efil	e Pu	ıblic Visı	al Render	Objec	tId: 2024403	3693493009	04 - Sub	missio	n: 2024	4-02-	05	Т	IN: 04-356781	9
	00	20	Re	eturn o	of Organiz	zation Ex	empt F	From	Inco	me	Тах		OMB No. 1545-004	ł7
Form	3:	90	Under sectio	n 501(c), !	527, or 4947(a)	(1) of the Inter	- rnal Reven	ue Code	e (except	t privat	te foundat	tions)	2022	
		f the Treasury nue Service			w.irs.gov/Fori	,			,	•			Open to Public Inspection	C
			alendar vear,	or tax vea	ar beginning 0	1-01-2022 , a	and ending	a 12-31	-2022					—
		applicable:	C Name of organ	nization					-		D Employ	er identi	fication number	
🗹 Ad	dress	change	Compassionat	e Care ALS I	nc						04-356	7819		
○ Na ○ Ini		hange	Doing busines	s as										
_		rn/terminated	5							-				
🗆 Am	nende	d return			. box if mail is not	delivered to street	t address)	Room/suit	te		E Telephon			
О Ар	plicat	ion pending	17 Chase Road	d							(508) 5	63-3677	7	
			City or town, s Falmouth, MA		ince, country, and	ZIP or foreign pos	stal code				<b>C</b> Cross ro	cointe d	652 408	
			F Name and	address of	principal officer	r:			H(a) 1	e this s	G Gross re		5,055,400	
			Ronald Hoffm		principal enreel					s uns a subordi	a group re nates?		🗌 Yes 🔽 No	
			PO Box 1052 West Falmout	h, MA 025	574				H(b) A	Are all s	subordinat	tes		
I Tax	k-exe	mpt status:	<b>5</b> 01(c)(3)	501(0	:) ( ) 🚽 (insert no	o.) 🗌 4947(a)	)(1) or	527		ncludeo f "No "		list See	instructions.	
J W	ebsi	te: www	w.ccals.org				(1) 01	527			exemption			
			-									1		
<b>K</b> Forr	n of c	organization:	Corporatior	n 🗌 Trust	Association (	🗌 Other 🕨			L Year of	formati	on: 2002	<b>M</b> State MA	of legal domicile:	
Pa	art I	Sum												
	1				nission or most s as with AI S	significant activi	ities:							
lce		Assistance to individuals and families with ALS												
nai														
Governance	2	Check thi	s box 🕨 🗌											
	3								3	1	1			
s S	4	Number of independent voting members of the governing body (Part VI, line 1b)							4	<b>4</b> 10				
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)							5	5 22				
ctiv	6	Total num	ber of voluntee	ers (estima	ate if necessary)			•••		•	•	6	<b>6</b> 42	
A.	7a	Total unre	elated business	revenue f	rom Part VIII, co	lumn (C), line 1	12	• •	• •	• •		7a		0
	b	Net unrel	ated business t	axable inc	ome from Form	990-T, Part I, lir	ne 11 .	• •	• •	7b		0		
	_									Prior	Year		Current Year	_
en			-	-	line 1h)		• •	•			3,382,3		4,514,41	
Revenue			service revenue	. ,		• • • •		•			219,2		196,46	
Вe					nn (A), lines 3,						-25,7		42,328	
			, , ,		A), lines 5, 6d, 8 11 (must equal		,	12)			237,6 3,813,4		4,906,38	_
				5	Part IX, column (	,	( )/	12)			712,0		1,007,83	
					art IX, column (/				-		, 12,0			0
s				•	loyee benefits (				-		1,181,2	235	1,355,49	_
Exp enses	16	a Professio	nal fundraising	fees (Part	IX, column (A),	line 11e)		•						0
рeя	ь	Total fundra	aising expenses (	Part IX, colu	umn (D), line 25)	142,691								
ă			expenses (Part IX, column (A), lines 11a–11d, 11f–24e)							824,4	104	934,19	94	
	18	Total expe								2,717,6	591	3,297,52	26	
	19	Revenue	less expenses.	Subtract li	ne 18 from line	12					1,095,7	798	1,608,85	59
Net Assets or Fund Balances									Begini	ning of	Current Y	ear	End of Year	
sset	20	Total asse	ets (Part X, line	16)							8,122,5	500	9,855,75	57
et A: Nd B	21			-							68,4		241,23	
Pan	22	Net asset	s or fund balan	ices. Subtr	act line 21 from	line 20					8,054,0	067	9,614,52	21
Do	irt II	Signa	ature Block						E.					

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.

							2023-11-09		
Sign	Sig	nature of officer					Date		
Here	KU	nald Hoffman Clerk							
	Ту	pe or print name and title							
Paic	ł	Print/Type preparer's name		Preparer's signature		Date 2024-02-05		FIN 00796903	
-	oarer	Firm's name 🕨 FRITZ DI	EGUGLIELMO LI	.C			Firm's EIN 🕨 04-3	447507	
Use	Only	Firm's address ► 8 ESSEX	STREET				Phone no. (978) 46	62-2161	
		NEWBUR	YPORT, MA 019	950					
Mav t	he IRS disc	uss this return with the p	reparer show	n above? See Instruct	ions.			🗹 Yes 🗌 No	
,		Reduction Act Notice,					No. 11282Y		<b>90</b> (2022
				Page	2				
Form	990 (2022)	)							Page <b>2</b>
Par		atement of Program	Service Ad	complishments					raye Z
		eck if Schedule O contains		-	his Part III				. 🗆
1		cribe the organization's n							_
Assist	ance to ind	ividuals and families with	ALS						
2	Did the or	ganization undertake any	cignificant pr	ogram convisos during	the year which	h wara nat lia	tod on		
2		form 990 or 990-EZ?		-	, the year white	In were not its		🗆 Yes 🗸	No
	•	escribe these new service							
3		ganization cease conducti			how it conduct	s, any progra	m		
	services?							🗌 Yes	🗹 No
	If "Yes," d	escribe these changes on	Schedule O.						
4	Section 50	he organization's program 1(c)(3) and 501(c)(4) org ue, if any, for each progra	ganizations a	re required to report t					
4a	(Code:	) (Expense	s \$	2,934,385 including g	rants of \$	1,007,837	) (Revenue \$	196,469)	
	The organiz	ation provides assistance to ir	idividuals and f	amilies in dealing with the	e complexities of	ALS.			
41-	(0.1	× /=					) (D		
4b	(Code:	) (Expense	S \$	including g	rants of \$		) (Revenue \$	)	
4c	(Code:	) (Expense	s \$	including g	rants of \$		) (Revenue \$	)	
4d	Other prov	gram services (Describe in	Schedule O	)					
	(Expenses			grants of \$		) (Revenue s	\$	)	
4e	Total pro	gram service expenses	•	2,934,385					

	$\sim$	0	0	- 72
г	а	ч	e	

<ol> <li>Is the organization described in section 501(c)(3) or 4947(a)(1) Schedule A</li></ol>	<i>f Contributors</i> ? See instructions. <b>S</b> gn activities on behalf of or in opposition to candidates e in lobbying activities, or have a section 501(h) <i>le C, Part II</i> organization that receives membership dues, <i>If "Yes," complete Schedule C, Part III</i> milar funds or accounts for which donors have the right n such funds or accounts? <i>If "Yes," complete</i> cluding easements to preserve open space,	1 2 3 4 5	Yes Yes Yes	No No No
<ul> <li>Schedule A</li></ul>	<i>f Contributors</i> ? See instructions. <b>S</b> gn activities on behalf of or in opposition to candidates e in lobbying activities, or have a section 501(h) <i>le C, Part II</i> organization that receives membership dues, <i>If "Yes," complete Schedule C, Part III</i> milar funds or accounts for which donors have the right n such funds or accounts? <i>If "Yes," complete</i> cluding easements to preserve open space,	2 3 4 5		No
<ul> <li>3 Did the organization engage in direct or indirect political campaig for public office? <i>If "Yes," complete Schedule C, Part I</i></li> <li>4 Section 501(c)(3) organizations. Did the organization engage election in effect during the tax year? <i>If "Yes," complete Schedul</i></li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) assessments, or similar amounts as defined in Rev. Proc. 98-19?</li> </ul>	gn activities on behalf of or in opposition to candidates e in lobbying activities, or have a section 501(h) le <i>C</i> , <i>Part II</i> organization that receives membership dues, <i>If "Yes," complete Schedule C, Part III</i> milar funds or accounts for which donors have the right n such funds or accounts? <i>If "Yes," complete</i> cluding easements to preserve open space,	3 4 5	Yes	No
<ul> <li>3 Did the organization engage in direct or indirect political campaig for public office? <i>If "Yes," complete Schedule C, Part I</i></li> <li>4 Section 501(c)(3) organizations. Did the organization engage election in effect during the tax year? <i>If "Yes," complete Schedul</i></li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) assessments, or similar amounts as defined in Rev. Proc. 98-19?</li> </ul>	gn activities on behalf of or in opposition to candidates e in lobbying activities, or have a section 501(h) le <i>C</i> , <i>Part II</i> organization that receives membership dues, <i>If "Yes," complete Schedule C, Part III</i> milar funds or accounts for which donors have the right n such funds or accounts? <i>If "Yes," complete</i> cluding easements to preserve open space,	4		No
<ul> <li>election in effect during the tax year? If "Yes," complete Schedul</li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) assessments, or similar amounts as defined in Rev. Proc. 98-19?</li> </ul>	le <i>C</i> , <i>Part II</i>	5		
assessments, or similar amounts as defined in Rev. Proc. 98-19?	If "Yes," complete Schedule C, Part III	-		No
6 Did the organization maintain any donor advised funds or any sit	n such funds or accounts? <i>If "Yes," complete</i> cluding easements to preserve open space,	6		
to provide advice on the distribution or investment of amounts in Schedule D,Part I 🗐		0		No
7 Did the organization receive or hold a conservation easement, in the environment, historic land areas, or historic structures? If "Y	es," complete Schedule D, Part II 🐿 🔒	7		No
8 Did the organization maintain collections of works of art, historic complete Schedule D, Part III 198	al treasures, or other similar assets? <i>If "Yes,"</i>	8		No
9 Did the organization report an amount in Part X, line 21 for escret for amounts not listed in Part X; or provide credit counseling, del services? If "Yes," complete Schedule D, Part IV 19	ow or custodial account liability; serve as a custodian bt management, credit repair, or debt negotiation	9		No
<b>10</b> Did the organization, directly or through a related organization, I permanent endowments, or quasi endowments? <i>If "Yes," comple</i>		10		No
<b>11</b> If the organization's answer to any of the following questions is " or X, as applicable.	'Yes," then complete Schedule D, Parts VI, VII, VIII, IX,			
a Did the organization report an amount for land, buildings, and each Schedule D, Part VI. 19		11a	Yes	
<b>b</b> Did the organization report an amount for investments—other se assets reported in Part X, line 16? <i>If "Yes," complete Schedule D</i> ,	, Part VII 🧐	11b		No
<b>c</b> Did the organization report an amount for investments—program total assets reported in Part X, line 16? <i>If "Yes," complete Sched</i>	ule D, Part VIII 🧐	11c		No
<b>d</b> Did the organization report an amount for other assets in Part X, in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <sup>1</sup>		11d		No
${f e}$ Did the organization report an amount for other liabilities in Part	X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f Did the organization's separate or consolidated financial stateme the organization's liability for uncertain tax positions under FIN 4		11f	Yes	
<b>12a</b> Did the organization obtain separate, independent audited finance <i>Schedule D, Parts XI and XII</i> <sup>1</sup>		12a	Yes	
<b>b</b> Was the organization included in consolidated, independent audit If "Yes," and if the organization answered "No" to line 12a, then	completing Schedule D, Parts XI and XII is optional 📽	12b		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)	? If "Yes," complete Schedule E	13		No
14a Did the organization maintain an office, employees, or agents ou	tside of the United States?	14a		No
b Did the organization have aggregate revenues or expenses of mo business, investment, and program service activities outside the at \$100,000 or more? If "Yes," complete Schedule F, Parts I and	United States, or aggregate foreign investments valued	14b		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more t foreign organization? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II and	han \$5,000 of grants or other assistance to or for any	15		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more t or for foreign individuals? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II		16		No
17 Did the organization report a total of more than \$15,000 of expection (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part</i>		17		No
<b>18</b> Did the organization report more than \$15,000 total of fundraisin lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	🐒	18	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income f complete Schedule G, Part III	🧐	19		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Y	<i>(es," complete Schedule H</i>	20a		No
${\bf b}~$ If "Yes" to line 20a, did the organization attach a copy of its audi	ted financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other government on Part IX, column (A), line 1? If "Yes," complete Sc		21		No

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Par	t 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ldots$ 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .

 ${\bm b}~$  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~ .

1a 5 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

	Page 5			
Form	990 (2022)			Page <b>5</b>
Pa	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			i uge e
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
h	this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			I
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

 1c
 Yes

 Form 990 (2022)

-		I - · - I	1	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2022)
				- ( - )
	Page 6			
<b>F</b>				_
	990 (2022)			Page <b>6</b>
Pai	t VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	_
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
4			Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 10			
2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?			

		100	
Se	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed MA		
18	Section 6104 requires an organization to make its Form 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.		
	🗌 Own website 🔹 Another's website 🗹 Upon request 🔹 Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Ronald Hoffman 17 Chase Road Falmouth, MA 02540 (508) 563-3677		
		Form <b>9</b>	<b>990</b> (2022)
	Page 7		
Form	990 (2022)		Page <b>7</b>
Parl	VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em and Independent Contractors	ployees,	
	Check if Schedule O contains a response or note to any line in this Part VII		. 🗆
Se	tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
12.00	mplate this table for all percent required to be listed. Report compensation for the calendar year ording with or within t	ho organizati	on's tax

1 166 1

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not cl box, unless pe ficer and a dire	neck ersoi ecto	n is r/tru	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Patty Oakley Director	1.00	x						0	0	0
(2) Luke Baxter Director	1.00	x						0	0	0
(3) Brian Bossman Director	1.00	х						0	0	0
(4) Tom Bettle Director	1.00	х						0	0	0
(5) Michael Reilly Director	1.00	х						0	0	0
(6) Darlene Salatto Rose Director	1.00	х						0	0	0
(7) Adrienne Martin Director	1.00	х						0	0	0
(8) Jim Bruce President	1.00	x		x				0	0	0

(9) Elia Tessicini Vice President		х	х		0	0	0
(10) Michael J McLaughlin	1.00	x	х		0	0	0
Treasurer (11) Ronald Hoffman Founder/Clerk	40.00	x	x		172,200	0	11,573

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Form 990 (2022)

Page **8** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not chec unless person i and a directo Institutional Trustee;	s bo r/tru	oth a ustee	n offic		(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
					$\vdash$		$\vdash$			
							-			
							-			
th Cult Tabal							<u> </u>	<u> </u>	<u> </u>	
1b Sub-Total							-			
d Total (add lines 1b and 1c) .						•	·	172,200	0	11,573

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 

	Yes	No
3		No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> <b>4</b> Yes									
<b>5</b> Did any person listed on line 1a receive or services rendered to the organization? <i>If</i> "				ividual for	5 No	-			
Section B. Independent Contractors									
1 Complete this table for your five highest of from the organization. Report compensati					pensation				
	(A)			(B)	(C)	—			
Name and b Dynamic Solution Associates	usiness address		Dese Managemer	cription of services	Compensation 199,34	8			
691 Massachusetts Avenue Suite 4			indiagenie		199,51	5			
Arlington, MA 02476						_			
						_			
						_			
2 Total number of independent contractors (in compensation from the organization > 1	cluding but not limited	d to those listed abo	ve) who received m	ore than \$100,000	of				
					Form <b>990</b> (202)	2)			
		Page 9							
Form 990 (2022)					Page	9			
Part VIII Statement of Revenue						_			
Check if Schedule O contains a re	esponse or note to any	/ line in this Part VIII	<u></u> .	<u></u> .	🛛				
		(A) Total revenue	<b>(B)</b> Related or	(C) Unrelated	(D) Revenue				
		lotal revenue	exempt	business	excluded from				
			function revenue	revenue	tax under section 512 - 514	S			
Federated campaigns 1a						_			
Contributions,									
Gifts, Grants, and Membership dues 1b									
DtherAmt									
Amount Ic									
299,043									
d Related organizations 1d									
e Government grants (contributions) 1e									
f All other contributions, gifts, grants, and similar amounts not included <b>1f</b>									
above									
4,215,371									
g Noncash contributions included in lines 1a - 1f:\$ 1a									
ines 1a - 1r:\$ 1g									
145,530									
h Total. Add lines 1a-1f	4,514,414								
	Business Code								
2a Program services	624100	196,469			0	0			
en									
8	-				+				
- <u>-</u>									
Service Revenue	-								
E									
, Jogram									
<u> </u>	-				-	_			
<b>f</b> All other program service revenue.									
<b>9 Total.</b> Add lines 2a–2f	196,469			1		—			
3 Investment income (including dividends,						—			
similar amounts)	►	23,770			0 23,77	70			

4 Income from invest	tment of	f tax-exempt bond	proceeds 🕨 🕨	I			
5 Royalties			<b>&gt;</b>				
		(i) Real	(ii) Personal				
<b>6a</b> Gross rents	6a						
<b>b</b> Less: rental							
expenses	6b						
c Rental income or (loss)	6c						
<b>d</b> Net rental incom	e or (los	s)	🕨				
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	433,995	47,000				
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	asis and <b>7b</b> 457, 2		5,238				
Gain or (loss)	7c	-23,204	41,762				
d Net gain or (loss	)		🕨	18,558	0	0	18,558
(not including \$ contributions report. See Part IV, line 18 <b>b</b> Less: direct expe	299 ed on line 	9,043 of 1c). <b>8a</b> 8b	437,760 284,586				
<b>c</b> Net income or (lo	ss) from	fundraising event	s	153,174		0	153,174
9a Gross income from See Part IV, line 1 b Less: direct expe	9	· 9a					
<b>c</b> Net income or (lo			• •				
<b>10a</b> Gross sales of inv returns and allow <b>b</b> Less: cost of good	ances .	· · 10a					
<b>c</b> Net income or (lo	ss) from	sales of inventory	/▶				
11a			Business Code				
b							
Other Revenue MiscAmt							
<b>d</b> All other revenue		<del>  </del> -					
e Total. Add lines	11a-11d		🕨				
12 Total revenue.	See instr	uctions		4,906,385	196,469	0	195,502

\_\_\_\_\_ Page 10 \_\_\_\_

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Form 990 (	2022)				Page <b>10</b>		
Part IX	Statement of Functional Expenses						
	Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	a. All other organization	ons must complete c	olumn (A).		
Check if Schedule O contains a response or note to any line in this Part IX							
	clude amounts reported on lines 6b, , and 10b of Part VIII.	(A) (B) Total expenses expenses		(C) Management and general expenses	(D) Fundraising expenses		
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21						
	s and other assistance to domestic individuals. See /, line 22	1,007,837	1,007,837				

3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	183,773	164,847	9,463	9,463
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	981,103	981,103	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	102,639	102,639	0	0
10	Payroll taxes	87,980	86,666	657	657
11	Fees for services (non-employees):				
а	Management	200,048	0	133,565	66,483
b	Legal	2,220	0	2,220	0
c	Accounting	9,000	0	9,000	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,749	0	2,749	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,048	7,945	8,603	2,500
12	Advertising and promotion	7,562	100	3,552	3,910
13	Office expenses	42,824	23,610	18,520	694
14	Information technology				
15	Royalties				
16	Occupancy	41,805	41,181	312	312
17	Travel	58,641	54,707	490	3,444
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	1,069	1,069	0	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	297,703	291,617	6,086	0
23	Insurance	90,703	86,895	3,808	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	a Postage & Printing	100,797	29,323	18,931	52,543
l	<b>b</b> Retreat Center Repairs	31,006	31,006	0	0
	c Landscaping	21,042	21,042	0	0
	<b>d</b> Other	5,873	694	2,494	2,685
	e All other expenses	2,104	2,104	0	0
25	Total functional expenses. Add lines 1 through 24e	3,297,526	2,934,385	220,450	142,691
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720).				

	Page 11		
Form 990 (	2022)		Page <b>11</b>
Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part IX $% \left( {{{\mathbf{T}}_{{\mathbf{T}}}}^{T}} \right)$ .		🛛
		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
· · ·	- · · · ·	007.004	4 044.050

	1	Cash-non-interest-bearing		.	327,681	1	244,258
	2	Savings and temporary cash investments .			2,196,438	2	2,080,723
	3	Pledges and grants receivable, net			62,791	3	810,794
	4	Accounts receivable, net			101,267	4	904
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disqual section 4958(f)(1)), and persons described in s				6	
ŝ	7	Notes and loans receivable, net			7		
ssets	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			44,462	9	39,900
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,143,874			
	b	Less: accumulated depreciation	10b	1,224,181	4,869,225	10c	4,919,693
	11	Investments—publicly traded securities .			520,636	11	1,721,800
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15	37,685	
	16	Total assets. Add lines 1 through 15 (must eq	ual line		8,122,500	16	9,855,757
	17	Accounts payable and accrued expenses	•		60,328	17	88,828
	18	Grants payable				18	
	19	Deferred revenue				19	97,864
	20	Tax-exempt bond liabilities			20		
ŝ	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons			22		
Ť	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	8,105	23	25,698
	24	Unsecured notes and loans payable to unrelated		· ·	,	24	, , , , , , , , , , , , , , , , , , , ,
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		0	25	28,846	
	26	Total liabilities. Add lines 17 through 25 .			68,433	26	241,236
ces		Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🗹 and			
lan	27	Net assets without donor restrictions			7,990,182	27	8,553,727
d Ba	28	Net assets with donor restrictions $\ .$ .			63,885	28	1,060,794
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.		·			
0 9	29	Capital stock or trust principal, or current funds			29		
Assets	30	Paid-in or capital surplus, or land, building or ed			30		
As	31	Retained earnings, endowment, accumulated in		0.054.005	31	0.011.751	
Net	32	Total net assets or fund balances		8,054,067	32	9,614,521	
Z	33	Total liabilities and net assets/fund balances			8,122,500	33	9,855,757
							Form <b>990</b> (2022)

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Form	n 990 (2022)		Page <b>12</b>
Pa	Part XI Reconcilliation 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	4,906,385
2		2	3,297,526
3	Revenue less expenses. Subtract line 2 from line 1	3	1,608,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,054,067
5	Net unrealized gains (losses) on investments	5	-48,405
6	Donated services and use of facilities	6	
7	Thursdanant ourpanses	-	

,		/				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		9	,614,521	
Pa	TT XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash 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		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a				
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,				
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb			
			F	orm <b>99</b>	<b>0</b> (2022)	

**Additional Data** 

**Return to Form** 

**Software ID:** 22015534

Software Version:

Form 990, Special Condition Description:

Created Condition Description

CIII	erul	olic Visual	Render	ObjectId: 2	20244036934930	0904 - Subi	mission: 2024-	02-05	TIN: 04-3567819
SCHEDULE A (Form 990)		Con		Charity Statu				OMB No. 1545-0047	
)epartr	nent of th	he Treasury			4947(a)(1) nonexe Attach to Form 9		2022		
nternal	Revenue	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			ormation.	Open to Public Inspection
		<b>te organiza</b> te Care ALS In						Employer identifi	cation number
								04-3567819	
	rt I rganiz				us (All organizations e it is: (For lines 1 thro			See instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>s</b>	ection 170(b)(1)	(A)(i).	
2	$\square$	A school de	escribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	edule E (Form	n 990).)		
3		A hospital of	or a cooperat	ive hospital ser	vice organization descr	ibed in <b>sectio</b>	on 170(b)(1)(A)(	iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital des	cribed in <b>section</b> :	L70(b)(1)(A)(iii).	Enter the hospital's
5		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)		,	, , ,		ibed in <b>section</b>
6					governmental unit de				
7				mally receives (vi). (Complete	a substantial part of its e Part II.)	s support from	n a governmental u	nit or from the gene	ral public described in
8		A communi	ity trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	Complete Par	t II.)		
9		An agricult non-land g	ural research rant college c	organization de f agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter f	(A)(ix) opera	ted in conjunction , and state of the c	with a land-grant co college or university:	llege or university or a
10		An organiza from activit investment	ation that nor ties related to income and	mally receives: ts exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert	of its support	, t from contribution s, and (2) no more	s, membership fees, than 33 1/3% of its s	
11					d exclusively to test for	public safety	See section 509	(a)(4).	
12		more publi	cly supported	organizations of	d exclusively for the be described in <b>section 5</b> s the type of supportin	<b>09(a)(1)</b> or s	section 509(a)(2	). See section 509(	
а		<b>Type I.</b> A son organization	supporting or n(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its	s supported organiz	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganization sup	ervised or controlled in ation vested in the san				
с		Type III f	unctionally i	integrated. A s	supporting organization ions). You must com				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	<b>d.</b> A supporting organi n generally must satisf	zation operate y a distributio	ed in connection winn requirement and	th its supported orga	
e	$\Box$	Check this	box if the org	anization recei	r <b>t IV, Sections A and</b> ved a written determin	ation from the		pe I, Type II, Type II	I functionally
f	Entor	5,	<i>,</i> ,	,	integrated supporting	5			
g				2				· · · · · · · · · <u> </u>	
		lame of supp organization	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the o	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Гota									(
		work Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 112	:85F	Schedule	e A (Form 990) 2022
					Pag	je 2 ——			
		(Form 990)							Page <b>2</b>
Pa	rt II	(Comple	ete only if y	ou checked th	tations Described ne box on line 5, 7, ify under the tests l	or 8 of Part	I or if the organi	zation failed to qu	
		A. Public				,	· · · ·	· · ·	1
ماد	ndar	vear		1	I	I	I	ı	I

	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1,670,564	3,500,888	3,667,034	3,382,349	4,514,414	16,735,249
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						0
	furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	1,670,564	3,500,888	3,667,034	3,382,349	4,514,414	16,735,249
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						3,412,978
	line 1 that exceeds 2% of the						5,112,570
	amount shown on line 11, column (f)						
_	<b>Public support.</b> Subtract line 5 from line 4.						13,322,271
	ection B. Total Support						
	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	1,670,564	3,500,888	3,667,034	3,382,349	4,514,414	16,735,249
0	dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,699	3,965	5,022	6,188	23,770	43,644
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	171,420	200,549	158,581	237,607	153,174	921,331
11	Total support. Add lines 7 through						17,700,224
12	10 Gross receipts from related activities,	etc. (see instruction	L ons)			12	564,690
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					► 🗆	
-	ection C. Computation of Publi		-				
	Public support percentage for 2022 (li					14	75.270 %
	Public support percentage for 2021 So 33 1/3% support test—2022. If the					15	77.380 %
165	and <b>stop here.</b> The organization qua						
b	<b>33</b> 1/3% support test—2021. If th						
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> and if the organization meets the "fac	t-2022. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is 10	
	meets the "facts-and-circumstances"						_
b	<b>10%-facts-and-circumstances te</b> more, and if the organization meets	st—2021. If the o the "facts-and-circ	rganization did no umstances" test, o	t check a box on l check this box and	ine 13, 16a, 16b, I <b>stop here.</b> Expla	or 17a, and line 1 ain in Part VI how t	5 is 10% or the organization
18	-	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	and see	
	instructions	<u></u>	<u></u>			Schedule A (I	► 🗆 Form 990) 2022
							5. iii 550) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page <b>3</b>

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 1 Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the 4

Page 3

nization's honofit and aither paid

	urganization s benefit and either paid	I	I	1	Í.	1	I		
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge			-					
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and								
/ d	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
c	Add lines 7a and 7b.								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								0
Se	ction B. Total Support	•	•		•	•			
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	
•	fiscal year beginning in) 🕨	(u) 2010	(0) 2013	(0) 2020	(4) 2021	(0) 202	-	(1) 10001	
9 10a	Amounts from line 6 Gross income from interest,			1	-				
104	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
-	1975. Add lines 10a and 10b.								
с 11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	d, fourth, or fifth	n tax year as a se	ction 501(c	)(3) orgar	nization, c	heck
	this box and <b>stop here</b>								
Se	ction C. Computation of Public	Support Perce	entage						
Se 15	ction C. Computation of Public Public support percentage for 2022 (lir	Support Perce ne 8, column (f) d	entage ivided by line 13	, column (f)) .   .		15	 I		0 %
	ction C. Computation of Public	Support Perce ne 8, column (f) d	entage ivided by line 13	, column (f)) .   .			· · · · ·	<u> </u>	
15 16	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Investor	Support Perce ne 8, column (f) d Schedule A, Part II ment Income	ivided by line 13 II, line 15 Percentage	, column (f)) .   .		15	· · · · ·		
15 16	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colu	entage ivided by line 13 II, line 15 Percentage mn (f) divided by	, column (f)) 	(f))	15		· · · · ·	
15 16 Se 17 18	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A,	entage ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 .	, column (f)) 	(f))	15 16 17 18			0 %
15 16 Se 17 18	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n	entage ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the boy	, column (f)) 	(f))	15 16 17 18 an 33 1/3%	, and line	17 is not	0 %
15 16 Se 17 18 19a	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n I stop here. The o	entage ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the boy organization qua	, column (f)) 	(f))	15 16 17 18 an 33 1/3% nization	, and line	17 is not . ▶ □	0%
15 16 Se 17 18 19a	ction C. Computation of Public 3 Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The d organization did	entage ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qua not check a box	, column (f)) , line 13, column , con line 14, and lifies as a publich on line 14 or line	(f))	15 16 17 18 an 33 1/3% nization is more that	, and line	17 is not . ▶ □ 6 and line	0%
15 16 5e 17 18 19a b	ction C. Computation of Public 3 Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colum 021 Schedule A, organization did n d stop here. The d e organization did and stop here. T	ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the boy organization qua not check a box The organization	, column (f)) , line 13, column , c on line 14, and lifies as a publich on line 14 or line qualifies as a pu	(f))	15 16 17 18 an 33 1/3% nization is more that rganization	, and line  an 33 1/39	17 is not . ▶ □ 6 and line . ▶ □	0%
15 16 Se 17 18 19a	ction C. Computation of Public 3 Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colum 021 Schedule A, organization did n d stop here. The d e organization did and stop here. T	ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the boy organization qua not check a box The organization	, column (f)) , line 13, column , c on line 14, and lifies as a publich on line 14 or line qualifies as a pu	(f))	15 16 17 18 an 33 1/3% nization is more that rganization ee instruction	, and line  an 33 1/39 	17 is not . ► □ 6 and line . ► □	0 % 
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15 16 5e 17 18 19a b	ction C. Computation of Public 3 Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colum 021 Schedule A, organization did n d stop here. The d e organization did and stop here. T	entage ivided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qua not check a box The organization a box on line 14,	, column (f)) , line 13, column , , on line 14, and lifies as a publicl on line 14 or line qualifies as a pu 19a, or 19b, che	(f))	15 16 17 18 an 33 1/3% nization is more that rganization ee instruction	, and line  an 33 1/39 	17 is not . ► □ 6 and line . ► □	0 % 
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Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С

Зb

	IT "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	1
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.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
с	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 <b>Part VI</b> 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.	4c	
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 <b>Part VI</b> , 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).	5a	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 <b>Part VI</b> .		
		6	_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7	
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).	8	
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 <b>Part VI</b> .		
		9a	_
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 <b>Part VI</b> .		
		9b	
с	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 <b>Part VI</b> .	9c	_
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.	102	
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).	10a 10b	
	Cabadula A	/	0) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)							
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а							
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c					
Se	ection B. Type I Supporting Organizations						

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations	

Yes	No
-----	----

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 1

each of the organization's supported organizatio	on(s)? If "No," describe in <b>Part VI</b> how control or management of the
supporting organization was vested in the same	e persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

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

#### 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

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#### Schedule A (Form 990) 2022

1

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors			

		Yes	No
s ne			
	1		
	2		
Ι.	3		

Yes

No

1

	(explain in detail in <b>Part VI</b> ):		1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i	-	÷

## Schedule A (Form 990) 2022

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## Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	1			
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wheta details in <b>Part VI</b> ). See instructions	nich the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
<b>10</b> Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
<ol> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> </ol>				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017.				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
e From 2021				
f Total of lines 3a through e				
<ul><li>g Applied to underdistributions of prior years</li><li>h Applied to 2022 distributable amount</li></ul>				
<ul> <li>Applied to 2022 distributable amount</li> <li>Carryover from 2017 not applied (see instructions)</li> </ul>				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2022 distributable amount				

....

- FF		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li>5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>		
<ul> <li>6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>		
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
<b>b</b> Excess from 2019		
<b>c</b> Excess from 2020		
<b>d</b> Excess from 2021		
<b>e</b> Excess from 2022.		
	Sch	edule A (Form 990) (2022)

Schedule A (Form 990) (2022)

Page 8

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Schedule A (Form 990) 2022

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

**Facts And Circumstances Test** 

Return Reference	Explanation
	Other Income Part II, Line 10 Description: Special Events 2018: 171420. 2019: 200549. 2020: 158581. 2021: 237607. 2022: 153174.

Schedule A (Form 990) 2022

**Additional Data** 

**Return to Form** 

Software ID: 22015534 Software Version:

efile Public Visual Ren	der Objectld: 202440369349300904 - Submission: 2024-02-05	TIN: 04-3567819			
Schedule B	Schedule of Contributors	OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service	rtment of the Treasury <b>Control Go to www.irs.gov/Form990 for the latest information</b> .				
Name of the organization Compassionate Care ALS		ployer identification number			
	04-	-3567819			
Organization type (che	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	□ 527 political organization				
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation				
	$\Box$ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
	□ 501(c)(3) taxable private foundation				

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

#### **General Rule**

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

### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additio	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedulo B (Eorm 990) (2022)

Schedule B (Form 990) (2022)

Page 3 -----

Schedule E	B (Form 990) (2022)		Page 3
Name of organization Compassionate Care ALS Inc		Employer identificatio 04-3567819	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
			Schedule B (Form 990) (2022)
	Page 4		
Schedule	B (Form 990) (2022)		Page 4
	rganization nate Care ALS Inc	Employer ident	ification number
Compassio		04-3567819	

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of sift	
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
(a) No from	(h) Purnose of aift	(c) Use of dift	(d) Description of how aift is held

Part I	(b) i dipose oi giit		(0) 000 01 gint	
. 📃				
	Transferee's name, address, and	( I ZIP 4	e) Transfer of gift Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
- =				
	Transferee's name, address, and		e) Transfer of gift Relationsh	ip of transferor to transferee
				Schedule B (Form 990) (2022)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efi	le Public Visua	l Render	ObjectId: 2024403	69349300904 - Submission: 2	2024-02-0	)5	TIN: 04-3567819
SCI	HEDULE D		Supplamar	tal Financial Stateme	ate		OMB No. 1545-0047
Depart	orm 990)       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.         Nattach to Form 990.       Attach to Form 990.         Go to www.irs.gov/Form990       for instructions and the latest information.			2022 Open to Public			
	me of the organi		o to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions and the lates			Inspection ification number
	npassionate Care ALS						
De	rt I Organiz	-ations Mai	ntaining Danas Advi	sed Funds or Other Similar Fu	-	3567819	
Pd				s" on Form 990, Part IV, line 6.	nus of Ac	counts.	
	•			(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at e	end of year .					
2			ns to (during year)				
3	Aggregate value	•					
4			·				
5	organization's pr	roperty, subje	ct to the organization's ex	rs in writing that the assets held in do clusive legal control?			🗆 Yes 🗌 No
6	charitable purpo	ses and not fo	or the benefit of the donor	nor advisors in writing that grant func or donor advisor, or for any other pur	pose confer		sible 🗌 Yes 🗌 No
Ра		vation Ease					
1				s" on Form 990, Part IV, line 7.			
T			oublic use (e.q., recreation	nization (check all that apply).	of an histo	rically import	ant land area
				,		rically importa	
	$\square$	of natural hab			of a certifie	ed historic str	ucture
2		on of open spa		qualified experiencentribution in	the form of	a concomuntio	-
2	easement on the			qualified conservation contribution in	the form of	-	he End of the Year
а	Total number of	conservation e	easements		2a		
b	Total acreage res	stricted by cor	servation easements		<b>2</b> b		
с	Number of conse	ervation easen	nents on a certified histori	c structure included in (a)	2c		
d	historic structure	e listed in the	National Register	red after July 25, 2006, and not on a	2d		
3	Number of consectax year	ervation easer	nents modified, transferre	d, released, extinguished, or terminat	ed by the o	rganization du	ring the
4	Number of state	s where prope	erty subject to conservation	n easement is located <b>&gt;</b>			
5			written policy regarding the rvation easements it holds	e periodic monitoring, inspection, har ?	ndling of vio	lations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enfor	cing conserv	ation easeme	ents during the year
7	Amount of expent	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing of	conservatior	n easements c	uring the year
8				above satisfy the requirements of sec			Yes 🗌 No
9	balance sheet, a	nd include, if		ervation easements in its revenue and footnote to the organization's financiates.			es
Par	t III Organiz	zations Mai	ntaining Collections	of Art, Historical Treasures, o s" on Form 990, Part IV, line 8.	r Other S	imilar Asse	ts.
1a	historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenue sta ic exhibition, education, or research ir ents that describes these items.			
b	If the organizati	on elected, as res, or other s	permitted under FASB AS imilar assets held for pub	C 958, to report in its revenue statem ic exhibition, education, or research ir	ent and bal n furtheranc	ance sheet wo e of public se	orks of art, vice, provide the
(						. ▶\$	
2	If the organization	on received or	held works of art, histori	cal treasures, or other similar assets for ASC 958 relating to these items:			
а	Revenue include	d on Form 99	), Part VIII, line 1			. ►\$	
b	Assets included	in Form 990, l	Part X			. ►\$	

For Paperwork Reduction	Act Notice, s	ee the Instruct	ons for Form 990.

				<ul> <li>Page 2</li> </ul>					
Schor		(Form 990) 2022							Dece
		Organizations Maintaining Col	lections of A	rt. Histor	ical Tr	easures, o	r Other Similar	Assets (cont	Page
3	Using	the organization's acquisition, accession (check all that apply):							
а		Public exhibition		d		Loan or exch	ange programs		
b		Scholarly research		е		Other			
с		Preservation for future generations							
4	Provic Part X	de a description of the organization's col	lections and exp	olain how th	ey furthe	er the organi	zation's exempt purp	oose in	
5	Durin	g the year, did the organization solicit of s to be sold to raise funds rather than to						🗌 Yes	
Par	t IV	<b>Escrow and Custodial Arrange</b> Complete if the organization answ line 21.		Form 990	), Part I	V, line 9, o	r reported an amo	ount on Form	1 990, Part >
1a		e organization an agent, trustee, custodi led on Form 990, Part X?						🗌 Yes	🗆 No
b	If "Ye	s," explain the arrangement in Part XIII	and complete t	he following	table:			Amount	
с	Begin	ning balance					1c		
d	Additi	ions during the year					1d		
е	Distril	butions during the year					1e		
f	Endin	g balance					1f		
2a	Did th	ne organization include an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custodial a	account liability?	. 🗌 Yes	
ь	If "Ye	s," explain the arrangement in Part XIII	. Check here if t	he explanat	tion has l	been provide	d in Part XIII	. 🗆	
	rt V	Endowment Funds.		··· · · · ·				. –	
		Complete if the organization answ	vered "Yes" or	Form 990	), Part I	V, line 10.			
			(a) Current ye	ar <b>(b)</b>	Prior year	(c) Two y	years back (d) Three y	/ears back (e)	Four years back
	-	ing of year balance							
		outions							
		restment earnings, gains, and losses							
		or scholarships							
		expenditures for facilities							
f.		ograms							
	Admini	ograms							
g		-							
	End of Provic	strative expenses	ent year end bal	ance (line 1	lg, colum	nn (a)) held a	35:		
2 a	End of Provic Board	strative expenses	ent year end bal	ance (line 1	lg, colum	nn (a)) held a	35:		
2 a b	End of Provic Board Perma	strative expenses	ent year end bal	ance (line 1	lg, colum	nn (a)) held a	as:		
2 a	End of Provic Board Perma Term	strative expenses		ance (line 1	lg, colum	nn (a)) held a	as:		
2 a b c	End of Provic Board Perma Term The p Are th	strative expenses	ld equal 100%.		-				Yes No
2 a b c	End of Provic Board Perma Term The p Are th organ	strative expenses	ld equal 100%. sion of the orga		-			3a(i)	Yes No
2 a b c	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R	strative expenses	ld equal 100%. sion of the orga	nization tha	at are he	ld and admin		3a(ii)	
2 b c Ba	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes	strative expenses	ld equal 100%. sion of the orga s listed as requ	nization tha	at are he edule R?	ld and admin		.,	
2 a b c 3a b	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes Descr	strative expenses	ld equal 100%. sion of the orga s listed as requ organization's o	nization tha	at are he edule R?	ld and admin		3a(ii)	
2 a b c 3a b	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Yes	strative expenses	ld equal 100%. sion of the orga is listed as requ organization's o nt.	nization tha ired on Scho endowment	at are he edule R? funds.	ld and admin	istered for the	3a(ii) . 3b	
2 a b c 3a b	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descr t VI	strative expenses	Id equal 100%. sion of the organization's of	nization tha ired on Scho endowment	at are he edule R? funds. ), Part I	ld and admin	istered for the	3a(ii) 3b	
2 a c 3a b 4 Par	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descr t VI	strative expenses	Id equal 100%. sion of the organization's of	inization that ired on Scho endowment	at are he edule R? funds. ), Part I	ld and admin	See Form 990, Pa	3a(ii) 3b	0.
2 a b c 3a b 4 Par	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descri t VI Descri	strative expenses	Id equal 100%. sion of the organization of the	inization that ired on Scho endowment	at are he edule R? funds. ), Part I	Id and admin	See Form 990, Pa	3a(ii) 3b	0.
2 a b c 3a b 4 Par	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descri t VI Descri Land Building	strative expenses	Id equal 100%. sion of the organization of the	inization that ired on Scho endowment	at are he edule R? funds. <u>), Part I</u> r basis (ot	Id and admin	istered for the	3a(ii) 3b	0. ook value
2 a b c 3a 4 Par 1a b c	End of Provice Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descri t VI Descri Land Building	strative expenses	Id equal 100%. sion of the organization of the	inization that ired on Scho endowment	at are he edule R? funds. D, Part I r basis (ot 4,641	Id and admin	istered for the	art X, line 1 (d) B	0. ook value
2 a b c 3a b 4 Par 1a b c d	End of Provic Board Perma Term The p Are th organ (i) Ur (ii) R If "Ye: Descri t VI Descri Land Building Leaseh Equipm	strative expenses	Id equal 100%. sion of the organization of the	inization that ired on Scho endowment	edule R? funds. D, Part I r basis (ot 4,641	Id and admin	istered for the 	art X, line 1 (d) B	0. ook value 4,224,50

### Schedule D (Form 990) 2022

Schedule D (Form 990) 2022				Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See For	m 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of v or end-of-year	aluation:
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII         Investments - Program Related.           Complete if the organization answered 'Yes' on Form 990,	Part IV	line 11c See For	m 990 Part X	line 13
(a) Description of investment	1 41 6 1 1 1	(b) Book value	(c) Met	hod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV	ine 11d. See For	m 990 Part X	line 15
(a) Description	rare iv, i		11 990, 1 ure X	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	• •		🕨	İ
Part X Other Liabilities.		ino 110 or 1160-		Dart V line DE

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 9	90, Part X, line 25.
1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	

Right-of-use lease assets liability		28,846
<b>otal.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	28,846

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2022

Pa	<ul> <li>dule D (Form 990) 2022</li> <li>rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.</li> </ul>	eturn.	Page <b>4</b>
1	Total revenue, gains, and other support per audited financial statements	1	5,139,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -48,405		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	236,181
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,903,636
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,749		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	2,749
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	4,906,385
Dar	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		
rai		Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		3 579 363
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	Return.	3,579,363
1 2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		3,579,363
1 2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities		3,579,363
1 2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		3,579,363
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		3,579,363
1 2 b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	1	
1 2 b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		284,586
1 2 b c d 8 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	1 2e	284,586
1 2 b c d e 3 4 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements.Amounts included on line 1 but not on Form 990, Part IX, line 25:.Donated services and use of facilities.Prior year adjustments.Other losses.Other losses.Other (Describe in Part XIII.).Complete in Part XIII.).Subtract line 2e from line 1.Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a2,749	1 2e	284,586
1 2 6 7 8 3 4 8 5	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements	1 2e 3	284,586 3,294,777
1 2 b c d e 3 4 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dSubtract line 2e from line 125, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a2,749Other (Describe in Part XIII.)4b	1 2e	284,586

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Pt XI, Line 2d	Direct fundraising expenses offset against income
Pt XII, Line 2d	Direct fundraising expenses offset against income
	The Organization is organized and operated exclusively for charitable purposes. Income related to its charitable purpose is exempt from federal and state income taxes under the provisions of Section $501(c)(3)$ of the Internal Revenue Code. The Organization has adopted the application of the provisions of FASB ASC 740-10 (formerly FASB Interpretation No. 48, "Accounting For Uncertainty in Income Taxes"). The primary tax positions made by the Organization are the existence of Unrelated Business Income Tax and the Organization's status as an exempt organization under Section $501(c)$

(3) of the Internal Revenue Code. The Organization currently evaluates all tax positions, and makes determinations regarding the likelihood of those positions being upheld under review. For the years presented, and as a result of adoption, the Organization has not recognized any tax benefits or loss contingencies for uncertain tax positions based on its evaluations. The Organization's Forms 990, Return of Organization Exempt from Income Tax, for the years ending December 31, 2022, 2021, 2020 and 2019 are subject to examination by the IRS, generally for 3 years after they were filed

Schedule D (Form 990) 2022

## **Additional Data**

**Return to Form** 

Software ID: 22015534 Software Version:

efile Public Visual Render	ObjectId: 202	244036934	9300904 - Submissioı	n: 2024-02-	05	TIN: 04-3567819
SCHEDULE G	Supple	mental l	nformation Reg	arding		OMB No. 1545-0047
(Form 990)	Fund	raising	or Gaming Activ	vities		2022
	Complete if the organization	tion answered "	Yes" on Form 990, Part IV, line e than \$15,000 on Form 990-EZ	s 17, 18, or 19, o	or if the	Open to Public
Department of the Treasury Internal Revenue Service	Inspection					
Name of the organization Compassionate Care ALS Inc				E	mployer id	entification number
				-	4-3567819	
-	<b>ivities.</b> Complete if s are not required to	-	tion answered "Yes" on	Form 990, Pa	art IV, line	17.
<ul> <li>Indicate whether the organ</li> </ul>	•	•	•	ck all that appl	V.	
a Mail solicitations			e Solicitation of no			
<b>b</b> Internet and email solic	itations		f 🗌 Solicitation of go	overnment gra	nts	
c Dhone solicitations			g 🗌 Special fundrais	ing events		
<b>d</b> In-person solicitations						
<b>2a</b> Did the organization have a	a written or oral agreer	ment with any	individual (including officer	rs, directors, tr	ustees	
or key employees listed in I		•	•		υY	es 🗌 No
<b>b</b> If "Yes," list the 10 highest to be compensated at least	\$5,000 by the organiz	tities (fundrais zation.	ers) pursuant to agreement	ts under which	the fundrais	er is
(i) Name and address of individu	al (ii) Activity	(iii) Did	(iv) Gross receipts	<b>(v)</b> Amou	Int paid to	(vi) Amount paid to
or entity (fundraiser)		fundraiser h custody o			ined by) r listed in	(or retained by) organization
		control of contributior			(i)	
		Yes N				
Total		►				
<b>3</b> List all states in which the org licensing.	janization is registered	d or licensed t	o solicit contributions or has	s been notified	it is exempt	from registration or
For Paperwork Reduction Act Notic	e, see the Instructions	for Form 990 o	or 990-EZ. Cat. N	lo. 50083H	s	Schedule G (Form 990) 2022
			Page 2			
Schedule G (Form 990) 2022						Page 2
			on answered "Yes" on Fo and gross income on Fo			
	eater than \$5,000.		-			

Revenue		(a)Event #1 <u>Road Race</u> (event type)	(b) Event #2 Gala (event type)	(c)Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
	<b>1</b> Gross receipts	247,610	190,150	234,116	671,876
	<b>2</b> Less: Contributions			234,116	234,116
	<b>3</b> Gross income (line 1 minus line 2)	247,610	190,150	· · ·	
	<b>4</b> Cash prizes				
s	5 Noncash prizes				
nse	6 Rent/facility costs				
xpe	7 Food and beverages				
Direct Expenses	<b>8</b> Entertainment				
Dire	<b>9</b> Other direct expenses	40,574	178,190	14,846	233,610
	<b>10</b> Direct expense summary. Add lines 4 th	nrough 9 in column (d)		🕨	233,610
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)			204,150
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	nization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	<b>1</b> Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
nses	2 Cash prizes				
Exper	<b>3</b> Noncash prizes				
Direct Expe	4 Rent/facility costs				
ш	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul> <li>Yes <u>%</u></li> <li>No</li> </ul>	Yes %	<pre>     Yes%     No</pre>	
	7 Direct expense summary. Add lines 2 th	nrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9 a b		ming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	d or terminated during the	e tax year?	Yes No
				Sc	chedule G (Form 990) 2022

Sche	dule G (Form 990) 2022				Page <b>3</b>
11	Does the organization conduct gai	ning activities with nonmember	s?	· · 🗌 Yes	
12	Is the organization a grantor, bene formed to administer charitable ga		member of a partnership or other entity	· · · · · · · · · · · · · · · · · · ·	
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the	e person who prepares the orga	nization's gaming/special events books and reco	ords:	
	Name 🕨 🛛				
15a	Address 🚩		om the organization receives gaming		
b	If "Yes," enter the amount of gam amount of gam		anization 🕨 \$ and the	U les	
с	If "Yes," enter name and address	of the third party:			
	Name 🕨 🛛				
	Address 🕨				
16	Gaming manager information: Name Gaming manager compensation				
	Description of services provided	,			
	Director/officer	Employee	Independent contractor		
17 a b	retain the state gaming license? Enter the amount of distributions in the organization's own exempt	required under state law distribu activities during the tax year		· · Pres	No
Pa			ions required by Part I, line 2b, columns ( licable. Also provide any additional inform		
	Return Reference		Explanation		
			Schedule	e G (Form 990) 2	022
Ac	dditional Data			Return	to Form

Software ID: Software Version:

efile Public Visual Render		02440369349300					TIN: 04-3567819
Note: To capture the full co Schedule I (Form 990) Department of the Ireasury Internal Revenue Service	(	Grants and Governments	Other Assista and Individu ation answered "Ye Attach to F	ance to Organiz als in the Unite	ations, ed States /, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization Compassionate Care ALS Inc						Employer identif 04-3567819	ication number
Part I General Informa	tion on Grants	and Assistance				04-3567819	
	award the grants nization's procedur ssistance to Dom	or assistance? es for monitoring the u	se of grant funds in th	e United States.	v for the grants or assistanc		Yes IN
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of ca grant	sh (e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
))							
10)							
11)							
12)							
2 Enter total number of section						<b>.</b>	
Enter total number of other or Paperwork Reduction Act Notice				Cat. No. 5005		▶	chedule I (Form 990) 2022
		Page	e 2				
chedule I (Form 990) 2022							Page <b>2</b>
art III Grants and Other As Part III can be duplica			mplete if the organizat	ion answered "Yes" on For			
(a) Type of grant or assista	nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation ( FMV, appraisal, other	book, <b>(f)</b> Description )	n of noncash assistance
(1) Assistance to individuals with	ALS	1549	934,297	73,540 FMV	F	Provided wheelchairs and	other equipment
)							
2)							
3)							
·)							
5)							
·)							
7) Part IV Supplemental	Information	Provide the informati	on required in Part	L line 2: Part III colum	nn (b); and any other ac	Iditional information	
Return Reference	Explanation		on required in rait	, me 2, i art iii, coluli			
	4					Sched	lule I (Form 990) 2022
Additional Data							Return to Form

**Software ID:** 22015534 Software Version:

efile Public Visua	al Render ObjectId: 20244	0369349	300904 - Submission: 2024-0	02-05	TIN: 04-	3567	819	
Schedule J Compensation Information							047	
'orm 990)	For certain Officers, D	irectors,	Trustees, Key Employees, and Hig	hest		22		
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
Attach to Form 990.								
ernal Revenue Service	Go to <u>www.irs.gov/ro</u>	101	instructions and the latest more	nation.	Open t Insp	ection		
Name of the organiz Compassionate Care AL				Employer ident	ification nu	mber		
compassionate care AL	5 10			04-3567819				
Part I Questi	ons Regarding Compensation							
						Yes	No	
<ul> <li>Check the apprentice of the second sec</li></ul>	opiate box(es) if the organization provection A, line 1a. Complete Part III to	vided any o provide ar	f the following to or for a person listen by relevant information regarding the	ed on Form se items.				
First-clas	s or charter travel		Housing allowance or residence for	personal use				
Travel for	companions		Payments for business use of perso	nal residence				
0	nification and gross-up payments		Health or social club dues or initiati					
Discretion	nary spending account	$\Box$	Personal services (e.g., maid, chau	ffeur, chef)				
<b>b</b> If any of the bo	xes on Line 1a are checked, did the o	rganization	follow a written policy regarding pay	ment or				
reimbursement	or provision of all of the expenses de	scribed abo	ove? If "No," complete Part III to expl	ain	· 1b			
Did the organiz	ation require substantiation prior to re	eimbursing	or allowing expenses incurred by all		2			
directors, truste	ees, officers, including the CEO/Execu	tive Directo	or, regarding the items checked on Lir	ne 1a?				
Indicate which	if any, of the following the filing organ	nization use	ed to establish the compensation of t	he				
organization's C	EO/Executive Director. Check all that	apply. Do i	not check any boxes for methods					
used by a relate	ed organization to establish compensa	tion of the	CEO/Executive Director, but explain i	n Part III.				
Compens	ation committee		Written employment contract					
	ent compensation consultant	Ō	Compensation survey or study					
	of other organizations	Ō	Approval by the board or compensation	tion committee				
	, did any person listed on Form 990, F	Part VII, Se	ction A, line 1a, with respect to the f	iling organization o	or a			
related organiza								
	ance payment or change-of-control pa r receive payment from, a supplemen	-			4a 4b		No No	
	r receive payment from, a supplement	-			40 4c		No	
	of lines 4a-c, list the persons and prov		-		70		NO	
Only 501(c)(3	), 501(c)(4), and 501(c)(29) orga	anizations	must complete lines 5-9.					
	ed on Form 990, Part VII, Section A, I ontingent on the revenues of:	ine 1a, did	the organization pay or accrue any					
a The organizatio	n?				5a		No	
	anization?				5b		No	
	ed on Form 990, Part VII, Section A, I ontingent on the net earnings of:	ine 1a, did	the organization pay or accrue any					
a The organizatio	n?				6a		No	
b Any related org	anization?				6b		No	
If "Yes," on line	6a or 6b, describe in Part III.							
For persons list payments not d	ed on Form 990, Part VII, Section A, I escribed in lines 5 and 6? If "Yes," de	ine 1a, did scribe in Pa	the organization provide any nonfixe art III	d 	7		No	
	nts reported on Form 990, Part VII, p							
subject to the in in Part III	nitial contract exception described in F	kegulations	section 53.4958-4(a)(3)? If "Yes," d	escribe				
					8		No	
	8, did the organization also follow the		presumption procedure described in	Regulations section				

#### — Page 2 —

Schedule J (Form 990) 2022 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and other benefits (F) Compensation in (A) Name and Title (E) Total of columns (ii) Bonus & incentive (iii) Other deferred compensation (B)(i)-(D) column (B) reported as deferred on prior Form 990 (i) Base reportable compensation compensation compensation 1 Ronald Hoffman 172,200 (i) 0 0 0 11,573 183,773 0 ----- - - - - -0 (ii) 0 0 0 0 0 0

					•	•		Schedule J (F	orm 990) 2022
				<b>2</b>					
				Page 3 ———					
hedule J (Form 990) 2022									Page <b>3</b>
art III Supplemental Inform	ation								
ovide the information, explanation, or a		1a,	1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for Par	t II. Also complete	this part for any	additional info	rmation.
Return Reference				E	xplanation				

Schedule J (Form 990) 2022

**Additional Data** 

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Software ID: Software Version:

						TIN: 04	-3567	819		
							OMB No. 3	1545-0	047	
(For	m 990)									
		Complete if	mplete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.							
		► Attach to Fe								
Departi	ment of the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form</u>	990 for the latest informa	tion.		Open t			
	Revenue Service					<b>F</b>		ectior		
	e of the organizat assionate Care ALS I					Employer iden	tification n	umbei	-	
						04-3567819				
Ра	rt I Types	of Property								
			(a)	<b>(b)</b> Number of contributions or	(c)	Matha	(d)			
			applicable		Noncash contribution amounts reported on		d of determi ontribution a		s	
					Form 990, Part VIII, line					
1	Art—Works of art	+			1g					
	Art—Historical tr									
3	Art—Fractional in	nterests								
	Books and public									
5	Clothing and hou goods	isehold								
6	Cars and other v		x	1	71,99	0 Appraisal				
	Boats and planes									
	Intellectual prope									
	Securities-Public		X	4	61,57	6 FMV				
	Securities—Close Securities—Partr	,								
	or trust interest									
	Securities-Misce									
13	Qualified conserve contribution—Hi									
	structures .									
14	Qualified conserv									
15	contribution—Of Real estate—Res									
16	Real estate—Con									
17	Real estate—Oth	er								
	Collectibles .									
	Food inventory Drugs and medic									
	Taxidermy .									
	Historical artifact									
23	Scientific specim	ens								
	Archeological art									
	Other ► ( Equipn		X	12	73,54	0 FMV				
	Other ► ( Other ► (									
27		)								
			by the organiza	tion during the tax year for	contributions					
	for which the org	ganization comp	leted Form 8283	3, Part IV, Donee Acknowledg	gement	29				
								Yes	No	
30a				v contribution any property rate in initial contribution, and whete whete is a set of the set of			must			
						• • •				
							30a		No	
b	If "Yes," describ	e the arrangem	ent in Part II.							
31	Does the organi	zation have a gi	ift acceptance p	olicy that requires the review	v of any nonstandard contr	ibutions?	31		No	
32a	Does the organi	zation hire or us	se third parties	or related organizations to so	olicit, process, or sell nonca	ish	32a			
h-	If "Yes," describ						524		No	
	•		an amount in c	olumn (c) for a type of prope	erty for which column (a) is	schecked				
55	describe in Part	•				- includy				
For Pa	aperwork Reductio		e the Instructior	ıs for Form 990.	Cat. No. 51227J	Sche	dule M (Forn	1 990) (	(2022)	
		,					• • •			

— Page 2 —

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also

Retui	rn Reference	Explanation	
		Sc	hedule M (Form 990) (2022)
Additiona	l Data		Return to Form
		Software ID: Software Version:	
		Software version.	
efile Public	Visual Rend	er ObjectId: 202440369349300904 - Submission: 2024-02-05	TIN: 04-3567819
SCHEDUL (Form 990)	EO	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	z <u>0MB No. 1545-0047</u> <b>2022</b>
Department of the Trea nternal Revenue Serv		<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul>	Open to Public Inspection
Name of the org Compassionate Car		Employ	ver identification number
	TE ALS INC	04-356	7819
Return Reference		Explanation	
Pt XII, Line		nittee oversees audit.	

Pt VI, Line 8a	Minutes are recorded for all board meetings.
Pt VI, Line 8b	Minutes are recorded for all board committee meetings.
Pt VI, Line 11b	The 990 is provided to management and the board of directors prior to filing for review. Upon review, changes are made and the final form is processed for filing.
Pt VI, Line 12c	Board members fill out a questionnaire at the annual board meeting in September and results are shared with the full board.
Pt VI, Line 15a	The board reviews past history of compensation and comparable executive director salaries for NPOs. An annual review will be performed in September of each year with recommendations implemented the following January. The executive director is the only paid top official.
Pt VI, Line 15b	The board reviews past history of compensation and comparable executive director salaries for NPOs. An annual review will be performed in September of each year with recommendations implemented the following January. The executive director is the only paid top official.
Pt VI, Line 19	Upon request.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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