**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the	e 2022 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number
X	Addre				
	Name chang	e Doing business as		16-15793	36
	Initial return Final return	178 TNIDIIGTETAL DARK DRIVE	Room/suite	E Telephone numbe 31526600	
	termir ated			G Gross receipts \$	26,584,499.
	Amen	ded FDANKFODM NV 13310		H(a) Is this a group re	
Г	Applic			for subordinates	
	pendi	178 INDUSTRIAL PARK DRIVE, FRANKFORT, N	IY 13	<b>H(b)</b> Are all subordinates in	
1 7	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)		1 ' '	list. See instructions
	Vebsi		0 02.	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	<del></del>	M State of legal domicile: NY
Pa	art I	Summary	1 = 1000		otato or rogar dormono,
	1	Briefly describe the organization's mission or most significant activities: TO S	ERVE T	HE UNDERPRI	VILEGED,
ခွ		THE NEEDY, THE POOR, THE AFFLICTED AND TH			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ve	3			3	7
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
δ.		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			62
ı <b>t</b> ie	6	Total number of volunteers (estimate if necessary)			311
Activities & Governance	7 a			7a	3,398,250.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		21,632,712.	20,882,659.
	9	Program service revenue (Part VIII, line 2g)		110,420.	118,257.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		450.	79.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,555,234.	3,463,958.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,298,816.	24,464,953.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,618,784.	20,930,122.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,203,399.	1,400,546.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1,091,474.	1,305,761.
_	' <i>'</i>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,913,657.	23,636,429.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		385,159.	828,524.
_ <u>c</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,268,938.	4,753,880.
ASSE	21	Total liabilities (Part X, line 26)		1,509,983.	166,401.
let I	22	Net assets or fund balances. Subtract line 21 from line 20		3,758,955.	4,587,479.
Pa	rt II	Signature Block		, ,, ,	, , , , , , , , , , , , , , , , , , , ,
Und	er pena	ulties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigi	n	Signature of officer		Date	
Her	е	RYAN BARONE, CHAIRMAN OF THE BOARD			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		SCOTT A. BAUR SCOTT A. BAUR		9/26/23 self-employ	
	arer		PAS P.	C. Firm's EIN 1	6-1163912
Use	Only	Firm's address 291 GENESEE STREET			E E04 0145
		UTICA, NY 13501		Phone no. 31	5-724-2145
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
		IIIA - Fau Danamuaul, Daduatian Aat Natiaa aan tha aanamata inatuustia			Farm MMI (0000)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SERVE THE UNDERPRIVILEGED, THE NEEDY, THE POOR, THE AFFLICTED AND
	THOSE LACKING OPPORTUNITY AND BASIC LIFE NECESSITIES OF AFFORDABLE
	FOOD, CLOTHING, HOUSING, TRANSPORTATION, EMPLOYMENT AND FINANCIAL
	NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 23,319,836. including grants of \$ 20,930,122.) (Revenue \$ 23,496,239.)
4a	(Code:) (Expenses \$23,319,836. including grants of \$20,930,122.) (Revenue \$23,496,239.) COLLECTION AND DISTRIBUTION CENTER FOR FOOD AND RELATED PRODUCTS TO BE
	DISTRIBUTEED TO LOCAL FOODPANTRIES, SOUP KITCHENS, HALFWAY HOUSES,
	COMMUNITY ASSOCIATIONS AND INNER-CITY CHURCHES. APPROXIMATELY 180
	DOMESTIC AGENCIES RECEIVED DISTRIBUTIONS IN THE CURRENT TAX YEAR.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
-10	(Code
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 23,319,836.
	Form <b>990</b> (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41.		v
4.5	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		4.		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
10		<del>- ''-</del>		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<b>⊢'°</b>		
19	,	10		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
232003	12-13-22			(2022)
		. 51111		~~ <i>~~</i> /

Part IV	Ch	ecklist of Required Schedules	(continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule (). Part I and (II and (III	1 0.11	Continued)		Vaa	N <sub>a</sub>
Part IX, column (A), line 2? if "res," complete Schedule I, Part I and III 20 Did the organization assert "res* to Part IVI, Scient An III. Scient Assert Schedule I. Part IV. Schedule II. Part IV. Schedule II. Part IV. Schedule II. Part IV. Schedule III. Part IV. Part IV. Schedule III. Part IV. Part IV. Schedule III. Part IV. Part IV	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23 Diff the organization asswer "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?   24 Part 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?   25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrive account of the than a refunding escrive at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrive account of the than a refunding escrive at any time during the year to defease any tax-exempt bonds?  27 Did the organization at as an "on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28 Section \$0(16), \$00(16)44, and \$01(16)280 yearparizations. Did the organization so benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  28 Section \$10(5), \$00(16)44, and \$01(16)280 yearparizations. Did the organization are such that the transaction has not been reported on any of the organization spoin forms 990 or 990 E27 if "Yes," complete Schedule L. Part II  28 Did the organization approve the register of any of these persons? If "Yes," complete Schedule L. Part II  29 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  29 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key depressed as a separation of the following parties (see the Schedule L, Part III  29 Did the organization or long termination and the schedule of the part III. If I am III. I	22		22	х	
and former officers, directions, frusteses, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV.  23	23				
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a.  Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a.  Late of the organization mixes any proceeds of tax-evering bonds beyond a temporary period exception?  Did the organization mixes any proceeds of tax-evering bonds beyond a temporary period exception?  Did the organization marks any proceeds of tax-evering bonds beyond a temporary period exception?  Did the organization marks and an exception of the decimal of the part of the season and the season of the season and the season of tax and the season of					
stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Ne," go for low 25a  b Did the organization neet any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization analysis and solicity of solicity and solicity of solicity and solicity and solicity and solicity of solicity and solicity of solicity and solicity and solicity of solicity and solicity and solicity of solicity and solicity and solicity and solicity and solicity and solicity of solicity and s		, ,	23		X
Schedule K. If "No." go to fine 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d	24a				
Schedule K. If "No." go to fine 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I. Part I			24a		_X_
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule (, Part I)  25a   X    25b   St. the organization aware that it engaged in an excess benefit stransaction with a disqualified person during the year? If "Yes," complete Schedule (, Part I)  25b   St. the organization have an excess benefit stransaction 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 E27 If "Yes," complete Schedule (, Part I)  26b   X    27c   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, controlled entity of mainly member of any of these persons? If "Yes," complete Schedule (, Part II)  27c   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, creator or founder, substantial contributor, or 35% controlled entity of rounder, substantial contributor or applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III    b A lamily member of any individual disactible or in line 28a If If "Yes," complete Schedule L, Part III    c A 35% controlled artity to one or more individuals and/or organization described in line 28a or 28b? If "Yes," complete Schedule L, Part III    c A 35% controlled artity to one or more individuals and/or organization described in line 28a or 28b   If "Yes," complete Schedule L, Part II    d A 35c Lot the organization receive more than \$255.000 in non-cash contributions	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Saction 501(28), 501(40), 4an 501(40)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	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X    15 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 prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I   25b   X    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or forficer, director, trustee, key employee, creator or fordier, director, trustee, key employee, creator or fordined, substantial contributor or 35% controlled entity or fordined; substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II   27   X   X   X   X   X   X   X   X   X			24c		
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," compilete Schedule L, Part I			24d		
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 spinor Forms 990 or 990-E27 // If *Yes,* complete Schedule L, Part I	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,* complete Schedule L, Part I    25 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 of reality member of any of these persons? // *Yes,* complete Schedule L, Part II    26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II    27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization on the following parties (see the Schedule L, Part IV    28 Was the organization receive more than \$25000 in non-cash contributions of contributions of any parties of the organization receive more than \$25,000 in non-cash contributions? // *Yes,* complete Schedule M    29 X  29 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,* complete Schedule N, Part I    30 Did the organization on the following parties of the schedule N, Part I    31 Did the organization on the following parties of the schedule N, Part I    32 Did the organization on the following parties of the schedule N, Part I    33 Did the organization on the following parties of the schedule N, Part I    34 Was the organization on the following parties schedule N, Part I    35 Did the organization on		·	25a		X
Schedule L, Part II  10 Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former offlicer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  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 or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III  28 Was the organization receive more than \$250.000 in non-cash contributions? If "Yes," complete Schedule L, Part IV    28 La A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    28 La Y    29 Did the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule M    29 Did the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule M    29 Did the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule M    20 Did the organization receive ornibutions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M    29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I    21 Did the organization selection of the organization with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, IIIn III III III III III III III III I	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27		·	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
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 59% controlled entity (including an employee) ethereof or anny of these persons? if "ves," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV 28 X 28 X 28 X 28 X 29 Did the organization described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II 32 X X 35 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 X 3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part IV, III N 1 X 3 X X 3 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V III N 1 X 3 X 3 Did the organization organization complete Sc					v
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? // "Yes," complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // //  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // //  28 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M.  20 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule N, Part I.  31 Did the organization injudiate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I.  32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II.  33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations.  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  38 If "Yes," co	07	, , ,	26		
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Form 990 (2022) COMPASSION COALITION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year anding with or within the year covered by this return  2		i (continued)			Γ				
field for the calendar year ending with or within the year covered by this return  b if all least one is reported on line 24, did the organization file all regular dideral employment tax returns?  30 bif whe organization have unrelated business gross income of \$1,000 or more during the year?  41 bif which is the a Form 990-T for this year?  42 bif which is the analysis of the regular time of the property of the calendary of the	0-	Fatantha murchay of annula year antold on Fayra W.O. Turananithal of Warra and Tay Chatananita		Yes	No				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "enter the name of the foreign country Schod as a barb account, securities account, or their financial accounts (FBAF).  5ch Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5ch If Yes, "or the Sa or 5b, did the organization file Form 88861?  5ch Did any textual gross receipts that was or is a party to a prohibited tax shelter transaction?  5ch If Yes, "or the sa or 5b, did the organization file Form 88861?  6ch If Yes, "or the organization has the same promise year than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6ch If Yes, "or the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6ch If Yes, "or the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6ch If Yes, "or the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6ch If Yes, "or the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6ch If Yes, "or the organization include with every solicitation and express that the such contributions or gifts and the organization organization express the such tax years."  6ch If Yes, "or the organization organization include with e	2a								
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b If Yes, "Inst it field a Form 980-T for this year? If 'No' 10 file's Sp. provide an explanation on Schedule O file's Sp. provide on Post Open Sp. provide on Schedule O file's Sp. provide on Post Open Sp. provide Ope	_			<del>                                     </del>					
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If "Yes," enter the name of the foreign country  5a Was the organization aparty to a prohibited tax was a transported to the company of the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" in the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," indict the organization and the organization shelt was on the organization shelt organization shelt organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If "Yes," indict the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor?  7c If				<del>                                     </del>					
francial account in a foreign country (such as a bank account, even financial account)?  b if Yes, either the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization file Form 8886-77.  6b C Yes' to line 5a or 55, did the organization file Form 8886-77.  6c I Yes' to line 5a or 55, did the organization file Form 8886-77.  6d Does the organization and party to a prohibited tax shelter transaction?  6d Does the organization and party to a prohibited tax shelter transaction solicit any contributions that may receive deductible as charitable contributions are years as the property of the organization shell exceeded to the every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, did the organization notify the donor of the value of the goods or services provided?  7 D I Yes, did the organization notify the donor of the value of the goods or services provided?  7 D I Wes, did the organization notify the donor of the value of the goods or services provided?  7 D I Wes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D I Wes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D I Wes organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1096-07 his the organization received an contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1096-07 his sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization near anitating donor advised funds. Did a donor advised fund maintained b			30	- 21					
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COMPASSION COALITION, INC. 16-1579336 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

520-7071

178 INDUSTRIAL PARK DRIVE, FRANKFORT

JOSEPH SWIFT - (315)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I	mea		C)	ipon	oute	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than box, unless person is bot officer and a director/trus					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RYAN BARONE	10.00	ļ								
CHAIRMAN	F 00	Х		Х				0.	0.	0.
(2) PHILIP VECCHIO	5.00	3,7		,,					_	
BOARD MEMBER	F 00	Х		Х				0.	0.	0.
(3) STEPHEN L. LISI	5.00	.,		,,						
BOARD SECRETARY	F 00	Х		Х				0.	0.	0.
(4) FORTUNATO SCERBO III	5.00	3,7							_	
BOARD MEMBER	F 00	Х						0.	0.	0.
(5) JEREMIAH SWEET	5.00	<b>.</b> ,		<b>37</b>				_	_	_
BOARD TREASURER (6) GISSELLE BONILLA	5.00	Х		Х				0.	0.	0.
BOARD MEMBER	3.00	<b>.</b> ,						0.	0.	
(7) STEPHEN BOYCE	5.00	Х						0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
DOARD MEMBER		Λ						0.	0.	· ·
		1								
		1								
		1								
		1								
		1								
		1								
					L					
			L	L	L					

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		`				_
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	l l		imated	
	hours per					s both		compensation	compensation	ו ו		ount of	
	week		Cei aii	lu a ui	recto	i / ii usi	<del>(CC)</del>	from	from related			other	
	(list any hours for	director						the	organizations	- 1		ensation	ĺ
	related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS( 1099-NEC)	/ /		om the Inization	
	organizations	ruste	l trusi		99	nedu		1099-NEC)	1099-1120)		•	related	
	below	dual t	rtiona		nploy	st cor	<u>_</u>	10001420)				nizations	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			_		×	- 0	_						_
													_
													_
													_
													_
		1											
													_
													_
													_
													_
1b Subtotal	1	l						0.		0.		0	_
c Total from continuation sheets to Part VI								0.		0.		0	
d Total (add lines 1b and 1c)								0.		0.		0	
2 Total number of individuals (including but n								-	000 of reportable	<u> </u>			Ť
compensation from the organization	or inflited to th	030	11310	u ab	JOVC	, , ,	<i>3</i> 10	conved more triair \$100,	ooo or reportable				0
compensation from the organization												Yes No	Ť
3 Did the organization list any former officer,	director truste	ا مد	(A)/ C	mnl	01/0	a or	hia	sheet compensated empl	ovee on	ſ		100 111	
											3	х	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								or componentian from the		⊦	3	- 23	
•	•							•	•		4	Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										····	-	- 23	
rendered to the organization? If "Yes." com					•			•			5	Х	
Section B. Independent Contractors	piete Scriedule	<del>,</del> J /(	or st	ICII Ļ	Jers	011 .							_
Complete this table for your five highest co	mnensated ind	lene	nder	nt co	ntra	actor	s th	nat received more than \$	100 000 of comp	nsat	ion fro		_
the organization. Report compensation for	•	•							•	Jilout	1011 110		
(A)	ino calcinati y	Jui C	, ruii	.g		, vv.		(B)			(C	)	_
Name and business	address							Description of s	ervices	C		, sation	
MJS GLOBAL CONSULTING, IN	IC.							CONSULTING A			-		_
2804 FAIRWAY DRIVE N., JU		FL	3	34'	77		- 1	LEADERSHIP S			135	600	
			Ť				1					,,,,,,,	Ť
							$\dashv$						_
							$\dashv$						_
							$\dashv$						_
2 Total number of independent contractors (i	adudina but	<b>~</b> + 1:	nita	1+0+	thas	م اند		aboval who received as	are then				
2 Total number of independent contractors (in	icidaling but he	שוו אר	illec	ιOΙ	เมเบร	e iis	ea	above) who received mo	ne ulati				

			Check if Schedule O co	ontain	s a resnonse	or note to any lim	e in this Part VIII			
			Officer if Geriedate O of	oritairi	3 a response	c of flote to arry in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
					1.1					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns							
iz a			Membership dues							
S, C		С	Fundraising events		1c					
ä ji		d	Related organizations		1d					
s, C		е	Government grants (contrib	outions	s) <b>1e</b>	34,000.				
Sign		f	All other contributions, gifts, g	rants, a	and					
he			similar amounts not included a	above	1f	20,848,659.				
를			Noncash contributions included in lii			20,683,333.				
Son		•	Total. Add lines 1a-1f		. [-3]+		20,882,659.			
<u> </u>		-	Totall / Ida iii loo la li			Business Code	, ,			
_	•	_	AGENCY FEES			900099	118,257.	118,257.		
ice	_					300033	110,237.	110,237.		
er ne		b								
n S		С								
Ja Se		d								
Program Service Revenue		е								
Δ.			All other program service re							
			Total. Add lines 2a-2f				118,257.			
	3		Investment income (includi	-						
			other similar amounts)				79.			79.
	4		Income from investment of							
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b		6b						
				6c						
			Net rental income or (loss)	00		_ L				
			Gross amount from sales of	T (	(i) Securities	(ii) Other				
	•			7a	(1)	(1) 5 11 151				
			Less: cost or other basis	1a						
•										
ž				7b 7c						
e e			· /							
her Revenue			Net gain or (loss)			·····				
ipe L	8		Gross income from fundraising	g event	s (not					
ŏ			including \$							
			contributions reported on I		· I					
			Part IV, line 18		<u>8</u>	а				
		b	Less: direct expenses		8	b				
		С	Net income or (loss) from for	undrai	sing events					
	9	а	Gross income from gaming	activi	ties. See					
			Part IV, line 19		9	а				
			Less: direct expenses			b				
			Net income or (loss) from g							
	10	а	Gross sales of inventory, le	ess reti	urns					
			and allowances		1	5,517,796.				
			Less: cost of goods sold			<b>b</b> 2,119,546.				
			Net income or (loss) from s			, ,	3,398,250.		3398250.	
			Trot missing or (1999) memis			Business Code	, ,			
ns	11	9	MISCELLANEOUS INCOME			900099	65,708.	65,708.		
Miscellaneous Revenue	••	a b					, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
lla ven										
Sce		۲ C	All other revenue						<del> </del>	
Ë			All other revenue				65,708.			
			Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·	102 065	3398250.	70
	12		Total revenue. See instruction	IS			24,464,953.	183,965.	J 339825U.	79.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,915,816. 20,915,816. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 14,306. 14,306. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,283,199. 1,205,167. 78,032. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,745. 19,958. 1,213. Other employee benefits 9 97,389. 92,645. 4,744. 10 Payroll taxes Fees for services (nonemployees): Management 16,196. 16,196. Legal 12,350. 12,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 180,772. 180,772. column (A), amount, list line 11g expenses on Sch O.) 2,300. 2,300. Advertising and promotion 12 134,310. 126,144. 8,166. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 5,316. 5,316. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 23,538. 23,538. 20 Payments to affiliates 21 432,439. 432,439. Depreciation, depletion, and amortization 22 69,412. 65,192. 4,220. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 215,715. 215,715. REPAIRS & MAINTENANCE UTILITIES 160,755. 150,981. 9,774. 32,989. 32,989. FREIGHT 18,525. 17,399. 1,126. TELEPHONE 1.144. 1.144. All other expenses 23,636,429. 23,319,836. 316,593. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or note to	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,367.	1	3,626	
	2	Savings and temporary cash investments			770,208.	2	605,903
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			37,324.	4	62,841
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these	ons		5		
	6	Loans and other receivables from other disqualifie	sons (as defined				
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
ပ္မ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			202,159.	8	106,279
¥	9	D ::				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,552,042.			
	b	Less: accumulated depreciation	10b	1,626,811.	4,256,880.	10c	3,925,231
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	25,000
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	25,000		
	16	Total assets. Add lines 1 through 15 (must equal			5,268,938.	16	4,753,880
	17	Accounts payable and accrued expenses			102,757.	17	166,401
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
ر ا	22	Loans and other payables to any current or former	office	er, director,			
1 <u>1</u>		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
Ĕ	23	Secured mortgages and notes payable to unrelate	d thir	d parties	1,469,616.	23	0
	24	Unsecured notes and loans payable to unrelated to	hird p	arties		24	
	25	Other liabilities (including federal income tax, paya	bles t	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D			-62,390.	25	0
	26	Total liabilities. Add lines 17 through 25			1,509,983.	26	166,401
		Organizations that follow FASB ASC 958, check	here	X			
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			3,733,955.	27	4,505,916
g	28	Net assets with donor restrictions			25,000.	28	81,563
<u> </u>		Organizations that do not follow FASB ASC 958					
ᇍᅵ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,758,955.	32	4,587,479
-	33	Total liabilities and net assets/fund balances			5,268,938.	33	4,753,880

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,46					
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,63	6,4	<u> 29.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,5				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,58	7,4	<u>79.</u>			
Pa	t 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 X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X 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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Form 990-EZ. Open t

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

COMPASSION COALITION, 16-1579336 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	19662034.	15547319.	24874906.	21743132.	21000916.	102828307			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	<b>Total.</b> Add lines 1 through 3	19662034.	15547319.	24874906.	21743132.	21000916.	102828307			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						102828307			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	19662034.	15547319.	24874906.	21743132.	21000916.	102828307			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,341.	594.	1,424.	450.	79.	3,888.			
9	Net income from unrelated business	, -		,		_	. ,			
_	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	9,424.	17,395.	19,969.	22,970.	65,708.	135,466.			
11	Total support. Add lines 7 through 10		,	,	, -		102967661			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First 5 years. If the Form 990 is for the		,							
	organization, check this box and stop									
Sec	ction C. Computation of Publi									
14	Public support percentage for 2022 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	99.86 %			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99 <b>.</b> 91 %			
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not o	check a box on line	-					
	more, and if the organization meets the	-								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a					
		<u>-</u>	<u> </u>	<u> </u>		Schedule A	(Form 990) 2022			

232022 12-09-22

#### 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.)

Sed	etion A. Public Support	clow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						,,
2	include any "unusual grants.")  Gross receipts from admissions,						
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(-, : -	(2, = 2 : 2	(5, -5-5	(-7		(-)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	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	· ·		•	•	. , . ,	. —
	check this box and stop here						<u></u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves			in 10 milion (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 3			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
<b>2</b> U	<b>Private foundation.</b> If the organization	in did not check a	pox on line 14 19	a or typ check th	us nox and see in:	STRUCTIONS	

232023 12-09-22

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		L

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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supports organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		tions)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below.	uonaj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	soo instruction	no)	
	Activities Test. Answer lines 2a and 2b below.	see msnuchon	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990) 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2022 from Section D,

Part VI. See instructions.

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2018 AMOUNT: \$ 9,424. 2019 AMOUNT: \$ 17,395. 2020 AMOUNT: \$ 19,969. 22,970. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 65,708.

# Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

16-1579336

**2022** 

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

INC.

Name of the organization Employer identification number

Organization type (check one):							
Filers of:		Section:					
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
<b>Note:</b> Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively except, etc., contributions totaling \$5,000 or more during the year					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

COMPASSION COALITION,

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# COMPASSION COALITION, INC.

16-1579336

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS PAPER AND PERSONAL PRODUCTS, DELIVERED WEEKLY THROUGHOUT THE YEAR.	\$ 3,886,116.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS SCHOOL, OFFICE AND HOME ITEMS DELIVERED THROUGHOUT THE YEAR.	\$_7,539,846.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	HIGH-END CLOTHING, FOOD, AND MISCELLANEOUS DONATIONS DELIVERED PERIODICALLY THROUGHOUT THE YEAR.	\$ <u>4,486,166.</u>	06/30/22
(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
		\$	Sahadala P. (Faura 200) (2000)

**Employer identification number** 

Name of organization

COMPASSION COALITION, INC. 16-1579336 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

COMPASSION COALITION, INC.

**Employer identification number** 16-1579336

Par	t I Organizations Maintaining Donor Advised Fund	ls or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors i	n writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose co	nferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	n answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or example)	ducation) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
C	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after July		
_			
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the or	ganization during the tax
	year	-1	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and onforcing consor	
U	Stan and volunteer riodis devoted to monitoring, inspecting, nanding	of violations, and emorcing conserv	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations, and enforcing conservation	n easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, nariding of vi	iolations, and emoroling conservation	reasonnents daring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)	4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of Art, H	istorical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	oition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its financial stat	ements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical treasures, or		
	the following amounts required to be reported under FASB ASC 958	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2022

ı aı	tin   Organizations Maintaining C	onections of Air	ι, πιδι	orical fre	asures, or	Other	milliai	ASSELS	(continu	<u>ıed) </u>	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following that	make sigr	ificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		<u>lo</u>
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for o	contribution	s or other ass	ets not inc	luded				
	on Form 990, Part X?							$\square$	Yes		lo
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes	N	lo lo
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on I	Part XIII					
Par		if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears bac	k
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	`	e (line 1c	a. column (a	)) held as:						
а	Board designated or quasi-endowment		%	(*)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%	_								
С	Term endowment	<del></del> *									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the					
	organization by:	J							ſ	Yes N	0
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on S	chedule R?					3b		_
4	Describe in Part XIII the intended uses of the										_
Par											
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, Iir	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulate	d	(d) Book	value	
	,	basis (investn	nent)	basis	(other)		eciation		` '		
1a	Land			29	2,608.				292	,608	
	Buildings				7,826.	6:	16,90	)5.	2,900		
	Leasehold improvements				3,489.		14,33			,155	
	Equipment				7,996.		26,50			,493	
	Other				0,123.		79,06			,054	
	Add lines 1a through 1e (Column (d) must a		V colum	an (D) lino 1	00.)				3.925		

Schedule D (Form 990) 2022

	COALITION, IN	IC.	16-1579336 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests		+	
(3) Other	+		
(A)	_	+	
(B)	_		
(C)	+	+	
(D)	+	+	
<u>(E)</u>	+		
	1	1	
(G) (H)		+	
	1		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(4)	1		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir			
2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote t	o the organization's financial statemen	ts that reports the

232053 09-01-22

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

Schedule D (Form 990) 2022

	t XI Reconciliation of Revenue per Audited Financial State			137330 Page
ıaı	Complete if the organization answered "Yes" on Form 990, Part IV, line		e per meturn.	
1	Takaharan and a kharan and a kh		1	24,464,953.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			24,404,555
	Net unrealized gains (losses) on investments	2a		
b				
	Recoveries of prior year grants			
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			24,464,953.
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		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			24,464,953.
Par	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expens	ses per Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	23,636,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
	Prior year adjustments			
С	Other losses	1 2 1		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			23,636,429.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	Amounts included on Form 990, Fart IX, line 25, but not on line 1.			
		4a		
а				
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b	4c	0.
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.	4b		0.
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.	4b	5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
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a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		5	23,636,429.

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Schedule I (Form 990) 2022

OMB No. 1545-0047

Name of the organization	N COALITI	ON THE					Employer identification number 16-1579336
Part I General Information on Grants a		ON, INC.					10 1377550
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?				-		
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	izations and Domesti	c Governments. C	complete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VARIOUS DOMESIC AGENCIES SEE SCHEDULE O						FOOD, SUNDRIES	TO DISTRIBUTE TO CHARITIES SO THEY CAN IN TURN DISTRIBUTE TO LOCAL
UTICA, NY 13502	16-1579336	501(C)(3)	232,483.	20,683,333.	FMV	GOODS/SUPPLIES	NEEDY INDIVIDUALS.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•	•	e line 1 table				

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

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
CASH ASSISTANCE FOR VARIOUS REASONS	81	14,306.	0.						
Part IV Supplemental Information. Provide the information req	ı uired in Part I, lin	e 2; Part III, column	(b); and any other ac	I ditional information.					
PART I, LINE 2:									
THE ORGANIZATION DOES NOT PROVIDE A	A LARGE A	MOUNT OF C	ASH ASSIST	ANCE. MOST					
OF THE GRANT ASSISTANCE IS FOR FOOI	O, GROCER	IES, SUNDR	Y ITEMS, H	OUSEHOLD					
GOODS AND SCHOOL SUPPLIES THAT ARE	DISTRIBU	TED BY COM	PASSION CO	ALITION TO					
OTHER AREA CHARITABLE ORGANIZATIONS	S WHO THE	N DISTRIBU	TE THE SAM	E TO LOCAL					
NEEDY INDIVIDUALS. FOR COMPASSION COALITION TO DONATE TO ANOTHER CHARITABLE									
ORGANIZATION, THEY FIRST MUST VERI									
	CHARITABLE OR PUBLIC SERVICE ORGANIZATION BY MEANS OF AN IRS DETERMINATION								
LETTER, UNLESS IT WOULD BE UNREASONABLE TO OBTAIN, FOR EXAMPLE HELPING AN									

Schedule I (Form 990)

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

										Employer identification number 16-1579336							
P	art I Excess Bene							1(c)(4), and se	ctior	1 501(c)(29) orga	nizatio	ns on	y).				
	Complete if the o	rganization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization				lified	d (a) Description of tweet			oootio				(d) Corrected?		
								(c) Description of trans				saction		Y	es	No	
															_		
_															_		
_														+	$\dashv$		
														+	-		
_	. Catautha amanust aftan is					ali		al aa aa al	: a. 4	h							
2	Penter the amount of tax in section 4958	•		-	-		-	-	_	•		\$					
3	Enter the amount of tax, i											• •					
Ü	Enter the amount of tax, i	r arry, orr iii	10 2, 6	above, reimbars	cu by	uic oit	garnzai					Ψ					
P	art II Loans to and	or From	Inte	erested Pers	ons.												
	Complete if the o	rganization	answ	vered "Yes" on F	orm 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n		
	reported an amou	_					•	•		, ,	·		Ü				
(a) Name of (b) Relation			onship (c) Purpose (d) Loan to or			(€	e) Original (f) Balance due		(g) In by boar			rd or   (1) William					
interested person with organ		with organiz	zation of loan		organization?		princ	principal amount				default? com		nittee? agre		ment?	
					То	From					Yes	No	Yes	No	Yes	No	
									_								
_																	
_																	
_																	
Tot	tal			<u>I</u>	<u> </u>	l	L	\$									
_	art III   Grants or Ass	sistance	Ben	efiting Inter	ested	l Per	sons										
	Complete if the o			_													
	(a) Name of interested p			(b) Relationship			1	c) Amount of		(d) Type	of		(e	) Purp	ose o	f	
, ,			interested person and			assistance		assistance			assistance						
			the organization														
			_														
			+														

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

Schedule L (Form 990) 2022

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	Bb, or 28c.				
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		125 600		Yes	No	
REV. MICHAEL SERVELLO	FORMER OFFICER		CONSULTING		X	
JOSEPH SERVELLO	SON OF THE FORMER O	28,154.	CONSULTING		Х	
Part V Supplemental Information.	1		ı			
	onses to questions on Schedule L (see in	nstructions).				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:			
/A NAME OF DEDGON, DEV. M	TOUNEL GERMELLO					
(A) NAME OF PERSON: REV. M	ICHAEL SERVELLO					
(D) DESCRIPTION OF TRANSAC	TION: CONSULTING FEE	S WERE PAID	TO MJS GLO	BAL		
(=, ===================================						
CONSULTING, INC., A CORPOR	ATION THAT IS OWNED	BY REVEREND	MICHAEL			
G=D11=1 - 0						
SERVELLO.						
/A NAME OF DEDGON. TOGERIA	GEDVEL I O					
(A) NAME OF PERSON: JOSEPH	SERVELLO					
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:			
SON OF THE FORMER OFFICER						
(D) DESCRIPTION OF TRANSAC	TION: CONSULTING FEE	S WERE PAIL	DIRECTLY T	0		
INDIVIDUAL						

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	COMPASSION CO		16-1579336						
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method o	(d) of determin rribution ar		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( $FOOD$ , $SUNDRIES$ )	X	122	20,683,333.	FMV				
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organization		•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>					
								Yes	No
30a	During the year, did the organization receive by					hat it			
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								Х
31									
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					
							. 32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

COMPASSION COALITION, INC.

Employer identification number 16-1579336

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BASIC LIFE NECESSITIES OF AFFORDABLE FOOD, CLOTHING, HOUSING,

TRANSPORTATION, EMPLOYMENT AND FINANCIAL NEEDS.

FORM 990, PART VI, SECTION A, LINE 3:

COMPASSION COALITION HAS ENTERED INTO AN INDEPENDENT CONSULTANT AGREEMENT
WITH MJS GLOBAL CONSULTING, INC. THIS CORPORATION EFFECTIVELY MANAGES THE
OVERALL OPERATION OF THE COMPASSION COALITION.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD AMENDED AND RESTATED THE MISSION STATEMENT TO INCLUDE THAT THE

CORPORATION IS FORMED FOR CHARITABLE AND RELIGIOUS PURPOSES TO SERVE THE

UNDERPRIVILEGED, THE NEEDY, THE POOR, THE AFFLICTED, AND THOSE LACKING THE

OPPORTUNITY AND BASIC LIFE NECESSITIES BY DISTRIBUTING AND OTHERWISE MAKING

AVAILABLE OR PROVING ACCESS TO AFFORDABLE FOOD, CLOTHING, SUNDRIES,

FURNITURE, HOME GOODS, TRANSPORTATION, EMPLOYMENT, AND FINANCES.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY THE BOARD AND ANY QUESTIONS

REGARDING FORM 990 ARE DISCUSSED WITH THE AUDIT FIRM. ONCE THE QUESTIONS

HAVE BEEN SATISFACTORILY ANSWERED FORM 990 IS PRESENTED FOR FINAL APPROVAL.

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

ONCE A YEAR, THE BOARD MEETS TOGETHER DURING A REGULAR BOARD MEETING TO

REVIEW THE CONFLICT OF INTEREST POLICY. THEY THEN FILL OUT THE POLICY AND

SIGN IT AS A GROUP. THERE IS A PEER REVIEW AND DISCUSSION WHICH ALLOWS THE

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

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Page 2

Name of the organization

COMPASSION COALITION, INC.

Employer identification number 16-1579336

BOARD TO DETERMINE A SUITABLE RESOLUTION TO ANY ISSUES THAT ARE IDENTIFIED.

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

EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO, HOWEVER, THE FINAL DECISION
ON COMPENSATION FOR UPPER-LEVEL POSITIONS MAY STILL BE DEFERED TO THE BOARD
TO ALLOW FULL DISCLOSURE AND AGREEMENT. EVEN WHEN UPPER-LEVEL COMPENSATION
IS DETERMINED BY THE CEO, IT WILL STILL BE REVIEWED BY THE BOARD.

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. ANY CHANGES NEED TO BE APPROVED BY THE BOARD.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 11

990 IS PROVIDED TO THE GOVERNING BODY BEFORE FILING.

FORM 990, SCHEDULE I, PART II, LINE 1 (A)-(H)

APPROXIMATELY 180 DOMESTIC AGENCIES WERE ASSISTED IN THE CURRENT TAX
YEAR BY COMPASSION COALITION. FURTHER INFORMATION IS AVAILABLE UPON
REQUEST.

FORM 990 AND 990-T, FEDERAL ELECTIONS

COMPASSION COALITION

178 INDUSTRIAL PARK DRIVE

FRANKFORT, NY 13340

16-1579336

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization COMPASSION COALITION, INC.	Employer identification number 16-1579336
FOR THE YEAR ENDING DECEMBER 31, 2022	
ELECTION 1:	
FOR THE PURPOSES OF DEPRECIATION ON FORM 990, PURSUANT TO	IRC SECTION
168(B)(3)(D), THE ORGANIZATION HEREBY ELECTS TO DEPRECIAT	E THE
FOLLOWING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR	ENDING
DECEMBER 31, 2022, BY WAY OF THE STRAIGHT LINE METHOD:	
ALL ELIGIBLE CLASSES OF PROPERTY	
ELECTION 2:	
FOR THE PURPOSES OF BOTH FORM 990 AND 990-T, THE ORGANIZA	TION HEREBY
MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATIO	N
1.263(A)-1(F).	

#### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2023**

Name COMPASSION COALITION, INC.	Employer Identifica	ation Number 336
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - THRIFT STORE P	RIMARIL	1,508,400.
FEDERAL PRE-2018 NET OPERATING LOSS		592,754.
NY NET OPERATING LOSS		2,101,154.
		· <del></del>

Name: COMPASSION COALITION, INC.

ection 3	82 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amour
'ear Irigi-	Original Carryover	Total Amount	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
ated	Amount	Used									
2018	512,643. 277,261.										
2019	277,261.										
2020	137,125. 188,375.										
2021	188,375. 392,996.										
2022	392,990.										
	T Amount	Amarint	Amount	Amarint	Amount	Amount	Amount	Amount	Amount	Amount	Amai
etail	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used
ype	B   Osed for	0360 101	Used for	0360 101	0360 101	0360 101	0360 101	Used 101	0360 101	Used for	Oseu
,	c										
- 1											
	_   I		I .								

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	e and Entity: NET	r positive ACE	ADJUSTMENT F	ED	DETAIL C	ARRYOVER SCH	IEDULE				
Yea Orig	r Original i- Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 20: B 20:	8 441,707.										
C 20:	0 176,100.										
D 20:	224,407.										
A 20: B 20: C 20: D 20: E F G											
Н											
l J											
K											
M											
K L M N O P Q R S T U V W											
P											
R											
S   T											
Ü											
W											
Deta	E Amount Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Тур	B										
Α 🗀											
B C											
A B C D E F G H I											
F											
G H											
K											
L M											
N											
P											
J K L M N N O P Q R S T U V											
S											
Ú											
V W											

BCDEFGHIJKLMNOPQRSTUVW	
A B C D E F G H L J K L M N O P Q R S T U V W	

Α

Type a	and Entity: PRE	-2018 NOL FED			DETAIL C	ARRYOVER SCH	EDULE				
Section	382 Annual Limitation	I I	Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Year	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Origi-	Carryover	Amount	12/31/16	12/31/17	0004.0.	0000.	0000.101	0000.101	0000.101	0000.101	0000.101
nated	Amount	l beet l									
2010	412,592. 84,693. 148,764. 104,963. 64,337. 36,690.	259,285.	7,298.	251,987.							
2011	84,693.										
2012	148,764.										
2013	104,963.										
2015	36 690.										
i											
1											
)											
2											
/											
D - 4 - 11	E Amount S Used for B C	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	č  ——										
i											
1											
)											
2											
/											

		and Entity: NOL	NY	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for						
A B	2010 2011 2012	412,592. 84 693.	259,285.	7,298.	251,987.							
D E	2013 2014 2015	148,764. 104,963. 64,337.										
G H	2018 2019	64,337 36,690 512,643 277,261 137,125 188,375										
J K	2020 2021 2022	137,125. 188,375. 392,996.										
L M N												
O P Q R												
S T												
U V W												
	Detail Type	S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C		C										
D E F												
G H												
J K												
L M N												
O P Q												
R S T												
U V W												

Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning, and ending		2022
	tment of the Treasury all Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	O <sub>1</sub>	pen to Public Inspection for 11(c)(3) Organizations Only
A []	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmploy	er identification number
<b>B</b> F)	kempt under section	Print	COMPASSION COALITION, INC.	16	-1579336
	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  178 INDUSTRIAL PARK DRIVE		exemption number tructions)
	3408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code FRANKFORT, NY 13340	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G (	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State co	ollege/university
<u>H</u> (	Check if filing only to	)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)	1	
	• • •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in car		JOSEPH SWIFT Telephone number	(315)	520-7071
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6		•	ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro				1 000
8			rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions	9	1 000
10	Total deductions			10	1,000.
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0.
Pa	enter zero rt II Tax Com	nutat	ion	11	<u> </u>
		•		1	0.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)ates. See instructions for tax computation. Income tax on the amount on	·   <del>'  </del>	<u></u>
2	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu				_
6			cility income. See instructions		
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA			ion Act Notice, see instructions.	<u> </u>	Form <b>990-T</b> (2022)

Part	III ,	Tax and Payments			<u>J_</u> _
1a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b		r credits (see instructions)			
С		ral business credit. Attach Form 3800 (see instructions)	1c		
d		t for prior year minimum tax (attach Form 8801 or 8827)			
е		credits. Add lines 1a through 1d		1e	
2	Subtr	act line 1e from Part II, line 7			0.
3		amounts due. Check if from: Form 4255 Form 8611 Form		orm 8866	
		Other (attach statement)		3	
4	Total	tax. Add lines 2 and 3 (see instructions).			
	section	on 1294. Enter tax amount here		4	0.
5	Curre	ent net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a	Paym	nents: A 2021 overpayment credited to 2022	6a		
b	2022	estimated tax payments. Check if section 643(g) election applies	6b		
С	Tax d	leposited with Form 8868	6c		
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)	6d		
е	Backı	up withholding (see instructions)	6e		
f	Credi	t for small employer health insurance premiums (attach Form 8941)	6f		
g	Other	r credits, adjustments, and payments: Form 2439	_		
		Form 4136 Other Tot	tal <b>6g</b>		
7	Total	payments. Add lines 6a through 6g		7	
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		🗀 🔒 📗	
9					
10	Over	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	10	
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded 11	
Part		Statements Regarding Certain Activities and Other Informa			
1		y time during the 2022 calendar year, did the organization have an interest in o	-	•	Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the for	reign country	
	here				- X
2		g the tax year, did the organization receive a distribution from, or was it the gra			37
		In trust?			X
_		s," see instructions for other forms the organization may have to file.		Φ	
3		the amount of tax-exempt interest received or accrued during the tax year			
4		available pre-2018 NOL carryovers here \$ 592,754. Do no			
_		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	•	•	
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201 mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	•		
	trie ai	Business Activity Code	·	st-2017 NOL carryover	-
		445100	\$	1,115,404.	_
		443100	\$	1,113,404.	_
6а	Did th	ne organization change its method of accounting? (see instructions)	•		X
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990		32 If "No "	
b		in in Part V			
Part		Supplemental Information			
		xplanation required by Part IV, line 6b. Also, provide any other additional inforr	mation. See instru	ctions	
Tiovide	, 1110 0	Apianation required by Fart IV, line ob. Also, provide any other additional linion	nation. Occ motion	otions.	
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, and to the	best of my knowledge and belief, it is t	rue,
Sign	cc	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre CHAIR.	parer has any knowledge MAN OF TH	Ë	
Here		BOARD		May the IRS discuss t the preparer shown be	
	S	ignature of officer Date Title		instructions)?	·
		Print/Type preparer's name Preparer's signature	Date	Check if PTIN	
Paid				self- employed	
Prepa	rer	SCOTT A. BAUR SCOTT A. BAUR	09/26/23	P0197	6567
Use C		Firm's name FITZGERALD, DEPIETRO & WOJNAS,	CPAS P.C	Firm's EIN 16-11	
USE C	, iiiy	291 GENESEE STREET			
		Firm's address UTICA, NY 13501		Phone no. 315-724-	2145
223711 0	1-16-23				990-T <sub>(2022)</sub>

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	412,592.	259,285.	153,307.	153,307.
12/31/11	84,693.	0.	84,693.	84,693.
12/31/12	148,764.	0.	148,764.	148,764.
12/31/13	104,963.	0.	104,963.	104,963.
12/31/14	64,337.	0.	64,337.	64,337.
12/31/15	36,690.	0.	36,690.	36,690.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	592,754.	592,754.

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022** 

Onen to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization
COMPASSION COALITION, INC.

Unrelated business activity code (see instructions)

Description as it may be made public if your organization is a 50 f(c)(3) Organizations Only

B Employer identification number
16-1579336

D Sequence: 1 of 1

THRIFT STORE PRIMARILY SELLING GROCERIES **E** Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales 3,022,473. **b** Less returns and allowances 2,119,546. Cost of goods sold (Part III, line 8) 2 902,927. 902,927. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 902,927. 13 **Total.** Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	637,805.
3	Repairs and maintenance		3	96,074.
4	Bad debts		4	
5	Interest (attach statement). See instructions SEE STATEMEN	IT 2	5	12,894.
6	Taxes and licenses		6	48,392.
7	Depreciation (attach Form 4562). See instructions 7 103	,835.		
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	103,835.
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	5,752.
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEMEN	IT 3	14	391,171.
15	Total deductions. Add lines 1 through 14		15	1,295,923.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)		16	-392,996.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-392,996.
		_		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

⊃aq	е	1

Part	III Cost of Goods Sold Enter meth	and of inventory valuation	on N/A		Page Z
1		nod of inventory valuation	·	1	202,159.
2					2,023,666.
3	Purchases Cost of labor				0.
4	Cost of labor  Additional section 263A costs (attach statement)				0.
5					0.
6	Other costs (attach statement)				2,225,825.
7	Total. Add lines 1 through 5 Inventory at end of year			1 _ 1	106,279.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				2,119,546.
9	Do the rules of section 263A (with respect to property p	·			Yes X No
Part					
1	Description of property (property street address, city, s	•		· · · · · · · · · · · · · · · · · · ·	
•	A	iato, Zii oodoj. Oncok i	r a dadi doc. Occ irioti	dotiono.	
	В				
	c $\square$				
	D				
		Α	В	С	D
2	Rent received or accrued	,			
a	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
_	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	, 3	•	•		
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income			. ,	
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, li	ne 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). Ch	eck if a dual-use. See	instructions.	
	Α				
	В				
	c				
	D			ı	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	. Enter here and on Part	I, line 7, column (A)	<u> </u>	0.
		r		Т	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
_11_	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>s</b> (s	ee instruct	ions)	F	age 3
			-			E	Exempt Contro	`				
	Name of controlle organization	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	that is	<b>5.</b> Part of column 4 that is included in the controlling organization's gross income		income in column 5	
(1)												
(2)												
(3)												
(4)												
	Tarrelate terrane				Controlled O			-61		- 44	Darkartiana dia a	
,	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	10. Part of column 9 that is included in the controlling organization's gross income			Deductions directions connected with come in column 1	
(1)												
(2)								-				
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	I columns 6 and 1 er here and on Pai ine 8, column (B)	
Totals									0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)			
(4)	<b>1.</b> Des	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set- (attach st	asides tatemen	5. Total deduction and set-asic (add cols 3 are	des
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	Enter n Part I,					Add amount column 5. E here and on F line 9, colum	nter Part I,
Part	VIII Exploited E	xempt A	ctivity Income	Other 1	han Adve		Income	(see in	structions)			
1	Description of exploite											
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4		
5	Gross income from ac	tivity that	s not unrelated bus	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II. line	12							7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a d	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on I	•			0.
а	· ·				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on I	•			0.
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7	<u> </u>			
а	Add line 8, columns A through D. Enter the gre				•
	Part II line 13				0.
Dort	Part II, line 13	otors and Trustons			
Part		ectors, and Trustees (se	ee instructions)		4.0
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction of Name	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted	attributable to
	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business	
1)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business	attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business %	attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business %	attributable to
1) 2) 3) 4)	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to
Part  1) 2) 3) 4) Total Part	1. Name  1. Name  The interpretation of Officers, Directors, Dire	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name  1. Name  There and on Part II, line 1	ectors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to unrelated business

FORM 990-T (A)	INTEREST I	PAID	STATEMENT 2
DESCRIPTION			AMOUNT
MORTGAGE INTEREST			12,894.
TOTAL TO SCHEDULE A, I	PART II, LINE 5		12,894.
FORM 990-T (A)	OTHER DEDUC	CTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
ADVERTISING DONATIONS INSURANCE OFFICE AND MISCELLANED PHONE PROFESSIONAL FEES RENTAL EXPENSE TRAVEL UTILITIES AMORTIZATION	ous		915. 92,867. 21,824. 56,502. 4,207. 101,110. 627. 1,745. 77,197. 34,177.
TOTAL TO SCHEDULE A, I	PART II, LINE 14		391,171.
990-T SCH A	POST-2017 NET OPERATIN	G LOSS DEDUCTION	STATEMENT 4
TAX YEAR LOSS SUSTA	LOSS PREVIOUSLY AINED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19     277       12/31/20     137	,643. 0 ,261. 0 ,125. 0 ,375. 0	. 277,261. 137,125.	512,643. 277,261. 137,125. 188,375.
NOL CARRYOVER AVAILABI	E THIS YEAR	1,115,404.	1,115,404.

### Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Sequence No. 179

epartment of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number COMPASSION COALITION, FORM 990 PAGE 10 16-1579336 INC. Part | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 82,799. 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 36,000. 5 YEARS S/L 3,683 MM 5-year property b S/L 2,400. YEARS MM 343. 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM MMS/L 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40 yrs 40-vear MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

370,049.

23

22

Yes

No 24b If "Yes," is the evidence written?

<u>No</u>

**24a** Do you have evidence to support the business/investment use claimed?

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Yes

	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	<b>(d)</b> Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	<b>g)</b> thod/ ention	Depre	h) ciation iction	Elec sectio	(i) cted in 179 ost
25	Special depreciation allo	•	•		•		ū		•		0.5				
_	used more than 50% in a										25				
26	Property used more than	1 50% in a qi				$\overline{}$				<u> </u>					
_		1 1	%			+									
_		1 1	9/	_		+									
27	Property used 50% or le	se in a qualit							<u> </u>	<u> </u>					
21	1 Toperty used 5070 of te		%			Т				S/L -					
_		: :	%			$\top$				S/L -					
_			%							S/L -					
28	Add amounts in column	(h) lines 25			and on li	 ne 21	nage 1		I		28				
	Add amounts in column												29		
	mplete this section for ve		oy a sole propr	etor, pa	ee if you r	other " neet a	more tha	ın 5%	owner," or completin	g this se	ection fo	r those v	ehicles.		
30	Total business/investment i	miles driven d	urina the		a) nicle	•	( <b>b)</b> hicle	<sub>v</sub>	(c) /ehicle		<b>d)</b> nicle	_	<b>∍)</b> iicle	<b>(f</b> Veh	
	year (don't include commu	ting miles)													
	Total commuting miles of	-	•												
32	Total other personal (nor driven	•	´												
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle available		I	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	•	1		110		1.15		110	1.00	-110				
35	Was the vehicle used pr		I												
	than 5% owner or relate														
36	Is another vehicle availa	•	ı												
	use?	· ·													
mo	swer these questions to core than 5% owners or rela	determine if y ated persons	i.	ception	to compl	eting S	Section B	for ve	ehicles use	ed by em	ployees		en't	T.,	
37	Do you maintain a writte employees?													Yes	No
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal us	se of v	ehicles,	except	t commutii	ng, by yo	our				
30	employees? See the inst Do you treat all use of ve								or more o						<u> </u>
	Do you provide more that														
	the use of the vehicles,				_										
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization	, ,	_,	,											
	(a) Description of	costs	Date a	(b) mortization	A	(c) mortizat amount			(d) Code section		(e) Amortiza		Ar	(f) nortization r this year	
<u></u>	Amortization of costs the	at hegins du	•	tax vea	l r·	umount	-	1	3000011		period or per	uemaye	10	. uno ycai	
72	7 11101 112ation 01 003t5 th	at begins du	1 11 19 your 2022		· 										
_				:				+							
<u></u>	Amortization of costs the	at hegan hef		•								43		62	390.
	Total. Add amounts in o											44			390.
	252 12-08-22			IOI V		-							F	orm <b>456</b> 2	

# **Depreciation and Amortization** (Including Information on Listed Property)

A PG1 Attach to your tax return.

OMB No. 1545-0172

1

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

THRIFT STORE PRIMARILY

Identifying number

Par	TPASSION COALITION,  t   Election To Expense Certain Prope		70 Natas If			GROCERII		-4	16-1579336
		rty Under Section 17	9 Note: 11 yo	u nave any iis	stea proper	ty, complete F	art v L		
	Maximum amount (see instructions)							1	1,080,000.
	otal cost of section 179 property plac							2	0 000 000
	hreshold cost of section 179 property							3	2,700,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0				4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line		0 If married filing			<u></u>		5	
6	(a) Description of pr	operty		(b) Cost (busin	ess use only)	(c) Elec	ted cost		
	isted property. Enter the amount from								
	otal elected cost of section 179 prope							8	
	entative deduction. Enter the smaller							9	
<b>10</b> C	Carryover of disallowed deduction from	n line 13 of your 20	021 Form 456	32				10	
	Business income limitation. Enter the s		,		,			11	
<b>12</b> S	Section 179 expense deduction. Add li	nes 9 and 10, but	don't enter m	nore than line	11	···		12	
	Carryover of disallowed deduction to 2				13	;			
_	: Don't use Part II or Part III below for	listed property. In	stead, use Pa	ırt V.					
Par	rt II Special Depreciation Allowa	nce and Other D	epreciation (	Don't includ	e listed pro	perty.)		_	
<b>14</b> S	Special depreciation allowance for qua	lified property (oth	er than listed	property) pla	aced in sen	ice during			
ti	he tax year							14	21,036.
15 P	Property subject to section 168(f)(1) ele	ection						15	
<b>16</b> C	Other depreciation (including ACRS)							16	
Par	rt III MACRS Depreciation (Don't	include listed pro	perty. See in:	structions.)					
			Se	ction A					
17 N	MACRS deductions for assets placed i	n service in tax ye	ars beginning	before 2022				17	82,799.
18 If	you are electing to group any assets placed in serv	ice during the tax year ir	to one or more ge	eneral asset accou	ints, check her	e			
	Section B - Assets	Placed in Servic	e During 202	2 Tax Year l	Jsing the (	General Depre	ciatio	n Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recov		tion (f)	Method	
19a								Method	(g) Depreciation deduction
	3-year property							Metriod	(g) Depreciation deduction
b	3-year property 5-year property							Welliod	(g) Depreciation deduction
b c								Metriod	(g) Depreciation deduction
	5-year property							ivieulou	(g) Depreciation deduction
С	5-year property 7-year property							ivieulou	(g) Depreciation deduction
c d	5-year property 7-year property 10-year property							IVIETIOU	(g) Depreciation deduction
c d e	5-year property 7-year property 10-year property 15-year property				25 yrs	3.		S/L	(g) Depreciation deduction
c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property				25 yrs 27.5 y				(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property	/			<del></del>	rs. MM		S/L	(g) Depreciation deduction
c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property				27.5 y 27.5 y	rs. MM		S/L S/L S/L	(g) Depreciation deduction
c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property				27.5 y	rs. MM		S/L S/L S/L S/L	(g) Depreciation deduction
c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	/ / / / Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs	rs. MM rs. MM s. MM	reciation	S/L S/L S/L S/L S/L	
c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ / / / Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs	rs. MM rs. MM s. MM	reciation	S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ / / / Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs	rs. MM rs. MM s. MM ternative Depr	reciation	S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	/ / / / Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs sing the Al	rs. MM rs. MM s. MM ternative Dept	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	/ / / Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs sing the Al	rs. MM rs. MM s. MM ternative Depr	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year	/ // // Placed in Service	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs sing the Al	rs. MM rs. MM s. MM ternative Depr	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 30-year 40-year  **T IV Summary (See instructions.)	/	During 2022	Tax Year Us	27.5 y 27.5 y 39 yrs sing the Al	rs. MM rs. MM s. MM ternative Depr	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 30-year 40-year  *T IV Summary (See instructions.) Listed property. Enter amount from line	/ /			27.5 y 27.5 y 39 yrs sing the Al 12 yrs 30 yrs 40 yrs	rs. MM rs. MM s. MM ternative Depi	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i 20a b c d Par 21 L L 222 T	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 30-year 40-year  **T IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	/ / 2814 through 17, lin	es 19 and 20	in column (g	27.5 y 27.5 y 39 yrs sing the Al 12 yrs 30 yrs 40 yrs	rs. MM rs. MM s. MM ternative Depr	reciation	S/L	em
c d e f g h i 20a b c d Par 21 L 22 T E	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 30-year 40-year  *T IV Summary (See instructions.) Listed property. Enter amount from line	/ / 2814 through 17, lin of your return. Pa	es 19 and 20	in column (g ad S corporat	27.5 y 27.5 y 39 yrs sing the Al 12 yrs 30 yrs 40 yrs	rs. MM rs. MM s. MM ternative Depr	reciation	S/L S/L S/L S/L S/L S/L S/L S/L S/L	

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

<u>24a</u>	Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?	<u> </u>	es _	No	<b>24b</b> If "Y	es," is th	e evide	nce writt	en?	_ Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in	(c) Business/ investment	Otl	(d) Cost or her basis		(e) sis for dep siness/inv use on	reciation restment	(f) Recovery period	Met	<b>g)</b> :hod/ ention	Depre	h) ciation iction	Eleo sectio	(i) cted on 179
<u></u>		service	use percentag	Je		n comic			<u> </u>		1	<del>                                     </del>		CC	ost
25	Special depreciation allo				•			•	•		٥.				
<u></u>	used more than 50% in Property used more tha										25				
20	Troperty used more tha									I					
				6 6		+									
		: :		% %		+									
27	Property used 50% or le		-							<u> </u>					
	Troporty accardo, or ic	: :		6						S/L -					
		: :		6						S/L -					
		: :		6						S/L -					
28	Add amounts in column	<del> </del>			and on	line 21	page 1				28				
	Add amounts in column												29		
	riad amounts in column	(1); 11110 20. 2		Section E											
	mplete this section for verour employees, first ans			on C to se	ee if you	meet a	n excep		completin	g this se	ection fo	r those v	ehicles.	Г	<u> </u>
20	Total huginose/investment	milae drivan d	uring the	1	a) violo		<b>b)</b> biolo	,	(c) 'ehicle		d) oloi	-	e) violo	(f	
30	Total business/investment year (don't include commu		•	Veh	licie	Vei	hicle	<del>                                     </del>	enicie	Veh	icie	Veh	licie	Veh	icie
21	Total commuting miles														
	Total other personal (no														
-	driven	•	•												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	- Questions f	or Empl	oyers W	ho Pro	vide Ve	hicles f	or Use by	Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet an ex	ception	to comp	oleting S	Section	B for ve	hicles use	d by em	ployees	who ar	ren't		
moi	re than 5% owners or rela	ated persons	<b>5.</b>												
37	Do you maintain a writte employees?									ımuting,	by your			Yes	No
38	Do you maintain a writte	en policy stat	ement that pro	ohibits pe	ersonal ı	use of v	ehicles.	except	commuti	na. by vo	our				
	employees? See the ins		· ·	-				-							
39	Do you treat all use of v				0										
	Do you provide more that	•													
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
Pá	art VI Amortization	, , ,													
	(a) Description of	f costs	Date	(b) amortization begins		(c) Amortizat amount			(d) Code section		(e) Amortiza period or per	ition	Ar fo	(f) nortization or this year	
42	Amortization of costs th	at begins du	ring your 2022	-	r:						Parion of her	ooniago		- ,	
<u></u>		3 44	3,-5. 2522	: :											
				: :											
43	Amortization of costs th	at began bef						•		1		43		34,	177.
	<b>Total.</b> Add amounts in o					report						44		34,	
	252 12-08-22	, , , , , , , , , , , , , , , , , , ,											F	orm <b>456</b> 2	

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

1. General Information
------------------------

For Fiscal Year Beginning		y) 01/01/	2022 and Ending (r	nm/dd/yyyy) 12/31/2	022					
Check if Applicable:	Name of Org		ZUZZ und Ending (i	11111/GG/yyyy) 12/51/2	Employer Identification Number (EIN):					
X Address Change	•		LITION, INC.		16-1579336					
Name Change Initial Filing	Mailing Addi		PARK DRIVE		NY Registration Number: 07-08-22					
Final Filing Amended Filing	City / State /	ZIP:	13340		Telephone: 315 266-0039					
Reg ID Pending	Website:	,			Email:					
WWW.COMPASSIONUTICA.COM JOE@COMPASSIONUTIC										
Check your organization's registration category:  7A only  EPTL only  X  DUAL (7A & EPTL)  EXEMPT*  Confirm your Registration Category in the Charities Registry at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .										
2. Certification										
See instructions for certifitwo signatories.	cation require	ements. Improper	certification is a violation of	of law that may be subject to	penalties. The certification requires					
We certify under p	enalties of pe	riury that we revie	ewed this report including	all attachments and to the b	pest of our knowledge and belief,					
				of the State of New York app						
				RYAN BARONE						
President or Authorized	Officer:			CHAIRMAN OF	THE BOAR					
		Signature		Print Name						
	JEREMIAH SWEET									
Chief Financial Officer or	Treasurer:	<u> </u>		TREASURER						
		Signature		Print Name	and Title Date					
3. Annual Reporting	Exemption	on								
Check the exemption(s) the	nat apply to y	our filing. If your o	organization is claiming an	exemption under one categor	ory (7A or EPTL only filers) or both					
categories (DUAL filers) th	at apply to y	our registration, c	omplete only parts 1, 2, an	d 3, and submit the certified	d Char500. No fee, schedules, or					
additional attachments ar	e required. If	you cannot claim	an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable					
schedules and attachmen	ts and pay a	oplicable fees.								
exceed \$2		e organization did			vernment agencies, etc. did not uising counsel (FRC) to solicit					
	iling exemption fiscal year.	on: Gross receipts	s did not exceed \$25,000 a	and the market value of asse	ets did not exceed \$25,000 at any time					
4. Schedules and A	ttachment	'S								
See the following page										
for a checklist of	Yes 🔀	No 4a. Did yo	our organization use a prof	essional fund raiser, fund rai	ising counsel or commercial co-venturer					
schedules and				If yes, complete Schedule						
attachments to			,							
complete your filing.	X Yes	No 4b. Did th	ne organization receive gov	ernment grants? If yes, com	nplete Schedule 4b.					
5. Fee										
See the checklist on the next page to calculate you	7A filin	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order					
fee(s). Indicate fee(s) you					payable to:					
are submitting here:	\$	25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"					

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

## **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenu filing year. We have included an IRS Form 990-EZ for state purposes only.	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000	
X Audit Report if you received total revenue and support greater than \$1,000,000	and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total reve	enue and support is greater than \$750,000
No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	
	Is mv Registration Category 7A, EPTL, DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	C
X \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	, ,
For FDTI and DUAL files, coloulate the FDTI feet	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	·
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	<b>Exemption for Charitable Organizations</b> . These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY
	law at www.CharitiesNYS.com.
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?
	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

<sup>268461</sup> 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

Total Liabilities (Part II, line 23(b)).

### **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

### 2022

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
COMPASSION COALITION, INC.	07-08-22

#### 2. Government Grants

Name of Government Agency	Amo	Amount of Grant			
1. FEMA: EMERGENCY FOOD AND SHELTER PROGRAM	1.	14,000.			
2. CITY OF UTICA DEVELOPMENT BLOCK GRANT	2.	20,000.			
3.	3.				
4.	4.				
5.	5.				
6.	6.				
7.	7.				
8.	8.				
9.	9.				
10.	10.				
11.	11.				
12.	12.				
13.	13.				
14.	14.				
15.	15.				
Total Government Grants:	Total:	34,000.			



### **CT-2**

### Department of Taxation and Finance

### Corporation Tax Return Summary

THIS FORM MUST
BE FILED WITH
YOUR RETURN

1	Legal name of corporation						
•	1. COMPASSION COALITION, INC.	Payment enclosed	2.				
3	Return type			3.		СТ	13
4	Employer ID number (EIN)			4. 10	5 - 15	793	36
5	File number (FCC)				5.	M	м7
6	Period beginning date (mm-dd-yy)			6.	01	01	22
7	Period ending date (mm-dd-yy)			7.	12 -	31 -	22
8	Amended $(Y=1; N=0)$					8.	0
9	Final (Y=1; N=0)					9.	
10	NAICS code			10	).		
11	MTA indicator (None = 0; $Y = 1$ ; $N = 2$ ; Both = 3)					11.	
12	Federal 1120-H filed $(Y = 1; N = 0)$					12.	
13	REIT/RIC indicator $(Y = 1; N = 0)$					13.	
14	Tax due/MTA surcharge		14.		2	50.	00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000		15.				
16	Balance due		16.				
17	Amount of overpayment credited to next period - NYS		17.				
18	Refund of overpayment		18.				
19	Refund of unused tax credits		19.				
20	Tax credits to be credited as an overpayment to next year's return		20.				
21	Amount of overpayment credited to next period - MTA		21.				
22	Amount of MTA surcharge retaliatory tax credit to be refunded		22.				
23	Fixed dollar minimum		23.				
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	24.	<u> </u>				
25	New York receipts		25.				
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?				<u> </u>	26.	
27	Paid preparer's EIN			27. 1	5 11	<u>639</u>	12
28	Preparer's NYTPRIN			28.			
29	Excl code					29	03



For office use only

### COMPASSION COALITION, INC.

Page 2 of 2 CT-2 (2022)

### Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	
32	Total excise tax on telecommunication services	32.	
33	Tax on gross income - NYS	33.	
34	MTA surcharge related to telecommunication services	34.	
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	
36	Total MTA surcharge related to telecommunication services	36.	
37	MTA surcharge on gross income	37.	
38	Balance due - NYS	38.	
39	Balance due - MTA	39.	
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$ ; $N = 2$ ; $Both = 3$ )  Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	9 = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.	
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	42. 43. 44.	
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	42. 43. 44. 45.	
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS  Refund of unused tax credits - NYS	42. 43. 44. 45. 46.	

5	NEW YORK STATE	•	ted Busine turn						
2	OZZ Amended				I filers enter			٦	10 21 00
Œ	return  mployer identification number (EIN)	Tax Law - A	Article 13  Business telephone		eginning 0	1-01-2	44	endir	ng 12-31-22  If you claim an
]									overpayment, mark
Ļ	16-1579336	MM7	3152660	039	T / (DD				an $\chi$ in the box
	egal name of corporation				Trade name/DB	SA			
_	COMPASSION COALITION, INC.	•			_				
N	Aailing address				State or country	of incorporati	on		
	Care of (c/o)				NEW Y				
N	lumber and street or PO Box				Date of incorpo		Fore	eign corpo	rations: date began business in NYS
1	L78 INDUSTRIAL PARK DRIVE				10-10	-00			
C	ity U.S. state/Canadian province	ZIP/Postal co	de Country (if no	ot United	States)		For	office use	only
E	FRANKFORT, NY 13340								
_		need to update	your address or p	phone i	nformation				
1			r other tax types,						
P	rincipal unrelated business activity (see instructions)	ooration tax, o	online. See Busin						
	SEE STATEMENT 1		Form CT-1.	ness ini	ormation "				
Ma Ma	Organization - Have you filed this New York Staturk an $\chi$ in this box if you are an employee trust as the trust an $\chi$ in this box if you ceased operating the uniform (see section Who must file Form CT-13 in the instruction).	defined in Interest in Interes	ernal Revenue Co	de (IRC year co	s) section 40° vered by this	1(a) s return			
A	A. Pay amount shown on line 22. Make payable to	D: New York S	tate Corporation 1	Гах					Payment enclosed
	<ul> <li>Attach your payment here. Detach all check st</li> </ul>	ubs. <i>(</i> See instr	ructions for details	s.)			Α		
Co	omputation of income and tax								
1	Federal unrelated business taxable income before net o	perating loss de	duction and after \$1	,000 spe	ecific deductio	n		1	-392,996
2	New York State Article 13 and Article 23 tax ded	ucted on feder	al return				L	2	
3	Additions required for shareholders of federal S	corporations (s						3	
	Grossed-up taxes for shareholders of New York S							4	
	Other additions (see instructions)							5	
	Add lines 1 through 5							6	-392,996
	Other income (see instructions)								•
8	Federal S corporation shareholder subtractions	(see instruction	nel	8					
	Other subtractions (see instructions)								
	Total subtractions (add lines 7, 8, and 9)							10	
								11	-392,996
	Taxable income before net operating loss deduction (attack for							12	2,2,550
	New York net operating loss deduction (attach fe							13	-392,996
	Taxable income (subtract line 12 from line 11)						⊦	10	3,2,3,00
14	Allocated taxable income (multiply line 13 by							.	_302 006
	from line 13 if allocation is not claimed)							14	-392,996
	Tax based on income (multiply line 14 by 9% (.09							15	U
	Minimum tax							16	250 . 0
	Tax (line 15 or line 16, whichever is larger)							17	250.
	Total prepayments from line 46							18	250.
19	Balance (if line 18 is less than line 17, subtract lin	e 18 from line	17)					19	

See page 3 for third-party designee, certification, and signature entry areas.

20 Interest on late payment (see instructions)

22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) .....

21 Late filing and late payment penalties (see instructions)

24 Amount of overpayment on line 23 to be credited to next year

23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)

25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) .....



• 21 22

23

24

25

Have	you been audited by the Internal Revenue Service in the past 5 y	/ears?	Yes	] N	o X If Yes, list years	:	
Fede	al return was filed on: 990-T X Other:			A	ttach a complete copy	of yo	ur federal return.
Sch	edule A - Unrelated business allocation						
warel	did not maintain a regular place of business outside New York S nouse, or other space regularly used by the taxpayer in its unrelat cation, nature of activities, and number and duties of employees	ted bus			•		
			Α		В		
Ave	rage value of:	$\perp$	New York Sta	ate	Everywhere		
26	Real estate owned (see instructions)	26					
27	Gross rents (attach list; see instructions)	27					
28	Inventories owned	28					
29	Other tangible personal property owned (see instructions)	29					
	Total (add lines 26 through 29)	30					
31 Rec	Percentage in New York State (divide line 30, column A, by line seipts in the regular course of business from:	30, col	lumn B)			31	<u>%</u>
32	Sales of tangible personal property shipped to						
	points within New York State	32					
33	All sales of tangible personal property	33					
34	Services performed	34					
35	Rentals of property	35					
36	Other business receipts	36					
37	Total (add lines 32 through 36)	37					
38	Percentage in New York State (divide line 37, column A, by line s	3 <u>7, cọl</u>	lumn B)			38	%
39	Wages, salaries, and other compensation of employees						
	(except general executive officers; see instructions)	39					
40	Percentage in New York State (divide line 39, column A, by line s	39, col	lumn B)			40	%
41	Total of New York State percentages (add lines 31, 38, and 40	0)				41	%
42	Business allocation percentage (divide line 41 by three or by the	numb	er of percentages)		B-1'-l	42	%
	position of prepayments claimed on line 18*				Date paid		Amount
	Payment with extension request, Form CT-5, line 5			43	05-15-23	<u> </u>	250.
	Second installment from Form CT-400			44a		<u> </u>	
44b	Third installment from Form CT-400			44b		<u> </u>	
	Fourth installment from Form CT-400			44c			
45	Amount of overpayment credited from prior years				45		
46	Total prepayments (add lines 43 through 45; enter here and on li	ine 18)			46		250.
	* Taxpayers subject to the unrelated business income tax are r If you did make these unrequired payments, report them on li	not req ines 44	luired to make estin 1a, 44b, and 44c.	nated t	ax payments.		
Ame	ended return information						
If filin	g an amended return, mark an $\chi$ in the box for any items that ap	ply an	d attach document	ation.			
Final	federal determination • If marked, enter	date o	of determination:	•_			
Capit	al loss carryback Federal return fil	led			Form 1139 •	•	
Amer	ded Form 990-T						



Third - part designee (see	Yes X No Designee's name (p	,			Designee's phone number $315-724-2145$
instructions	Designee's email address	PIN			
Certification	: I certify that this return and any attachments	are to the best of my knowledg	e and bel	ief true, correct, and cor	nplete.
Authorized	Printed name of authorized person RYAN BARONE	Signature of authorized person	on	Official title CHAIRMAN OF	THE BOARD
person	Email address of authorized person JOE@COMPASSIONUTICA.CO	M		Telephone number 315-520-70	Date 07-13-23
	Firm's name (or yours if self-employed) FITZGERALD, DEPIETRO &	WOJNAS, CPAS P.(	11	m's EIN 6-1163912	Preparer's PTIN or SSN P01976567
Paid preparer use only	Signature of individual preparing this return  SCOTT A. BAUR	Address 291 GENESEE STR UTICA, NY 13501	EET	City	State ZIP code
(see instr.)	Email address of individual preparing this return ESIGN@FDWCPA.NET	1	Preparer's I	NYTPRIN or Excl. co	Date 09-26-23

See instructions for where to file.

FORM CT-13	PRINCIPAL	UNRELATED	BUSINESS	ACTIVITY	STATEMENT 1

THRIFT STORE PRIMARILY SELLING GROCERIES