

			Return of Organization Exempt From	n Income Ta	Y	OMB No. 1545-0047	
Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							
FOI		50		ations)	2023		
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late	• •		Open to Public Inspection	
-				JUN 30, 20	24	mopoculon	
_	heck if		organization	D Employer ide		on number	
a	pplicabl	le:					
	Addre	ss SQUA	RE AND COMPASS CHILDREN'S CLINIC				
	Name Chang	pe Doing b	usiness as	86-605	0486		
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone nu	mber		
	]Final return		N WYATT DRIVE	520-32	4-38		
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$		1,899,320.	
	Amen return	1005	ON, AZ 85712	H(a) Is this a gro	up retur		
	Applic tion pendi	F Name a	nd address of principal officer: AMY BURKE	for subordir			
		SAME	AS C ABOVE	H(b) Are all subordin	ates includ	ed? Yes No	
<u> </u>	ax-ex	empt status:				. See instructions	
_	Vebsi		SQUAREANDCOMPASSCLINIC.COM	H(c) Group exer	<u> </u>		
			X Corporation Trust Association Other L	Year of formation: 194	7 <b>M</b> St	tate of legal domicile: A2	
Pa	rt I	Summary			<b>— — — — — — — — — —</b>	<b>D</b>	
ø			e the organization's mission or most significant activities: FACILITY				
anc	-		ISCIPLINE MEDICAL CLINICS FOR SPECIAL				
ern		Check this bo				9	
200			ing members of the governing body (Part VI, line 1a)		3	9	
<u>ه</u>				4	2		
Activities & Governance			of individuals employed in calendar year 2023 (Part V, line 2a)		6	20	
tivi			of volunteers (estimate if necessary)		0 7a	0.	
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		7a 7b	0.	
		Net unrelated		Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	223,31	3.	180,597.	
anc			ce revenue (Part VIII, line 2g)	12,82		14,003.	
Revenue		0	come (Part VIII, column (A), lines 3, 4, and 7d)	187,56		182,540.	
å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,69		0. 377,140.	
			nilar amounts paid (Part IX, column (A), lines 1-3)	111,44		65,811.	
			to or for members (Part IX, column (A), line 4)	,	0.	0.	
Ś			compensation, employee benefits (Part IX, column (A), lines 5-10)	92,09	92,094.		
			undraising fees (Part IX, column (A), line 11e)		0.	0.	
Expense			ng expenses (Part IX, column (D), line 25) 0 •				
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	342,12	8.	343,734.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	545,66		500,905.	
			expenses. Subtract line 18 from line 12	-121,97		-123,765.	
or				Beginning of Current Y	'ear	End of Year	
Assets or d Balances	20	Total assets (F	Part X, line 16)	10,673,82	7.	11,309,230.	
t As: d Ba	21	Total liabilities	(Part X, line 26)		0.	222,473.	
Plan	22		fund balances. Subtract line 21 from line 20	10,673,82	7.	11,086,757.	
Pa	rt II	Signature	Block				
Und	er pena	alties of periurv.	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best	of my kno	owledge and belief, it is	

~~ T

true correct and complete Declare	tion of proporar (other than a	fficer) is based on all information	of which preparer has any knowledge.
line, correct, and complete, Deciara	lion of preparer (other than o	IIICELT IS DASED OIL AIL IIIOLIIIAUOLI	UI WIIICH DIEDALEI HAS ANV KNOWIEUUE.

Sign	Signature of officer	Date
Here	VAN ELROD, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	KELLY L. MELTZER, CPA KELLY L. MELTZER, CP02/18	/25 self-employed P00633511
Preparer	Firm's name BEACHFLEISCHMAN PLLC	Firm's EIN 86-0683059
Use Only	Firm's address 1985 E. RIVER ROAD, SUITE 201	
	TUCSON, AZ 85718	Phone no. 520 - 321 - 4600
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)

	990 (2023) SQUARE AND COMPASS CHILDREN'S CLINIC 86-6050486 Page 2 t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
	AS THE PHILANTHROPIC PARTNER OF CHILDREN'S CLINICS IN OUR SQUARE &
	COMPASS BUILDING, OUR FINANCIAL SUPPORT ENABLES CHILDREN'S CLINICS TO
	DELIVER COMPREHENSIVE, MULTI-DISCIPLINARY MEDICAL CARE FOR SOUTHERN
	ARIZONA CHILDREN WITH COMPLEX MEDICAL CONDITIONS AND THEIR FAMILIES.
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.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 436,734. including grants of \$ 65,811. ) (Revenue \$ 14,003. )
4a	
	SQUARE & COMPASS CHILDREN'S CLINIC PROVIDES FUNDING FOR MEDICAL CARE TO
	HUNDREDS OF CHILDREN FROM BIRTH TO AGE 21 WHOSE PARENTS ARE MEDICALLY
	INDIGENT AND DO NOT QUALIFY FOR STATE OR FEDERAL AID OR ARE
	UNDERINSURED FOR MEDICAL RELATED EQUIPMENT, TESTS, OR TREATMENTS. THE
	CARE PROVIDED ALSO INCLUDES SURGERIES, CLINICAL TREATMENT, AND RELATED
	EQUIPMENT. SQUARE & COMPASS CHILDREN'S CLINIC ALSO OWNS, PROVIDES, AND
	MANAGES THE FACILITY THAT HOUSES THE CLINIC AND SUPPORTS OUR PARTNER
	CHILDREN'S CLINICS IN IT'S DELIVERY OF MULTI-DISCIPLINARY MEDICAL CARE
	TO SOUTHERN ARIZONA CHILDREN.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 436,734.
	Form <b>990</b> (2023)
332002	12-21-23
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Form 990 (					CHILDREN'S	CLINIC
Part IV	Checklist of R	Required Sc	hedule	es		

			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		<u>X</u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	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	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~				
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI	<u> 11a</u>		
5		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<b>v</b>	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		0000)
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	· (contract)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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 L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				·
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ,		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2023)				CHILDREN'S	
Part V Statements	Regarding Ot	ther IF	RS Filings ar	nd Tax Complian	<b>ce</b> (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	x				
3a								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			77				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.		x				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50						
с 6а		50		<u> </u>				
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00						
~	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-						
-	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	•						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>				
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand							
14a		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x				
	excess parachute payment(s) during the year?	15		Δ				
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
10	If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
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Form 990	(2023)
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# SQUARE AND COMPASS CHILDREN'S CLINIC

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

			<u>م</u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
U	of officers, directors, trustees, or key employees to a management company or other person?		3		x
					X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?			
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		<u>14</u>		<u> </u>
D	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B Policies (This Octation D memory information about a clicics and required by the Internet De				
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue Coae.)		Vaa	
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. <u>10b</u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$				
C		,	12c	х	
40	on Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure			1	
17					
		d 000 T (aaction 501(-))	(2) a c = 1 - 3	o	blc
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	a aan-i (section on i(c))	oniy)	avalla	ule
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	,	and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
20	AMY BURKE - 520-324-3860				
	2600 N WYATT DRIVE, TUCSON, AZ 85712				
				~~~	(202

1 000 1110 1	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	mployees, 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.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per		not c	(C) Position heck more than one ss person is both an				<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	(list any hours for related organizations below line)	stee or director		Institutional trustee e. and a ginecrox/transfe Kay employee Highest compensated e. mployee		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations	
(1) AMY BURKE EXECUTIVE DIRECTOR	40.00			x				61 620	0.	3,281.
(2) RON ALLEN	2.00		-	<b>^</b>		-		64,638.	0.	5,201.
DIRECTOR	2.00	x						0.	0.	0.
(3) ROGER BIEDE	2.00	Λ							0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(4) CRAIG GROSS	2.00									<b>.</b>
DIRECTOR		х						0.	0.	0.
(5) FRED LOHMAN	2.00									
DIRECTOR		х						0.	0.	0.
(6) BOB RICHARDS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) VINCENT SANTOS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) VAN ELROD	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) RANDAL JAGER	2.00									
VICE-PRESIDENT		Х		X				0.	0.	0.
(10) JAMES WOLFE	2.00									
SECRETARY		х		Х				0.	0.	0.
(11) ROB SETTLEMEYER	2.00									
TREASURER		Х		X		-		0.	0.	0.
	+									
		-								

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332007 12-21-23

Form 990 (2023)

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										age <b>8</b>				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	Age     Position       per     (do not check more than one box, unless person is both an officer and a director/trustee)       ny     box				than o s both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	e Estima on amoun d othe ns compens SC/ from t		nount o other pensat om the anizati d relate	of tion e on ed
		line)	Indi	Insti	Officer	Key	High	Former						
с	Subtotal Total from continuation sheets to Part VI	I, Section A							64,638.		0.	3,281.		
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								64,638. eceived more than \$100,	000 of reportable	0.		3,28	<u>31.</u> 0
3	Did the organization list any <b>former</b> officer,	director, truste	e, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		3		X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		4 5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mooncotod ind	ono	adar		ontre	oto	o th	at received more than 4	100 000 of comp		ion fre		
<u> </u>	the organization. Report compensation for	•							the organization's tax y	<i>,</i> 1				
	(A) (B) Name and business address NONE Description of services Co									(C omper	) nsatior	<u>ו</u>		
2	Total number of independent contractors (i	•	ot lin	nitec	to			ted	above) who received me	ore than				
	\$100,000 of compensation from the organi	zation				0	,			l		Form	<b>990</b> (2	2023)

332008 12-21-23

				COM	IPASS CH	ILDREN'S CI	LINIC	86-6050	486 Page 9
Pa	rt VI								
		Check if Schedule O co	ontains a respoi	nse oi	r note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns	1a						
iran	k		1b						
s, G	c	c Fundraising events	1c						
Gift lar /	c	d Related organizations	<u>1d</u>						
ns, (	e	e Government grants (contrib							
utio er S	f	All other contributions, gifts, gr		1					
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts not included a			L80,597.				
no:	Ç H	<ul> <li>9 Noncash contributions included in lin</li> <li>h Total. Add lines 1a-1f</li> </ul>				180,597.			
0 0		TOTAL AUDIMESTATI			Business Code	100,357.			
Ð	2 8	RENTAL INCOME		-	532000	14,003.	14,003.		
vic	_ t	b					,		
Ser	c								
am	c	d							
Program Service Revenue	e	9		_					
P		f All other program service re				4.4.0.0.0			
		g Total. Add lines 2a-2f				14,003.			
	3	Investment income (includir				177,569.			177,569.
	4	other similar amounts) Income from investment of	tax axampt ba			111,509.			111,309.
	- <del>-</del> 5	Royalties	=						
	J		(i) Real		(ii) Personal				
	6 a	a Gross rents	6a		()				
	k		6b						
			6c						
	c	d Net rental income or (loss)							
	7 a	a Gross amount from sales of	(i) Securiti		(ii) Other				
			<u>7a</u> 152715	1.					
•	k	b Less: cost or other basis	- 152210	0					
venue			<u>7b152218</u> 7c 4,97						
eve		c Gain or (loss) d Net gain or (loss)				4,971.			4,971.
er Re		a Gross income from fundraising							
Other	0.	including \$	· · ·						
•		contributions reported on li							
		Part IV, line 18	-	8a					
	k	b Less: direct expenses		8b					
	c	c Net income or (loss) from fu	undraising even	its .					
	9 a	a Gross income from gaming							
		Part IV, line 19		9a					
		b Less: direct expenses		9b					
		<ul> <li>Net income or (loss) from ga</li> <li>Gross sales of inventory, lest</li> </ul>	-						
	10 6	and allowances		10a					
	ł	b Less: cost of goods sold		10a					
		Net income or (loss) from sa							
		(, ··-·)			Business Code				
e ous	11 a	a		_ [					
Miscellaneous Bevenue	k	b		_ [					
scella Beve		c		_				ļ	
Mis		d All other revenue							
		Total. Add lines 11a-11d				377,140.	14 002	0	192 540
0007	12	Total revenue. See instruction	S			J//,140.	14,003.	0.	182,540. Form <b>990</b> (2023)
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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	65,811.	65,811.		
2	Grants and other assistance to domestic	·			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
5		69,941.	69,941.		
~	trustees, and key employees	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	14 507	14 507		
7	Other salaries and wages	14,587.	14,587.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,832.	6,832.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	2,750.		2,750.	
d	Lobbying				
е					
f	Investment management fees	55,435.		55,435.	
g					
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,416.	6,416.		
13	Office expenses	2,156.		2,156.	
14	Information technology	,			
15	Royalties				
16	Occupancy	49,624.	49,624.		
17		1570210			
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20					
20	Interest				
21	Payments to affiliates	191,524.	197 601	3,830.	
22	Depreciation, depletion, and amortization	15,433.	<u>187,694</u> . 15,433.	5,050.	
23		10,400.	10,400.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0.0 20.0	00.000		
а	MEDICAL SUPPLIES	20,396.	20,396.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	500,905.	436,734.	64,171.	0 .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-21-23				Form <b>990</b> (2023

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SQUARE AND COMPASS CHILDREN'S CLINIC

86-6050486 Page 11

Pa		Balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			371,359.	1	665,670
	2	Savings and temporary cash investments			142,760.	2	88,686
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,323,167.			
	b	Less: accumulated depreciation	10b	4,301,149.	4,213,543.	10c	4,022,018
	11	Investments - publicly traded securities			5,946,165.	11	6,532,856
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			10,673,827.	16	11,309,230
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV (	of Schedule D		21	
ş	22	Loans and other payables to any current or forme	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		L	0.	25	222,473.
	26	Total liabilities. Add lines 17 through 25			0.	26	222,473
		Organizations that follow FASB ASC 958, chec	k here	e X			
Ces		and complete lines 27, 28, 32, and 33.			10 (80 008		11 000 000
Ilan	27	Net assets without donor restrictions		····· -	10,673,827.	27	11,086,757
Ba	28			······ _		28	
nnc		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			10 (80 005	31	11 000 855
Ne	32	Total net assets or fund balances			10,673,827.	32	11,086,757.
	33	Total liabilities and net assets/fund balances			10,673,827.	33	11,309,230.

Form 990 (2023)

	1990 (2023) SQUARE AND COMPASS CHILDREN'S CLINIC	86-6	5050486	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	377		
2	Total expenses (must equal Part IX, column (A), line 25)	2	500		
3	Revenue less expenses. Subtract line 2 from line 1	3	-123	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,673		
5	Net unrealized gains (losses) on investments	5	536	,69	<del>)</del> 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	11,086	,75	57.
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	organization
---------------	--------------

Name	of the organization						Employer	identification number			
	SQUA			6-6050486							
Part	I Reason for Public (	Charity Status.	All organizations must o	complete th	nis part.) S	ee instruction	S.				
The or	ganization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 🗌	A medical research organiz	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
_	city, and state:										
5 🗌	An organization operated for		lege or university owned	d or operate	ed by a go	vernmental ur	nit describe	ed in			
_	section 170(b)(1)(A)(iv). (0										
6 [	A federal, state, or local gov	-									
7 [	An organization that norma	-	ntial part of its support f	rom a gove	ernmental	unit or from th	ie general p	oublic described in			
• □	section 170(b)(1)(A)(vi). (C										
8 [	A community trust describe			-							
9 🗌	An agricultural research org				-		-	-			
	or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
10	university: An organization that norma	lly receives (1) more	than 33 1/304 of its supr	ort from o	ontribution	ne momboreb	in foos and	d gross receipts from			
	activities related to its exem										
	income and unrelated busir		-					-			
	See section 509(a)(2). (Col				oco doqui	ica by the erg	amzation a				
11 🗌	An organization organized a	• •	velv to test for public sa	fetv. See	section 50	)9(a)(4).					
12				•			rrv out the	purposes of one or			
	more publicly supported or	-	•	-			•				
	lines 12a through 12d that	-									
а	Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to reg	ularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
	organization. You must o	omplete Part IV, Se	ctions A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing			
	control or management o	f the supporting orga	nization vested in the s	ame perso	ns that co	ntrol or manaç	ge the supp	oorted			
	organization(s). You mus	t complete Part IV,	Sections A and C.								
с	X Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.					
d	Type III non-functionally	integrated. A supp	orting organization oper	rated in cor	nnection w	ith its suppor	ted organiz	ation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness			
	requirement (see instructi										
е	X Check this box if the orga					Type I, Type I	II, Type III				
	functionally integrated, or	51	ally integrated supporti	ng organiz	ation.			1			
	Enter the number of supported of Drawide the following information	-	d arganization(a)					L			
g	Provide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other			
	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)			
СНТ	LDREN'S CLINICS		above (see instructions))	Tes							
- 011		00 000 0010					/0110	1,099,000.			
Total						65	,811.	1,099,000.			

Schedule A	(Form 990) 2023	SQUARE A	ND COMPASS	CHILDREN'S	CLINIC	86-6050486	Page <b>2</b>
Part II	Support Schedule for	or Organizatio	ons Described in	Sections 170(b)	(1)(A)(iv) and 17	70(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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		7	•	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2023 (I		•			14	%
	Public support percentage from 2022					15	%
<b>1</b> 6a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		-				
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•	-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

1 Gits, grants, contributions, and membership fees received. (b) on third/dude any 'unusual grants.')	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	((	e) 2023	(f) Total
2 Gross recipits from admissions, mechanics and solves performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of a solves are not an unrelated to the organization's tax-exempt purpose of a solves are not an unrelated to the organization's tax-exempt purpose of a solves or facilities that are not an unrelated to the organization's tax-exempt and to be a solves or facilities that are not an unrelated to the organization's tax-exempt and there are a solve or are compared on its behalf of the organization's tax events of the organization's behalf of the organization's the second of the organizatio	1	membership fees received. (Do not							
mechandlies sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt propose are not an unrelated trade of bus- iness under section 513       Image: Construction of the organization's tax-exempt propose are not an unrelated trade of bus- iness under section 513         4       Tax revenues levid for the organization's theorem that the transhed by a governmental unit to the organization without change       Image: Construction of the organization or expended on its behalf         5       The value of services or facilities furnished by a governmental unit to the organization without change       Image: Construction of the organization or expended on its behalf         6       Total. Add lines 1, 2, and 3 received from disquilities persons that second on the that disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from disquilities that in the 1         9       Anounts included on lines 1, 2, and 3 received from line 6         10<									
are not an unrelated trade or busilines	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
are not an unrelated trade or bus- iness under section 513	3	Gross receipts from activities that							
4 Tax revenues levied for the organization's benefit and either pad to or expended on its behalf		•							
isotion is benefit and either pair to or expended on its behalf		iness under section 513							
isotion is benefit and either pair to or expended on its behalf	4	Tax revenues levied for the organ-							
or expended on its behalf  S The value of services or facilities  trunished by a governmental unit to the organization without charge  F Total. Add lines 11 through 5  Amounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts included on lines 12, 2, and S received from disqualified persons  A mounts from line 6  A dd lines 13 ker by year  A mounts from line 6  A dd lines 14, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 3, 4, 2, 2, 2, 3, 4, 2, 2, 2, 3, 4, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		6							
5       The value of services or facilities furnished by a governmental unit to the organization without charge       Image: constraint of the constraint of the organization without charge         6       Total. Add lines 1 through 5       Image: constraint of the constraint of		•							
furnished by a governmental unit to the organization without charge	5								
the organization without charge	-								
6       Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b mounts included on lines 13 arceived monother than disqualified persons accel the grader of 58.000 art for the amount on the 13 for the year         8. Public support, Saturating persons that exceed the grader of 58.000 art for the the amount on the 13 for the year         8. Public support, Saturating persons that exceed the grader of 58.000 art for the the amount on the 13 for the year         9. Anounts from line 6         10a Gross income from interest, dividends, payments received on securities chans, rents, royatles, and income from similar sources and uncome from similar sources acquired atter June 30, 1975         9. Anounts from line 6         11. Net income from unrelated business acquired atter June 30, 1975         c. Add lines 10a and 10b         11. Net income from interest is activities not included gain or loss from the sale of the Ubbiness is regularly carried on line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part VI.)         13. Total support. Adviruse, Net, 11, and 12.         14. First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage         17. Investment income percentage form 2022 Schedule A, Part III, line 15.       16         16. Public support percentage form 2022 Schedule A, Part III, line 15.       18         17. Investment income percentage form 2022 Schedule A, Part III, line 15. <td< td=""><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	6								
3 received from disqualified persons       0       0         b mounts included on lines 2 and 3 received from over 5 that accord the grader of \$4,000 or \$6 of the amount on lines 2 for \$6 of the amount on line 10 for \$6 of the amount amount amount on line \$6 of \$6 of the amo		0							
b       Anounts included on line 2 and Arcebed from other line dapatified possibility of the anound on line 35.000 or 1% of the amount on line 35.000 or 1% of the amount on line 31 for the year         c       Add lines 7a and 7b         3       Public support, (solmatifier /from businesses and income from similar sources in an anound on line 30, 1975         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9       Amounts from line 6       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9       Amounts from line 6       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9       Amounts from line 6       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9       Amounts from line 6       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         10       Gross income from similar sources       (a) 401       (a)	74								
c Add lines 7a and 7b	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							
8       Public support. (Substitute Tertum line 6.)         Calendar year (or fiscal year beginning in)         9       Amounts from line 6         10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"	с								
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9 Amounts from line 6         10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from sinilar sources         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975         c Add lines 10a and 10b         11 Net income from unrelated business is regularly carried on robusiness is robusiness is regularly carried on robusiness is	Sec	tion B. Total Support		•					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources <ul> <li>b Unrelated business taxable income</li> <li>(less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business taxable income</li> <li>income from unrelated business taxable income</li> <li>11 Net income from unrelated business sativities not included on line 10b, whether on the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12)</li> <li>14 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</li> <li>Section D. Computation of Public Support Percentage</li> <li>16 %</li> <li>Section D. Computation of Investment Income Percentage</li> <li>17 Investment income percentage for 2023 (line 8, column (f), divided by line 13, column (f))</li> <li>17 gai 31/3%, support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	((	<b>e)</b> 2023	(f) Total
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(less section 511 taxes) from businesses acquired after June 30, 1975		Gross income from interest, dividends, payments received on securities loans, rents, royalties,							
c Add lines 10a and 10b       1         11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on       1         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       1         13 Total support. (Add lines 9, 10c, 11, and 12.)       1         14 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       1         5ection C. Computation of Public Support Percentage       1         15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))       17         17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))       17         19 a3 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         b3 3 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%	b	(less section 511 taxes) from businesses							
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<b>19a 33 1/3% support tests - 2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3% support tests - 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 13%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h								
	ŭ								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20								

15

(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

# Schedule A (Form 990) 2023 SQUARE AND COMPASS CHILDREN'S CLINIC Part III Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed below, please complete Part II.)

Section A. Public Support

17140218 759078 20602.0

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Schedule A (Form 990) 2023

Yes

No

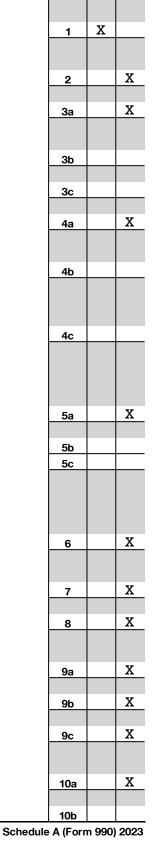
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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### Schedule A (Form 990) 2023 SQUARE AND COMPASS CHILDREN'S CLINIC 86-6050486 Page 5 Part 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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
	tion B. Type I Supporting Organizations			
			Yes	No

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

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

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). tion D. All Type III Supporting Organizations	1

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

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

1	Check the box next to the method	d that the organization used	to satisfy the Integral Part	Test during the year	(see instructions
	GRECK THE DOX HEXT TO THE METHOD	a mai me organization used	to satisfy the integral Part	rest during the year	

a X The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its	supported of	organizations.	Complete line 3 below.
---	--	------------------	-----------------	---------------	--------------	----------------	------------------------

The organizatior	supported a governm	nental entity. Describ	e in Part VI how	you supported a	governmental entity	(see instructions	s).
	The organizatior	The organization supported a governr	The organization supported a governmental entity. Describe	The organization supported a governmental entity. Describe in Part VI how	The organization supported a governmental entity. Describe in Part VI how you supported a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2

Yes No

Yes No

Х

Х

2a

2b

3a

17140218 759078 20602.0

	Indule A (Form 990) 2023         SQUARE AND COMPASS CHI           rt V         Type III Non-Functionally Integrated 509(a)(3) Supportionally			86-6050486 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2023

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instructions).

### SQUARE AND COMPASS CHILDREN'S CLINIC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	)			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
	*	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	IS	Distributable Amount for 2023		
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

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 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.

PART I, LINE 12G(VI)

FAIR MARKET VALUE OF DONATED FACILITIES PROVIDED TO CHILDREN'S CLINICS

FOR REHABILITATIVE SERVICES PER THE CLINICS' AUDITED FINANCIAL

STATEMENTS.

PART IV, SECTION D, LINE 3:

SQUARE AND COMPASS CHILDREN'S CLINIC IS A SUPPORTING ORGANIZATION OF

CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES AND HAS A HISTORIC AND

CONTINUING RELATIONSHIP WITH CHILDREN'S CLINICS. SQUARE & COMPASS

HELPED FORM CHILDREN'S CLINICS IN 1991. EVER SINCE THEN, WE HAVE

WORKED IN PARTNERSHIP WITH CHILDREN'S CLINICS AND THEY AND THEIR

PATIENTS HAVE BEEN THE SOLE BENEFICIARY OF OUR SUPPORT AND CHARITY.

SQUARE & COMPASS HAS A CLOSE WORKING RELATIONSHIP WITH THE LEADERSHIP

AND STAFF OF CHILDREN'S CLINICS, AND THEY HAVE A VERY SIGNIFICANT VOICE

IN HOW SQUARE & COMPASS DONATES FUNDS TO ASSIST THEM IN THEIR MISSION,

BUSINESS AND FACILITY NEEDS, AND INDIVIDUAL PATIENT ASSISTANCE. SQUARE

& COMPASS AND CHILDREN'S CLINICS FOSTERS THIS CLOSE RELATIONSHIP IN

NUMEROUS WAYS:

\* TWO SQUARE & COMPASS DIRECTORS HAVE BEEN MEMBERS OF THE CHILDREN'S

CLINICS BOARD OF DIRECTORS SINCE THE INCEPTION OF CHILDREN'S CLINICS.

THE SQUARE & COMPASS EXECUTIVE DIRECTOR IS ALSO AN EX-OFFICIO OFFICER

ON THE CHILDREN'S CLINICS BOARD.

\* THE CHILDREN'S CLINICS CEO IS AN EX-OFFICIO OFFICER ON THE SQUARE &

COMPASS BOARD OF DIRECTORS AND IS ABLE TO SHARE THE CLINIC'S NEEDS,

CONCERNS, AND THE WAYS SQUARE & COMPASS CAN BEST HELP THEM FULFILL

THEIR MISSION.

\* THE CHILDREN'S CLINICS CEO AND THE SQUARE & COMPASS EXECUTIVE
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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.) DIRECTOR HAVE TWICE MONTHLY MEETINGS TO DISCUSS THE DAY-TO-DAY HAPPENINGS AND NEEDS OF THE CLINIC. THE SQUARE & COMPASS EXECUTIVE DIRECTOR IS A MEMBER OF THE CHILDREN'S CLINICS SENIOR LEADERSHIP TEAM AND QUALITY, SAFETY, & COMPLIANCE COMMITTEE. THESE COMMITTEES BOTH HOLD MONTHLY MEETINGS. FREQUENTLY (AS NEEDED) THE SOUARE & COMPASS EXECUTIVE DIRECTOR HAS MEETINGS WITH SOCIAL WORKERS FROM CHILDREN'S CLINICS TO DETERMINE PATIENTS' NEEDS FOR INDIVIDUAL ASSISTANCE. FREQUENTLY (AS NEEDED) THE SQUARE & COMPASS EXECUTIVE DIRECTOR HAS MEETINGS WITH STAFF AND LEADERSHIP OF CHILDREN'S CLINICS TO ADDRESS THE DAILY FACILITY NEEDS THAT ARISE. THE TWO ORGANIZATIONS SHARE PHYSICAL SPACE; THE SQUARE & COMPASS CORPORATE OFFICE IS NEXT DOOR TO THE CHILDREN'S CLINICS ADMINISTRATION OFFICE, AND THE SQUARE & COMPASS EXECUTIVE DIRECTOR IS AVAILABLE 40 HOURS A WEEK TO ADDRESS THE CLINIC'S NEEDS. PART IV, SECTION E, LINE 2A: CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES IS THE SOLE BENEFICIARY OF OUR SUPPORT AND CHARITY. SQUARE & COMPASS OWNS AND MAINTAINS THE 50,000 SQUARE FOOT FACILITY IN WHICH CHILDREN'S CLINICS PROVIDES SERVICES TO MEDICALLY CHALLENGED CHILDREN IN SOUTHERN ARIZONA. SQUARE & COMPASS IS RESPONSIBLE FOR ALL ASPECTS OF THE CLINIC'S PHYSICAL INCLUDING REPAIRS AND MAINTENANCE, RENOVATIONS AND CONSTRUCTION. SPACE, SOUARE & COMPASS ENSURES THAT THE FACILITY MEETS ALL STANDARDS FOR CHILDREN'S CLINICS TO MAINTAIN ACCREDITATION AS A HEALTH ORGANIZATION. SQUARE & COMPASS ALSO ASSISTS PATIENTS OF CHILDREN'S CLINICS WITH MEDICALLY NECESSARY PRESCRIPTIONS AND EQUIPMENT NOT COVERED BY Schedule A (Form 990) 2023 332028 12-21-23 21 17140218 759078 20602.0 2023.05050 SQUARE AND COMPASS CHILDR 20602.01

SQUARE AND COMPASS CHILDREN'S CLINIC

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,

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Part VI

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 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.)

### INSURANCE.

PART IV, SECTION E, LINE 2B:

THE FACILITY IN WHICH CHILDREN'S CLINICS OPERATES IS NECESSARY TO ITS

MISSION OF PROVIDING A FAMILY CENTERED COMPREHENSIVE MEDICAL HOME TO

MEET THE SPECIAL NEEDS OF CHILDREN AND FAMILIES. BUT FOR SQUARE &

COMPASS, CHILDREN'S CLINICS WOULD BE RESPONSIBLE FOR ALL ASPECTS OF THE

CLINIC'S PHYSICAL SPACE.

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

# 2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# SQUARE AND COMPASS CHILDREN'S CLINIC

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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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

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

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

# SQUARE AND COMPASS CHILDREN'S CLINIC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 79,632. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 10,000. Noncash \$

(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>43,593.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

17140218 759078 20602.0

Employer identification number

(d)

(d)

(d)

X

X

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### Employer identification number

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### SQUARE AND COMPASS CHILDREN'S CLINIC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule I	B (Form 990) (2023)			Page <b>4</b>					
Name of o	organization			Employer identification number					
SOUAR	E AND COMPASS CHILDREN'	S CLINIC		86-6050486					
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter thi	is info. once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, a	Ind 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		(-) 3	(,						
	(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship	of transferor to transferee					
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	Ind 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	I						
			-						
	Transferee's name, address, a	Ind ZIP + 4	Relationship	of transferor to transferee					
				<b>.</b>					
323454 12-26	5-23			Schedule B (Form 990) (2023)					

# 17140218 759078 20602.0

SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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# **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.



Name of the organization

SQUARE AND COMPASS CHILDREN'S CLINIC

Employer identification number 86-6050486

Par	rt I Organizations Maintaining Donor A organization answered "Yes" on Form 990, Pa	Advised Funds or Other Similar Funds	or Accounts. Complete if the
		(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 adv		sed funds
-	are the organization's property, subject to the organiz	-	
6	Did the organization inform all grantees, donors, and		
U	for charitable purposes and not for the benefit of the		
	impermissible private benefit?	· · · ·	ľ m m
Par		if the organization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the or		
•	Preservation of land for public use (for example		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	t a qualified conservation contribution in the form	of a conservation assement on the last
2	day of the tax year.		Held at the End of the Tax Year
•			
a h			
U O	Total acreage restricted by conservation easements	taria atmustura included on line Oc	
ט ה	Number of conservation easements on a certified his		
a	Number of conservation easements included on line		
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding		
•	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing conserva	ation easements during the year
-			
8	Does each conservation easement reported on line 2	d above satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports co	nservation easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of t	the footnote to the organization's financial statem	ents that describes the
_	organization's accounting for conservation easement	ts.	
Par		ions of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB		
	of art, historical treasures, or other similar assets held	-	
	service, provide in Part XIII the text of the footnote to		
b			
	art, historical treasures, or other similar assets held for	or public exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, histo	prical treasures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
			\$
LHA	For Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.	Schedule D (Form 990) 2023
332051	1 09-28-23		

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	-	_	-	_	-		_	 _	_	

		AND COMPAS						86-60			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	: make sig	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	1 🗌	Loan or exc	change progra	am					
b	Scholarly research	е	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	nev further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	-		-	-						
-	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran								_		
	reported an amount on Form 990, Pa			organization			000,	r arcrv, n	10 0, 01		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not ir	ncluded				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L			
D		and complete the lo	lowing	lable.					Amount		
_							4.		Amoun		
	Beginning balance										
	Additions during the year						1d				
	Distributions during the year										
	Ending balance						1f				<b></b>
	Did the organization include an amount on F						y?		Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII.										
T ai	t V Endowment Funds Complete if							ears back	(a) Four	vooro	book
		(a) Current year	(a) i	Prior year	(c) Two year	IS DACK (	a) mee y	Ears Dack	(e) Four	years	DACK
<b>1</b> a	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	rent year end balance	e (line 1	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	nent									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o		• •	t or other	• • •	cumulate	d	(d) Bool	k valu	e
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings			8,32	23,167.	4,3	01,14	19.	4,022	2,03	18.
с	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		<u>X. line 1</u>	10c. column	<i>(</i> B))	<u></u>			4,022	2,0	18.
			-					Cabadula	D (F	000	0000

Schedule D (Form 990) 2023

332052 09-28-23

	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Descrip	Dtion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			-	
(F)				
(G)				
(H)				
otal. (Col. (	b) must equal Form 990, Part X, line 12, col. (B))			
	Complete if the organization answered "Yes" of	Earm 000 Part IV line	11c Soc Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	od-of-vear market value
(4)		(b) BOOK Value		la or year market value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	( )	I		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colu Part X	umn (b) must equal Form 990, Part X, line 15, col. Other Liabilities			
	Complete if the organization answered "Yes" of	n ⊦orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	ISURANCE FUNDS ADVANCED F	OK ROOF		
	PAIRS			222,473
(4)				1
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	ımn (b) must equal Form 990, Part X, line 25, col.			222,473

SQUARE AND COMPASS CHILDREN'S CLINIC

Schedule D (Form 990) 2023

86-6050486 Page 3

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 SQUARE AND COMPASS CHILI		86-6050486 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue p	er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		s per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.</u> )	
Pai	rt XIII Supplemental Information		

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

332054 09-28-23

SCHEDULE I (Form 990)		Go	Grants and Oth vernments, an lete if the organization	nd Individual n answered "Yes" Attach to Form	l <b>s in the Ŭni</b> on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2023</b> Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.	1	Inspection
Name of the organizat		D COMPASS	CHILDREN'S	CLINIC				Employer identification number 86-6050486
Part I General Ir	nformation on Grants a	nd Assistance						
criteria used to a <b>2</b> Describe in Part	zation maintain records t award the grants or assis IV the organization's pro	stance?	toring the use of grant	funds in the United	l States.			X Yes No
	d Other Assistance to hat received more than \$					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S CLINIC REHABILITATIVE SE WYATT DRIVE - TUC	RVICES - 2600 N.	86-0667510	501(C)(3)	65,811.	0.			SUPPORT PATIENT ENCOUNTERS
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table				

3 Enter total number of other organizations listed in the line 1 table ...

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

#### 332102 11-01-23

#### Schedule I (Form 990) 2023

### 32

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

SQUARE & COMPASS CHILDREN'S CLINIC (S&C) OWNS AND MANAGES THE FACILITY

WHICH HOUSES CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES (CCRS) AND ALSO

PROVIDES MONETARY SUPPORT FOR ITS DELIVERY OF MULTI-DISCIPLINARY MEDICAL

CARE. S&C IS A SUPPORTING ORGANIZATION OF CCRS AND THE ORGANIZATIONS

MAINTAIN A CLOSE WORKING RELATIONSHIP WHICH ENSURES SUPPORT IS USED FOR THE

INTENDED PURPOSE.

#### SQUARE AND COMPASS CHILDREN'S CLINIC Schedule I (Form 990) 2023 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

86-6050486

Page 2

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



SQUARE AND COMPASS CHILDREN'S CLINIC

Employer identification number 86-6050486

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

FORM 990 IS PREPARED BY THE ORGANIZATION'S CPA AND REVIEWED BY THE

EXECUTIVE DIRECTOR, THE BOARD PRESIDENT, AND THE TREASURER. UPON THEIR

APPROVAL, A COPY IS PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND COMMENT

PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

\*HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

\*HAS READ AND UNDERSTANDS THE POLICY,

\*HAS AGREED TO COMPLY WITH THE POLICY, AND

\*UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: \*WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING \*WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES RECORDED Schedule O (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 33

33

Name of the organization	Employer identification number
SOUARE AND COMPASS CHILDREN'S CLINIC	86-6050486
	00 0000400
FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INCREMENT	, IMPERMISSIBLE
PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. SHOU	LD A MEMBER BE
FOUND IN A CONFLICT OF INTEREST, THEY WOULD BE PROHIBITED	FROM
PARTICIPATING IN THE ORGANIZATION'S DELIBERATIONS AND DECI	SION MAKING
REGARDING THAT TRANSACTION.	

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

THE ENTIRE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR ALL EMPLOYEES. THE ORGANIZATION'S EMPLOYEES CONSIST OF THE EXECUTIVE DIRECTOR AND THE

EXECUTIVE ASSISTANT TO THE EXECUTIVE DIRECTOR. THIS IS REVIEWED BY THE

BOARD OF DIRECTORS TWICE A YEAR. THE LAST TIME THIS REVIEW TOOK PLACE WAS

AT OUR BOARD MEETING IN JUNE 2024.

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

DOCUMENTS ARE AVAILABLE FOR REVIEW IN THE ORGANIZATION'S OFFICE DURING

NORMAL BUSINESS HOURS.

332212 11-14-23

# SCHEDULE R

(Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 86-6050486

Department of the Treasury Internal Revenue Service

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

Name of the organization

### SQUARE AND COMPASS CHILDREN'S CLINIC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHILDREN'S CLINICS FOR REHABILITATIVE	COMPREHENSIVE MEDICAL HOME						
SERVICES - 86-0667510, 2600 N WYATT DRIVE,	TO MEET SPECIAL NEEDS OF						
TUCSON, AZ 85712	CHILDREN AND FAMILIES	ARIZONA	501(C)(3)	LINE 3	N/A		х
	-						

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

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 SQUARE AND COMPASS CHILDREN'S CLINIC

86-6050486 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ther?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											$\vdash$	
	-											
	-											
	-											
											+	
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled tity?
		country)		01 (1030)		435013		Yes	No
	-								
									<u> </u>
									<u> </u>

### Schedule R (Form 990) 2023 SQUARE AND COMPASS CHILDREN'S CLINIC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
(4)				
(5)				
(6)				

### Schedule R (Form 990) 2023 SQUARE AND COMPASS CHILDREN'S CLINIC

## 86-6050486 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes	) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023	
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# Part VII Supplemental Information

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

Schedule R (Form 990) 2023

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