 Were a majority of the organization's directors or trust	ees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported or	ganization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was ve	sted in the same persons that controlled or managed			
	the supported organization(s).		1		
Sec	ection D. All Type III Supporting Organization	ons			
		F		Yes	No
1					
		the type and amount of support provided during the prior tax			
		ly filed as of the date of notification, and (iii) copies of the			
		late of notification, to the extent not previously provided?	1		
2		rustees either (i) appointed or elected by the supported			
		a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous w		2		
3		ve, did the organization's supported organizations have a			
	significant voice in the organization's investment police				
	income or assets at all times during the tax year? If "Y	es," describe in <b>Part VI</b> the role the organization's			
Sac	supported organizations played in this regard.  ection E. Type III Functionally Integrated Su	Innorting Organizations	3		
1		on used to satisfy the Integral Part Test during the yea(see instructions).			
' a					
b					
c		ity. Describe in <b>Part VI</b> how you supported a governmental entity (see ins	struction	าร)	
2		is, 2000 ind in 1 art 11 individual augustica augusticinal arial y		Yes	No
a		ing the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization				
	those supported organizations and explain how the				
		red organizations, and how the organization determined			
	that these activities constituted substantially all of its a		2a		
b	•	ute activities that, but for the organization's involvement,			
		tion(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that				
	these activities but for the organization's involvement.		2b		
3		and 3b below.			
а					
	trustees of each of the supported organizations? If "Y		3a		
b		direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in P	art VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 COMPASS, INC.			65-0052657 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E	<u>.</u>
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 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		
Sect	ion 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		

emergency temporary reduction (see instructions).

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

5

Schedule A (Form 990) 2021

Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
			0.	hadula A (Fausa 000) 0004

Schedule A (Form 990) 2021

### **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

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	<b>(b)</b> Fur	nds 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 advis-	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d				
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		<b>.</b>	<b>¢</b>

<ul> <li>Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):         <ul> <li>Public exhibition</li> <li>Consider the organization of the organization of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> </li> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Yes</li> </ul> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li>	No No
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	
b Scholarly research c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes	
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes	
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> </ul>	
<ul> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> </ul>	
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	□ No
on Form 990, Part X?	□ No
	No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance 1c	
d Additions during the year1d	
e Distributions during the year	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	ars back
1a Beginning of year balance	
<b>b</b> Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment %	
b Permanent endowment %	
c Term endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	S No
(i) Unrelated organizations 3a(i)	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	alue
1a Land 4,190. 4,	190.
<b>b</b> Buildings	
c Leasehold improvements	126.
d Equipment 348,260. 348,260.	0.
e Other	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	316.

Part VII Investments - Other Securities
---

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 e	nd-of-year market value
(1)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art 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
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [  (1)  (2)  (3)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (c)	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  I.al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [2] (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		25.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.

Pa	rt XI	Reconciliation of Revenue per Audited Financi	ial Statements Witl	n Revenue per R	eturn	l <b>.</b>
		Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial stateme	ents		1	4,696,192.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		ted services and use of facilities		307,952.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		ines 2a through 2d			2e	307,952.
3	Subtr	act line 2e from line 1			3	4,388,240.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	ines <b>4a</b> and <b>4b</b>			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	4,388,240.
Pa	rt XII	Reconciliation of Expenses per Audited Financ	cial Statements Wi	th Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Pa				
1		expenses and losses per audited financial statements			1	4,503,563.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a	307,952.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	ines <b>2a</b> through <b>2d</b>			2e	307,952.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	4,195,611.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b $\dots$	4a			
b	Other	(Describe in Part XIII.)	4b			•
С		ines <b>4a</b> and <b>4b</b>			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)		5	4,195,611.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines			1; Part	X, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional info	rmation.		

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021
Open to Public Inspection

OMB No. 1545-0047

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 III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY OUTREACH SERVICES EXPENSES \$ 129,318. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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

FORM 990, PART VI, SECTION C, LINE 18:

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

WRITTEN REQUEST.

BOARD OF TRUSTEES.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 65-0052657 COMPASS, INC. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS ARE KEPT ON FILE AND ARE READILY AVAILABLE UPON WRITTEN REQUEST. FORM 990, PART XII, LINE 2C: THERE WAS NO CHANGE FROM THE PRIOR YEAR.