

	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fron		OMB No. 1545-0047
Form 99		90	s) 2022		
		the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Interr	al Revenu	le Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
				JUN 30, 2023	
	heck if pplicable:	C Name of	organization	D Employer identific	ation number
	Address change Name	SQUA	RE AND COMPASS CHILDREN'S CLINIC		
	_change		usiness as	86-605048	
	_return Final		and street (or P.O. box if mail is not delivered to street address) Room/: N WYATT DRIVE	suite E Telephone number 520-324-3	
	⊥return/ termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,592,430.
	Amende		ON, AZ 85712	H(a) Is this a group re	
	Applica tion		nd address of principal officer: AMY BURKE	for subordinates'	
	pending		AS C ABOVE	H(b) Are all subordinates in	
IT	ax-exe	mpt status: [527 If "No," attach a	list. See instructions
	Vebsite		SQUAREANDCOMPASSCLINIC.COM	H(c) Group exemption	
			X Corporation Trust Association Other L	Year of formation: 1947 N	I State of legal domicile: \mathbf{AZ}
Pa		Summary			
ø			e the organization's mission or most significant activities: FACILITY		
Governance			ISCIPLINE MEDICAL CLINICS FOR SPECIAL		
ern		Check this bo		1.1	ets. 10
Š					10
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ependent voting members of the governing body (Part VI, line 1b)		2
ies			of individuals employed in calendar year 2022 (Part V, line 2a)		20
Activities &			of volunteers (estimate if necessary)		0.
Act			d business revenue from Part VIII, column (C), line 12		0.
	יוס	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	•	Contributions	and grants (Dart ) (III, line 1h)	191,735.	223,313.
ne			and grants (Part VIII, line 1h)	14,504.	12,820.
Revenue		•	ce revenue (Part VIII, line 2g)	339,981.	187,560.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	546,220.	423,693.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	97,891.	111,441.
				0.	0.
		-	co or for members (Part IX, column (A), line 4)	90,145.	92,094.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
Sen C			ng expenses (Part IX, column (D), line 25) 0 •		
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	333,596.	342,128.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	521,632.	545,663.
			expenses. Subtract line 18 from line 12	24,588.	-121,970.
LC S				Beginning of Current Year	End of Year
ets ( and	<b>20</b> T	Total assets (F	Part X, line 16)	10,790,708.	10,673,827.
Assets or d Balances	21 T	-	(Part X, line 26)	0.	0.
Net			fund balances. Subtract line 21 from line 20	10,790,708.	10,673,827.
Pa	rt II	Signature			
Und	er penalt	ties of perjury,	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
true,	correct	, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	oarer has any knowledge.	

Sign	Signature of officer	Date	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. MELTZE	<b>ER, CP</b> 12/20/23 self-employed	P00633511		
Preparer	Firm's name BEACHFLEISCHMAN P	LLC	Firm's EIN 86-	0683059		
Use Only	Firm's address 1985 E. RIVER ROA	D, SUITE 201				
	TUCSON, AZ 85718		Phone no. 5 2 0 -	321-4600		
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No		
			•			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	990 (2022) 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 482,872. including grants of \$ 111,441.) (Revenue \$ 12,820.)
Ĩ	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
	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 482,872.
	Form <b>990</b> (2022)
232002	12-13-22 <b>2</b>

2022.05010 SQUARE AND COMPASS CHILDR 20602.01

Form 990 (2022)				CHILDREN'S	CLINIC
Part IV Checklist of	Required Sch	nedule	es		

1         the organization described in section 501(b)(0) or 4847(b)(1) (bitler than a private foundation)?         1         X           2         the organization engage in direct or index political campage activities on behalf of or inoposition to candidate for public office? If "Yes," complete Schedule Q, Pert I         2         X           3         Section 501(b)(direction in first to index or index political campage in tobbying activities, or have a section 501(b) direction in first to index of index organization magae in tobbying activities, or have a section 501(b) direction in first to issue in the index or anomatic index or any similar amounts as defined in Rev. Proc. 911(b) (1974; "Yes," complete Schedule C, Pert II         5         X           6         Did the organization reactions of 10(c) and core any similar dines or any somitar finds and any sometar finds or any somitar finds and any sometar finds ana sometar finds anany sometar finds and any sometar				Yes	No
2         Is the organization engage in direct or inderte oblightal campaign activities on balaf of or is opposition to candidates for public official 'th''ves,' complete Schedule C, Part I         3         3         X           4         Section 501(b)(3) organizations. Do the organization engage in loobying activities, or have a section 501(b) election in effect during the say with 'tr''s, complete Schedule C, Part I         4         X           5         Is the organization ascentina 50 (b)(6), 050(c)(6), 050(c)(6), 070(c)(6), 070(c)(6	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Ddt the organization engage in direct political campaign activities on behalf of or in opposition to candidates for public office? // "vis," complete Schedule C, Part //         3         X           4         Sections 501(kg) organizations. Ddf the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? // "vis," complete Schedule C, Part //         4         X           5         Ib the organization asocian 501(kg) organization. Ddf are organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 84197 // "vis," complete Schedule C, Part //         6         X           6         Ddf the organization receives of diac conservation accement, inciduate or any similar diagescement to previde advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right of the organization maintan collections of works of at , historical treasures, or other similar assets? // Yiks, 'complete Schedule D, Part //         7         X           9         Dd the organization maintan collections of works of at , historical treasures, or other similar assets? // Yiks, 'complete Schedule D, Part //         7         X           10         X ×         regeneration report an amount for indusing quaditons is induce.         7         X           10         Dd the organization report an amount for indusing quaditons is indus.         7         X           10         Ddf th		If "Yes," complete Schedule A			<u> </u>
public office? If 'Yes,' complete Schedule C, Part I         a         X           4 Section 501(R) argunization. Did the organization engage in lobbying activities, or have a section 501(R) electron in effect         4         X           5 Is the organization a Yes, 'complete Schedule C, Part II         4         X           6 Did the organization manitaria any donor advised funds or any similar funds or accounts for which donors have the eight to provide advised on the advised funds or any similar funds or accounts II''res,' complete Schedule P, Part I         5         X           7 Did the organization encodes of hold a conservation assement, including assemants to preserve open space.         7         X           8 Did the organization receive or hold a conservation assement, including assemants to preserve open space.         8         X           9 Did the organization receive or hold a conservation assement. Including assemant, credit repair, or dobt negotiation for an amounts not horough a related organization. Including repair to including a construction and services?         9         X           10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, line 132, line 133, that a 595 or more of its total assets reported in Part X, line 132, line 132, line 133, that a 595 or more of its total assets reported in Part X, line 132, line 133, that a 595 or more of its total assets reported in Part X, line 132, line 133, that a 595 or more of its total assets reported in Part X, line 132, line 133, that a 595 or more of its total asse	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </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? <i>H</i> "ves," complete Schedule <i>C</i> , Pet <i>II</i> .         4         X           5         Is the organization a section 501(c)(k), 501(	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, * complete Schedule C, Part II         4         X           5         Is the organization a section S(10(4), 501(6)(5) or 500(6)(5) or 501(6)(5) or 500(6)(5) or 501(6)(5) or 500(6)(5) o			3		<u> </u>
5         Is the organization a sector S01(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197. If "Yes," complete Schedule C, Part II         5         X           6         Did the organization markan any domor advessed funds or any similar indice C part II         6         X           7         ZX         6         X           7         X         6         X           7         X         6         X           7         X         6         X           7         X         6         X           7         X         7         X           8         Did the organization marken on oficial conservation or preserve open space, the environment, historic at maximum or advessed of uncertainty or other engoliation service?         7         X           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowment?         10         X           10         Did the organization service?         9         X           10         Did the organization ineopt an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 13/1 ***, 'complete Schedule D, Part VI         10         X           11         The organization report an amount for inves	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
eminal amounts as defined in Rev. Proc. 98-197. #"xs_" complete Schedule Q, Part II         5         X           0         Dot the organization maintain any domer advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization native or hold a consenvation easement, including easements to preserve open space, the environment, historical treasures, or other animaliar assets? If "Yes," complete Schedule D, Part II         6         X           8         Did the organization maintain collections of works of art, historical treasures, or other animaliar assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit consinuation, hold assets in downerts?         9         X           10         Did the organization directly or through a related organization, hold assets in downerts?         9         X           10         Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V         10         X           11         H the organization report an amount for hirvestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI         11a         X           12         Did the organization seport an amount for hirvestments - program related in Part X. Ine 10? If "Yes," complete Schedule D, Part VI         11a         <		during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // **es, "complete Schedule D, Part // <b>B X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X</b> <td>5</td> <td></td> <td></td> <td></td> <td></td>	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments         9         X           10         Did the organization directly or through a related organization, hold assets in donor-restricted endowments         10         X           11         the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V         10         X           12         Did the organization report an amount for lawsthemts - organized in Part X, line 10? If "Yes," complete Schedule D, Part VI         11a         X           13         X         Did the organization report an amount for lawsthemts - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII         11b         X           14         X         Did the organization report an amount for other assets in Part X, line 12, If was, 's complete Schedule D, P			5		<u> </u>
7       Did the organization receive or hold a conservation easement, including assements to preserve open space.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes,' complete Schedule D, Part II       8       X         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, or debt negotiation services?       9       X         10       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, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, line 21, mais set in donorrestricted endowments or in quasi andowments? <i>II</i> 'res,' complete Schedule D, Part V       10       X         10       Did the organization report an amount for lawstments - other securities in Part X, line 10? <i>II</i> 'res,' complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'res,' complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'res,' complete Schedule D, Part X       114       X         11       <	6				
the environment, historic at and areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         11       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         12       Did the organization separate or consolidated financial statemen			6		<u> </u>
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         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?       9       X         10       Did the organization, factory of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization, sincetly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         12       If the organization report an amount for lines (b), practice or the complete Schedule D, Part V       11       X         13       If the organization report an amount for linestments - rother securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% if "yes," complete Schedule D, Part X       116       X         14       Did the organization report an amount for threasets in Part X, line 25% if "Yes," complete Schedule D, Part X       116       X         110       Did the organization separate or consolidated financial statements for the tax year?       114       X         111       X       116       X       116       X <td>7</td> <td></td> <td></td> <td></td> <td>37</td>	7				37
Schedule D, Part III       8       X         9       Did the organization on listed in Part X, line 21, for escrew or outsodial account liability, serve as a custodian or amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestrided endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - organs related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11a       X         c Did the organization report an amount for ther labilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11a       X         2 Did the organization organization report an amount for ther labilities in Part X, line 2? If "Yes," complete Schedule D, Part X       11e       X         11       X       11a       X       11a       X         2 Did the organization ontident in consolidated, independent audi	_		7		<u> </u>
9         Did the organization report an amount in Part X, line 21, for escrew 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?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> 'Yes, 'complete Schedule D, Part V         10         X           11         If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	8				77
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         If "Yes," complete Schedule D, Part V       10       X       10       X         11       If the organization, directly or through a related organization, should assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, should assets in donor-restricted endowments?       10       X         12       If the organization, directly or through a related organization, should assets in donor-restricted endowments?       10       X         13       If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VI       11       11       X         14       X       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VI       11       11       X         15       Did the organization report an amount for other lashiftes in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X         14       Did the organization separate or consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X       114       X         15       Did the organization as adgregate r	-		8		<u> </u>
If 'Yes,' complete Schedule D, Part IV       9       X         10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11       X         12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11       X         13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11       X         14 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 X       11       X         11 Did the organization's separate or consolidated financial attements for the tax year' include a footnote that addresses the organization's separate or consolidated financial statements for the tax year?       111       X         12 Did the organization report an answert or other iabilities in Part X, line 15, Out is optional       12       X         13 Is the organization approach at tax posclicates for the tax year?       111       X <td>9</td> <td></td> <td></td> <td></td> <td></td>	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II' 'tes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,					v
or in quasi endowments? # 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # 'Yes,'' complete Schedule D, Part VI     11b     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? # 'Yes,'' complete Schedule D, Part VII     11b     X       c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VIII     11c     X       d Did the organization report an amount for other liabilities 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 VII     11c     X       e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is boy to uncertain tax positions under FIN 48 (ASC TAY) /' Yres,'' complete Schedule D, Part X     11f     X       12a     Did the organization as achoid described in accilia tatements for the tax year?     11f 'Yes,'' complete Schedule D, Part X     11d     X       12a     Did the organization as achoid described in accilia tatements for the tax year?     11f 'Yes,'' complete Schedule F.     11d     X       13     Is th			9		<u> </u>
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable.       11       11       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII       11d       X         c 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 167 If "Yes," complete Schedule D, Part X VIII       11d       X         e Did the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X       11e       X         11d       X       11d       X       11d       X         12a       Did the organization asparate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization aschould described in sector 1700(F)(VI)(VI)/F " "Yes," complete Schedule D, Part X X and XIIII optical Stategen AX XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	10		10		v
as applicable.       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "yes," complete Schedule D, Part X       11e       X         f Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization asched rel/Wes, "complete Schedule D, Part X and XII       12a       X         14a       X       Did the organization asched rel/Wei N(M)(WiN)?       11t "Yes," complete Schedule D, Part X and XII       12a         15       X       11d <t< td=""><td></td><td></td><td>10</td><td></td><td></td></t<>			10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other lassits in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other lassitines Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year' include a footnote that addresses the organization islability for uncertain tax positions under FIN 48 (ASC 740?) // "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       X       11d       X       11d       X         12a       X       11d       X       11d       X         1	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       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 olded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Was the organization a school described in section 170(b)(1)A(ii)?       If "Yes," complete Schedule E       11a       X         13       Is the organization report on Part IX, column (A), line 3, 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       12a       X <td< td=""><td>_</td><td></td><td></td><td></td><td></td></td<>	_				
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         12a       Did the organization insubation report an amount for other laabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization included financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       X       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization maxima an office, employees, or agents outside of thu United States?       14a       X         14       Did the organization report on Pa	а		110	v	
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         11a       X       11e       X       11e       X         12a Did the organization's separate or consolidated financial statements for the tax year?       /f "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       13a       X         14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individual? If "Yes," complete Schedule C, Part II and IV       16       X         15 Did the organization report on Part IX, column (A), line 3, more	h				
c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       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 spearate or consolidated financial statements for the tax year include a footnote that addresses the organization batin separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       X       Was the organization on aswered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,0	D		116		x
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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       X         e Did the organization report an amount for other liabilities 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       X         f Did the organization's exparate or consolidated financial statements for the tax year include a footnote that addresses the organization sinability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization asparate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a         b Was the organization aschool described in section 170(b)(1)(A(iii)? If "Yes," complete Schedule E       13       X         11a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization neopt on Part IX, column (A), line 3, more than \$5,000 of garsts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "yes," complete Schedule F, Parts II and IV       16 <t< td=""><td>C</td><td></td><td>110</td><td></td><td>x</td></t<>	C		110		x
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         b Was the organization a school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Parts XI and XII is optional       12b       X         13       X         14a       X       14a       X         15       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       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 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 II and IV       16       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 II and IV       16       X         17	Ь				
e       Did the organization report an amount for other liabilities in Part X, line 25? /f "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 is liability for uncertain tax positions under FIN 48 (ASC 740)? /f 'Yes," complete Schedule D, Part X       11f       X         12a       Did the organization bain separate, independent audited financial statements for the tax year? // fr 'Yes," complete Schedule D, Part X and X/l       11f       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? /f 'Yes," complete Schedule D, Part X and X/l is optional       13       X         14a       X       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? /f 'Yes," complete Schedule F, Parts II and IV       16       X         15       X       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? /f 'Yes," complete Schedule F, Parts II and IV	u		11d		x
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       11f       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         f       "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization as chool described in section 170(b)(11/(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, 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 for or granization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or fo	е	Did the organization report an amount for other liabilities in Part X. line 25? If "Ves." complete Schedule D. Part X			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? // f"Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for rany foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for f					
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E       14a       X         14b       Did the organization navered "No" to line 12a then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV       16       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 G, Part II and IV       16       X         17       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," compl	-	• • •	11f		Х
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II 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 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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	12a				
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12       X         13       Is the organization a school described in section 170(b)(1)(A)(i)?       If "Yes," complete Schedule E       13       X         14       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       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 II and IV       16       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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X			12a		Х
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? 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 II 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), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 82,	b				
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>13 X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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</li> <li>14b X</li> <li>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 report on Part X, 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 II and IV</li> <li>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 II and IV</li> <li>16 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</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</li> <li>21 X</li> </ul>			12b		Х
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 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 of gross income from graming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from graming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       X       Zoa       X	13				
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 II 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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         20a       X       20b       20a       X	14a		14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II       21       X	18				
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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       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	19				
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II       21       X	•				
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II       21       X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21			v	
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			<b>V</b>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		X X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res, 'complete Schedule N, Part 1</i>			<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
• -	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
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Form 990					CHILDREN'S	
Part V	Statements R	egarding C	ther II	RS Filings ar	nd Tax Compliand	e (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	X	L		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>		
b	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			v		
	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					
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50				
6a						
u	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
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 year 7d					
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 7h				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
٥	sponsoring organization have excess business holdings at any time during the year?	8				
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	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				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans     13b       Enter the amount of reserves on hand     13c					
C 1/1-2		14a		x		
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14a 14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					
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	(2022)
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# SQUARE AND COMPASS CHILDREN'S CLINIC 86-6050486 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 0.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2				•		х
•	officer, director, trustee, or key employee?			2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		<u>X</u>
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	point	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	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	e 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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Code )	Ţ		
		venue	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		
U		•	, anniates,	10b		
444				11a	Х	
	<b>a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			77	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
	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	oks and	d records			
	AMY BURKE - 520-324-3860					
	2600 N WYATT DRIVE, TUCSON, AZ 85712					
232006	12-13-22			Form	990	(2022)
-						. /

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2022.05010 SQUARE AND COMPASS CHILDR 20602.01

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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.

week     officer and a director/trustee)     from     from related       (list any     1000000000000000000000000000000000000	(A) Name and title	<b>(B)</b> Average hours per		not cl		ition nore	than o		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
(1) AMY BURKE       40.00       X       59,901.       0.         EXECUTIVE DIRECTOR       X       0.       0.       0.         (2) ROGER BIEDE       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (3) CRAIG GROSS       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         OIRECTOR       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (5) FRED LOHMAN       2.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) BOB RICHARDS       2.00       X       0.       0.       0.         DIRECTOR       X       0.0       0.       0.       0.         (7) VINCENT SANTOS       2.00       X       0.       0.       0.         PRESIDENT       X       X </td <td></td> <td>week (list any hours for related organizations below line)</td> <td>offi</td> <td>cer an</td> <td>d a di</td> <td>recto</td> <td>r/trus</td> <td>tee)</td> <td>from the organization (W-2/1099-MISC/</td> <td>from related organizations (W-2/1099-MISC/</td> <td>other compensation from the organization and related organizations</td>		week (list any hours for related organizations below line)	offi	cer an	d a di	recto	r/trus	tee)	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/	other compensation from the organization and related organizations
(2) ROGER BIEDE2.00X0.0.DIRECTORX0.0.0.(3) CRAIG GROSS2.00X0.0.DIRECTORX0.0.0.(4) RANDAL JAGER2.00X0.0.DIRECTORX0.0.0.(5) FRED LOHMAN2.000.0.0.DIRECTORX0.0.0.(6) BOB RICHARDS2.000.0.0.DIRECTORX0.0.0.(7) VINCENT SANTOS2.00X0.0.DIRECTOR10.00X0.0.PRESIDENTXX0.0.(9) RON ALLEN2.00X0.0.VICE PRESIDENTXX0.0.(10) JAMES WOLFE2.00X0.0.SECRETARYXX0.0.		40.00							50.001		a = a a
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(3) CRAIG GROSS       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (4) RANDAL JAGER       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (5) FRED LOHMAN       2.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (6) BOB RICHARDS       2.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (7) VINCENT SANTOS       2.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) VAN ELROD       10.00       X       X       0.       0.         (9) RON ALLEN       2.00       X       X       0.       0.         (10) JAMES WOLFE       2.00       X       X       0.       0.         SECRETARY       X       X       0.       0.       0.		2.00	v						0	0	0
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(5) FRED LOHMAN2.00X0.0.DIRECTORX0.0.0.0.(6) BOB RICHARDS2.00X0.0.0.DIRECTORX0.0.0.0.(7) VINCENT SANTOS2.00X0.0.0.DIRECTORXX0.0.0.(8) VAN ELROD10.00XX0.0.PRESIDENTXX0.0.0.(9) RON ALLEN2.00XX0.0.VICE PRESIDENTXX0.0.0.(10) JAMES WOLFE2.00XX0.0.SECRETARYXX0.0.0.(11) ROB SETTLEMEYER3.000.0.0.			x						0.	0.	0.
(6) BOB RICHARDS2.00X0.0.DIRECTORX0.0.0.(7) VINCENT SANTOS2.00X0.0.DIRECTORXX0.0.(8) VAN ELROD10.00XX0.PRESIDENTXX0.0.(9) RON ALLEN2.00XXVICE PRESIDENTXX0.(10) JAMES WOLFE2.00XXSECRETARYXX0.(11) ROB SETTLEMEYER3.000.	(5) FRED LOHMAN	2.00									
DIRECTORX0.0.(7) VINCENT SANTOS2.00X0.0.DIRECTORX0.0.0.(8) VAN ELROD10.00X0.0.PRESIDENTXX0.0.(9) RON ALLEN2.00XX0.VICE PRESIDENTXX0.0.(10) JAMES WOLFE2.00XX0.SECRETARYXX0.0.(11) ROB SETTLEMEYER3.0000.	DIRECTOR		х						0.	0.	0.
(7) VINCENT SANTOS2.00X0.0.DIRECTORX10.00X0.0.(8) VAN ELROD10.00XX0.0.PRESIDENTXX0.0.0.(9) RON ALLEN2.00XX0.0.VICE PRESIDENTXX0.0.0.(10) JAMES WOLFE2.00XX0.0.SECRETARYXX0.0.0.(11) ROB SETTLEMEYER3.000.0.0.	(6) BOB RICHARDS	2.00									
DIRECTOR     X     0.     0.       (8) VAN ELROD     10.00     .     .       PRESIDENT     X     X     0.     0.       (9) RON ALLEN     2.00     .     .     .       VICE PRESIDENT     X     X     0.     0.       (10) JAMES WOLFE     2.00     .     .     .       SECRETARY     X     X     0.     0.       (11) ROB SETTLEMEYER     3.00     .     .     .	DIRECTOR		Х						0.	0.	0.
(8) VAN ELROD       10.00       X       X       0.       0.         PRESIDENT       X       X       X       0.       0.       0.         (9) RON ALLEN       2.00       X       X       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.         (10) JAMES WOLFE       2.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (11) ROB SETTLEMEYER       3.00       0       0       0.       0.	(7) VINCENT SANTOS	2.00									
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(9) RON ALLEN2.00VICE PRESIDENTX(10) JAMES WOLFE2.00SECRETARYX(11) ROB SETTLEMEYER3.00	(8) VAN ELROD	10.00									
VICE PRESIDENTXX0.0.(10) JAMES WOLFE2.00XX0.0.SECRETARYXX0.0.0.(11) ROB SETTLEMEYER3.00 </td <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		Х				0.	0.	0.
(10) JAMES WOLFE         2.00         X         X         0.         0.           SECRETARY         3.00         3.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		2.00									-
SECRETARY     X     X     0.     0.       (11) ROB SETTLEMEYER     3.00			Х		Χ				0.	0.	0.
(11) ROB SETTLEMEYER 3.00		2.00									
			Х		Χ				0.	0.	0.
		3.00	v		v				0	0	0.
					Δ				0.	0.	0.

232007 12-13-22

Form 990 (2022)

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2022.05010 SQUARE AND COMPASS CHILDR 20602.01

	990 (2022) SQUARE AN									86-60	)504	186	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	oloye	ees,	and (C		ghes	t C		, ,	<u> </u>		<i>(</i> <b>_</b> )	
	(A) Name and title	Average hours per week         Position (do not check more than o box, unless person is both officer and a director/trust (list any hours for related organizations below         Jon thisting individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual indindividual individual individual indindindividual i					than o s both r/trus	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	s	Est amo c comp fro orga and	(F) imated ount o other ensat om the nizatio relate nizatio	of ion on ed
		line)	Indi	Inst	Offi	Key	Hig	For						
											-			
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							59,901. 0. 59,901.		0.0.0	2,580. 0. 2,580.		0.
2	Total number of individuals (including but n compensation from the organization									000 of reportable				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion <b>B. Independent Contractors</b>								•			5		X
1	Complete this table for your five highest con the organization. Report compensation for	•							the organization's tax y	<i>,</i> , , , , , , , , , , , , , , , , , ,	ensati			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompen	sation	I
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	0	ot lin	nitec	to t	thos		ted	above) who received me	ore than				
							•					Form 9	<b>90</b> (2	022)

232008 12-13-22

				COM	IPASS CH	ILDREN'S CI	LINIC	86-6050	486 Page 9
Pa	rt VI								
		Check if Schedule O c	ontains a respo	nse o	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 S	1 a	Federated campaigns	1a						
IS Other Revenue Other Revenue Other Similar Amounts Its Revenue and Other Similar Amounts Its Its Contributions, Gifts, Grants Its Its Its Its Its Its Its Its Its I	b		1b						
	c	Fundraising events	<u>1c</u>						
Gift: Iar /	c	d Related organizations	<u>1d</u>						
ns, Simi	e	e Government grants (contril							
utio ler S	f	All other contributions, gifts, g			223,313.				
oth		similar amounts not included a Noncash contributions included in li			223,JIJ.				
Con	e h					223,313.			
0.0					Business Code				
e	2 a	RENTAL INCOME		ſ	532000	12,820.	12,820.		
e vic	b	o							
Se Senue	c								
ram 8eve	c	d b							
rog	e								
Ъ	•	All other program service r				12,820.			
	3	g Total. Add lines 2a-2f Investment income (includi				12,020.			
	3					181,941.			181,941.
	4	other similar amounts) Income from investment of tax-exempt bond Royalties							
	5		-						
			(i) Real		(ii) Personal				
	6 a	a Gross rents							
	b	b Less: rental expenses 6b							
		( )	6c						
		Net rental income or (loss)							
	7 a	a Gross amount from sales of	(i) Securiti 7a 117435		(ii) Other				
	h	assets other than inventory Less: cost or other basis	/a I I / 455	0.					
ē			7ь116873	7.					
enu	c		7c 5,61						
Rev		d Net gain or (loss)				5,619.			5,619.
her		a Gross income from fundraisin	ig events (not	$\square$					
₽		including \$	of						
		contributions reported on I	-						
		Part IV, line 18		8a					
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from f</li> </ul>		8b					
		a Gross income from gaming	•						
	00	Part IV, line 19		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from g		s					
	10 a	a Gross sales of inventory, le	ess returns						
		and allowances		10a					
		Less: cost of goods sold		10b					
	c	Net income or (loss) from s	sales of inventor						
sn	44 -				Business Code				
neor	11 a b			—					
əllar Ven	с С			—					
lisce Re		d All other revenue		—					
Σ		• Total. Add lines 11a-11d							
	12	Total revenue. See instruction				423,693.	12,820.	0.	
23200	9 12-1								Form <b>990</b> (2022)

SQUARE AND COMPASS CHILDREN'S CLINIC 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).

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	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	111,441.	111,441.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,478.	65,478.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,225.	20,225.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,391.	6,391.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	2,500.		2,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	53,046.		53,046.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	9,822. 3,414.	9,822.		
13	Office expenses	3,414.		3,414.	
14	Information technology				
15	Royalties				
16	Occupancy	60,893.	60,893.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	191,526.	187,695.	3,831.	
23	Insurance	16,812.	16,812.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	=	=		
а	MEDICAL SUPPLIES	4,115.	4,115.		
b					
С					
d					
е	All other expenses		400.070		
25	Total functional expenses. Add lines 1 through 24e	545,663.	482,872.	62,791.	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)				000
23201	) 12-13-22	10			Form <b>990</b> (2022)

2022.05010 SQUARE AND COMPASS CHILDR 20602.01

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	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	fficer, director,			
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	e person:	s		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	n 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,323,167.			
	b	Less: accumulated depreciation			4,702,398.	10c	4,213,543. 5,946,165.
	11	Investments - publicly traded securities			5,712,068.	11	5,946,165.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		·····	10 800 800	15	10 (80 008
	16	Total assets. Add lines 1 through 15 (must equa		10,790,708.	16	10,673,827.	
	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 F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-			05	
	00	of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee		X	0.	26	0.
s		and complete lines 27, 28, 32, and 33.	ck nere				
Balances	27	Net assets without donor restrictions			10,790,708.	27	10,673,827.
ala	28	Net assets without donor restrictions			10,100,100.	28	10,013,027.
σl	20	Organizations that do not follow FASB ASC 9			20		
п Ц		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fun	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
let	32	Total net assets or fund balances			10,790,708.	32	10,673,827.
~	33	Total liabilities and net assets/fund balances			10,790,708.	33	10,673,827.
					-		Form <b>990</b> (2022)

SQUARE AND COMPASS CHILDREN'S CLINIC

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

Cash - non-interest-bearing

Savings and temporary cash investments

86-6050486 Page 11

**(B)** End of year

371,359.

142,760.

**(A)** Beginning of year

293,401.

82,841.

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2

Form 990 (2022) Part X Balance Sheet

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	1990 (2022) SQUARE AND COMPASS CHILDREN'S CLINIC	86-	605048	5 Pa	_{age} 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		23,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		45,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		21,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,7		
5	Net unrealized gains (losses) on investments	5	3	02,4	.18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-2	97,3	
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	10,6	73,8	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			-
			_	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	۱ <u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> t	)	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?		20	;	<u> </u>
	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	<u> </u>	X
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		3t		
				000	

Form **990** (2022)

SCHEDULE A								OMB No. 1545-0047		
(Form 990)			rity Status an					0000		
	Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ		
Department of the Treasury			ttach to Form 990 or Fo					Open to Public		
Internal Revenue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	alatest info	ormation.		Inspection		
Name of the organization				_				identification number		
			PASS CHILDRE					6-6050486		
Part I Reason f	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The organization is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1 A church, cor	vention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	l)(A)(i).				
2 A school desc	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)						
3 A hospital or a	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).				
4 A medical res	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the h									
city, and state	-									
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Complete Part II.)								
	-	-	nental unit described in							
-	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
`		omplete Part II.)								
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
-	-		in section 170(b)(1)(A)(		-		-	-		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
· _										
-	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
			(less section 511 tax) fro	om busines	sses acquir	red by the org	janization a	iter June 30, 1975.		
		mplete Part III.)	walk to toot for public oot	fatu Caa	oootion EC	0(-)(4)				
	-	-	ively to test for public sat	•			m out the	purpass of and ar		
-	-	-	ively for the benefit of, to	-			•			
		-	d in section 509(a)(1) o							
	-	• •	f supporting organizatior upervised, or controlled				-	niving		
		-	gularly appoint or elect a	• • • •	-					
	-	complete Part IV, Se		majonty c				ipporting		
Ē Š		•	or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) by hav	ina		
		•	anization vested in the sa			U U		•		
	0	t complete Part IV,		anic perso	113 1141 001		ge the supp			
	. ,	•	g organization operated	in connect	tion with a	and functiona	llv integrate	d with		
			). You must complete I				ily integrate	a mai,		
	0		porting organization oper				rted organiz	ration(s)		
	-	• •	ation generally must sat				· ·			
	•	•	nplete Part IV, Sections			•				
			written determination fro				II. Type III			
	•		nally integrated supporti			· )  ·, · )	,,			
f Enter the number of								1		
		about the supporte								
(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
CHILDREN'S CI	INICS									
FOR REHABILI	<b>TATIVE</b>	86-0667510	3	X		111	,441.	777,000.		

Total

111,441.

777,000.

•

Schedule A (	(Form 990) 2022	SQUARE A	ND COMPASS	CHILDREN'S	CLINIC	86-6050486	Page 2
Part II	Support Schedule fo	r Organizatio	ons Described in	Sections 170(b)	(1)(A)(iv) and 1	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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 s	501(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	ic Support Pe	rcentage							
	Public support percentage for 2022 (I		•			14	%			
	Public support percentage from 2021					15	%			
<b>1</b> 6a	33 1/3% support test - 2022. 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 - 2021. If the o									
	and <b>stop here.</b> The organization qual									
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	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-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a					
						Schedule A	(Form 990) 2022			

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Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not										
	include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
-	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5										
	Amounts included on lines 1, 2, and										
70	3 received from disgualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c	Add lines 7a and 7b										
	Public support. (Subtract line 7c from line 6.)										
Sec	ction B. Total Support		•	•	•	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
9	Amounts from line 6										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses										
	acquired after June 30, 1975										
	Add lines 10a and 10b										
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12.)										
	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,				
	check this box and <b>stop here</b>	•			•		· · · · · · · · · · · · · · · · · · ·				
Sec	ction C. Computation of Publi										
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%				
16	Public support percentage from 2021					16	%				
Sec	ction D. Computation of Inves					• •					
17	Investment income percentage for 20			ine 13. column (f))		17	%				
18	Investment income percentage from 2					18	%				
100	<b>19a 33 1/3% support tests - 2022.</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	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/39	·				
	line 18 is not more than 33 1/3%, che										
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a. or 19b. check th	his box and see ins	structions					

SQUARE AND COMPASS CHILDREN'S CLINIC

(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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Schedule A (Form 990) 2022

Section A. Public Support

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Schedule A (Form 990) 2022

11551220 759078 20602.0

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Yes

No

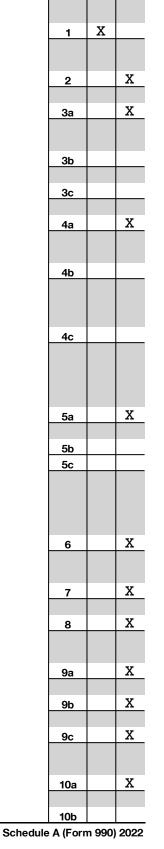
# Part IV | Supporting Organizations

(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")? // "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?
- 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 disgualified 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) 2022 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
Sec	ction 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> "No," <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	l. or controlled the supporting organization.	
Section C. T	ype II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

	Section D	. All Type I	II Supporting	Organizations
--	-----------	--------------	---------------	---------------

			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 that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- a X The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2

No

Yes No

Х

Х

2a

2b

3a

11551220 759078 20602.0

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	dule A (Form 990) 2022 SQUARE AND COMPASS CHI			86-6050486 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e 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 integrate	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2022

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instructions).

SQUARE	AND	COMPASS	CHILDREN'S	S	CLINIC

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 SQUARE
 AND
 COMPASS
 CHILDREN'S
 CLINIC
 86-6050486
 Page 8

 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.

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) 2022 232028 12-09-22 21 11551220 759078 20602.0 2022.05010 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,

Schedule A (Form 990) 2022

Part VI

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 Schedule A (Form 990) 2022
 SQUARE
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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.

#### 223451 11-15-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

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

Employer identification number

86-6050486

SQUARE	AND	COMPASS	CHILDREN'S	CLINIC
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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).

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

Schedule B (Form 990) (2022)

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Part I

SQUARE AND COMPASS CHILDREN'S CLINIC

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 26,137. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 87,077. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 10,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,745. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 10,243. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 24

Employer identification number

86-6050486

Name of organization

Page 3
Employer identification number

86-6050486

# 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. irom 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. 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. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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223453 11-15-22

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Pa	age <b>4</b>					
Name of o	organization		Employer identification number	ber					
SOUAR	E AND COMPASS CHILDREN'	S CLINIC	86-6050486						
Part III		tions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y	ear					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or l	less for the year. (Enter this info. once.)						
(a) No.	Use duplicate copies of Part III if additional								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
				—					
		(e) Transfer of gift	t						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
		[		—					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
				_					
	(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
				—					
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
		[		—					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gift	t						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
223454 11-15	5-22		Schedule B (Form 990) (	2022)					

26 2022.05010 SQUARE AND COMPASS CHILDR 20602.01

Department of the Treasury

Internal Revenue Service

(Form 9	<del>9</del> 90)
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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	t I Organizations Maintaining Donor Advised			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	y other purpose cor	nferring
D.	impermissible private benefit?			
Par			s" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of	
	day of the tax year.			Held at the End of the Tax Year
a				
b				
с	Number of conservation easements on a certified historic stru			<u>2c</u>
d	Number of conservation easements included in (c) acquired a			
•				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the or	ganization during the tax
4	year	amont is leasted		
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri		on bandling of	
5	violations, and enforcement of the conservation easements it		, C	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, I		d enforcing conser	
Ū		handling of violationic, an	a officienty concor	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservatio	n easements during the year
		<b>0</b> <i>i</i>	U	0 9
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
-	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea		U U	ain, provide
	the following amounts required to be reported under FASB AS	-		
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	ior Form 990.		Schedule D (Form 990) 2022

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Sche		AND COMPAS						86-60			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	[·] Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	i 🗌	Loan or exc	change progra	ım					
b	Scholarly research	e			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	nev further t	ne organizatio	n's exem	oarua tar	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			oorganizatio		100 011		, r arcrv,			
19	Is the organization an agent, trustee, custod		liany for	contribution	s or other ass	ets not i	ncluded				
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	_ 165		
b		and complete the lo	nowing i	lable.					Amount		
	De sienie a balance								Amount		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
t	Ending balance						1f		7		1
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>t V</b> Endowment Funds. Complete							aara baak	(a) [aur		haali
		(a) Current year	( d) F	Prior year	(c) Two year	S DACK	( <b>a)</b> Three y	ears back	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	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	%									
	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	е		_		
	organization by:								Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part I\	V, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or c	ther	(h) Cos	t or other	(c) A(	ccumulate	h-	(d) Book	value	<u>م</u>
	Description of property	basis (investr		• • •	(other)	• •	preciation		( <b>u</b> ) Door	valu	0
19	Land		7			2.56					
	Land			8 32	3,167.	<u> </u>	.09,62	24	4,213	3 5	4 3
	Buildings			0,52						, , , , .	<u>-</u> J•
	Leasehold improvements										
	Equipment										
e Tatal	Other								4,213	2 5	12
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colun</u>	<u>nn (B), line 1</u>	Uc.)						

Schedule D (Form 990) 2022

232052 09-01-22

	stments - Other Securities. lete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 000 Part X line 12	
	CULLITY OF Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial deriva				
	uity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	equal Form 990, Part X, col. (B) line 12.)			
	stments - Program Related.			
	lete if the organization answered "Yes"			
	Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(7) (8)				
(9)				
	equal Form 990, Part X, col. (B) line 13.)			
	er Assets.			
Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part X Othe	must equal Form 990, Part X, col. (B) lin er Liabilities.			
Comp		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Federal inc	ome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (0.1 (1.)				
	<u>must equal Form 990, Part X, col. (B) lin</u>		the organization's financial statements tl	l
			ere if the text of the footnote has been pro	

SQUARE AND COMPASS CHILDREN'S CLINIC

Schedule D (Form 990) 2022

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232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 SQUARE AND COMPASS CHILDR		86-6050486 Page 4					
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.						
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d		2e					
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 <b>4a</b> and <b>4b</b>		4c					
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 Stater	ments With Expenses	per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.						
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:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
с	Other losses	2c						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d		2e					
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	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b		4c					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)							
Pa	t 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.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection		
Name of the organizat		D COMPASS	CHILDREN'S	CLINIC				Employer identification number 86-6050486		
Part I General I										
criteria used to a <b>2</b> Describe in Part	<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>									
						anization answered i	es on Form 990, Part	IV, III e 21, IOF any		
								<b>(h)</b> Purpose of grant or assistance		
CHILDREN'S CLINIC REHABILITATIVE SH WYATT DRIVE - TUC	ERVICES - 2600 N.	86-0667510	501(C)(3)	111,441.	0.			SUPPORT PATIENT ENCOUNTERS		
2 Enter total numb	ber of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table						

2 Enter total number of section 50 (c)(3) and government organizations listed in the
 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

#### 232102 10-31-22

#### Schedule I (Form 990) 2022

#### Schedule I (Form 990) 2022 SQUARE AND COMPASS CHILDREN'S CLINIC Part III 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.

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

 Image: State Sta

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:

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.

86-6050486

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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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
SQUARE AND COMPASS CHILDREN'S CLINIC	86-6050486
FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INCREMENT	, IMPERMISSIBLE
FORTHER CHARTINGLE FORTOSED AND DO NOT RESOLT IN INCREMENT	, IMLERNIDDIE
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 2023.

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

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

NORMAL BUSINESS HOURS.

232212 10-28-22

# 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

2022 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		<b>9)</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) 2022

# Schedule R (Form 990) 2022 SQUARE AND COMPASS CHILDREN'S CLINIC

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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.

		, jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
	-										
										+	
	-										
	1										
	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	(d) 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	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

# Schedule R (Form 990) 2022 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	te: 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
b	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	
	n 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	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
(5)				
<u>(6)</u>				

# Schedule R (Form 990) 2022 SQUARE AND COMPASS CHILDREN'S CLINIC

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#### 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	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.?	$\frac{1}{2}$ total		( <b>r</b> Dispr tior allocat	) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General managir partner	(k) Percentage ownership
		country	Sections 512-514)	Yes N		233613	Yes	<u>No</u>	(FORM 1065)	Yes N	

Schedule R (Form 990) 2022

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# Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22