TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2023

Prepared for	COMPASSION WITHOUT BORDERS 1130 BUTLER AVE SANTA ROSA, CA 95407
Prepared by	QUIGLEY & MIRON 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fron		OMB No. 1545-0047
Forn	2022				
	epartment of the Treasury ternal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public	
		enue Service		JUN 30, 2023	Inspection
Вс	heck if	C Name of	organization	D Employer identifica	ation number
ap	oplicab	ile:	-		
	Addre] chang Name		ASSION WITHOUT BORDERS		-
]chang]Initial	ge Doing bu	Jsiness as	20-469822	7
	Final Final	v 1130	and street (or P.O. box if mail is not delivered to street address) Room/s BUTLER AVE	uite E Telephone number (707)474-	
	termii ated Amen returr	City or to	own, state or province, country, and ZIP or foreign postal code A ROSA, CA 95407	G Gross receipts \$ H(a) Is this a group retu	3,540,932.
	Appli tion	^{ca-} F Name ar	nd address of principal officer: CHRISTI CAMBLOR	for subordinates?	
	pendi	SAME .	AS C ABOVE	H(b) Are all subordinates incl	uded? Yes No
		empt status:			st. See instructions
	lebsi		CWOB.ORG	H(c) Group exemption	
	orm o I rt I	f organization:	X Corporation Trust Association Other L	Year of formation: 2001 M	State of legal domicile: CA
- 1	1		e the organization's mission or most significant activities: PROVIDIN	G A BRIGHTER F	UTURE FOR
Governance	•	ANIMALS	IN NEED ON BOTH SIDES OF THE BORDER.		
erna	2	Check this box	x if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	ets.
Š	3	Number of vot	ing members of the governing body (Part VI, line 1a)		6
⊗ ⊗	4		ependent voting members of the governing body (Part VI, line 1b)		5
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		35 218
Ę	6		of volunteers (estimate if necessary)		0.
¥			business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
8	8	Contributions	and grants (Part VIII, line 1h)	1,536,654.	2,320,404.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	144,682.	110,132.
š	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	14,628.	31,854.
"	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,810.	14,608.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,697,774.	2,476,998.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	38,313.
	14 15	-	to or for members (Part IX, column (A), line 4)	787,045.	1,059,380.
Expenses	10 16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 119,532.	0.	5,378.
ber	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 119, 532.		- /
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	689,049.	761,119.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,476,094.	1,864,190.
	19	Revenue less	expenses. Subtract line 18 from line 12	221,680.	612,808.
Net Assets of Fund Balances				Beginning of Current Year	End of Year
sset. 3alai	20	Total assets (F		2,572,993.	3,277,993.
erA	21		(Part X, line 26)	46,917.	93,824.
르리	22	Net assets or	fund balances. Subtract line 21 from line 20	2,526,076.	3,184,169.

Part II Signature Block

Т

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Т

Sign	Signature of officer			Date			
Here	CHRISTI CAMBLOR, EXECUTIV						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	JOHN BOVARD MIRON			if self-employed P01358141			
Preparer Firm's name QUIGLEY & MIRON				Firm's EIN 32-0530003			
Use Only	Firm's address 3550 WILSHIRE BLV	D., #1660					
	LOS ANGELES, CA 9	0010		Phone no. (213) 639-3550			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

Form	1990 (2022) COMPASSION WITHOUT BORDERS	20-4698227	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: COMPASSION WITHOUT BORDERS PROVIDES A BRIGHTER FUTURE FO NEED ON BOTH SIDES OF THE BORDER. OUR MISSION IS TO FIN THAT ARE IN THE MOST URGENT NEED OF HELP, YET THE LEAST HELPED DUE TO GEOGRAPHIC, CULTURAL AND SOCIOECONOMIC BAR	D THE ANIMA LIKELY TO B	LS
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.		X No
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.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$960,608. including grants of \$) (Revenue UNITED STATES: PROGRAMS INCLUDE RESCUE, REHABILITATION A HOMELESS DOGS THAT COME FROM MEXICO OR THE CENTRAL VALLE CALIFORNIA. WE OPERATE ONE SHELTER THAT HOUSES APPROXIM EACH YEAR. WE ALSO HAVE A FREE LOW-COST VETERINARY WELL SPAY/NEUTER PROGRAM FOR UNDERSERVED COMMUNITY MEMBERS.	ND ADOPTION Y OF ATELY 500 DO	
4b	(Code:)(Expenses \$ 569,401. including grants of \$ 38,313.) (Revenue MEXICO: PROGRAM INCLUDES A FREE CLINIC THAT PROVIDES FRE AND VETERINARY SERVICES TO OVER 5,800 ANIMALS ANNUALLY. THREE SHELTERS THAT PROVIDE CARE TO HOMELESS DOGS AND CA ARE TRANSPORTED FOR ADOPTION OR ADOPTED OUT LOCALLY.	E SPAY/NEUT	VE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	¢\$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,530,009.)	
		Form 9	90 (2022)

Form	990	(2022)

Form 990 (2022) COMPASSION WITHOUT BORDERS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	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,	_		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x
•	Schedule D, Part III	8		
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	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 IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		77	
• -	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,	4-		v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	40		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (COMPASSION	
Part IV	Checklist	of Required Schedul	es (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	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			37
	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		- 23
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes, " complete Schedule L, Part IV	28a		x
b		28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
	(gambling) winnings to prize winners?	1c		

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Form 990 (2022)	COMPASSION WITHOUT BORDERS
Part V Staten	nents Regarding Other IRS Filings and Tax Compliance (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 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country MEXICO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		Х
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note: See the instructions for additional information the organization must report on Schedule O.	ISd		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b				
~				
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
.5	excess parachute payment(s) during the year?	15		х
	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.			

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	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	_
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
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 arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE			
17 10		2\0.5!) e::-''	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	adie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
10		nd fire		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ina ina	ICIAI	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JUAN RAMON CAMBLOR - (707)474-3347			

PO BOX 14995, SANTA ROSA, CA 95402

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	æ			ited		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a.	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal t		oloye	com se		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	y em	Highest compensated employee	Former			organizations
(1) DR. CHRISTI CAMBLOR	40.00	Ē	Ë	5	ξe	Ξē	오			
	40.00	x		x				101,758.	0.	5,213.
EXECUTIVE DIRECTOR AND TREASURER (2) JUAN RAMON CAMBLOR	40.00	^		^				101,750.	0.	J, 21J.
	40.00	x		x				82,666.	0.	6,206.
PROGRAM DIRECTOR	10.00	<u>^</u>						02,000.	0.	0,200.
(3) JP NOVIC	10.00	x		x				0.	0.	0.
VICE PRESIDENT	10.00	^		^				0.	0.	0.
(4) BOBBIE THEADORE	10.00	x		x				0.	0.	0
SECRETARY	10.00	^		^				0.	0.	0.
(5) SUSAN THOMAS	10.00	x		x				0.	0.	0.
PRESIDENT	10.00	^		^				0.	0.	0.
(6) CINDY KARSTEN	10.00							0.	0.	0
BOARD MEMBER		X						0.	0.	0.
		<u> </u>								
		<u> </u>								

Form 990 (2022)

	990 (2022) COMPASSIC									20-469	8227	1 р	age 8
Par			ploy	ees			ghe	st C		es (continued)			
	(A) Name and title	(B) Average hours per week	Average Position Reportable Reportable ours per box, unless person is both an officer and a direct/trustee compensation officer and a direct/trustee compensation				(E) Reportable compensation from related	(F) Estimate amount o other					
	(list any hours for related officer line) Pormen trates for metholyse line) Pormen trates for metholyse line) Pormen trates for metholyse for methol for methol for methol for methol for methol for methol for methol for methol for methol for methol for methol for methol for methol for methol for for methol for for for for for for for for for for						the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or ar	mpensa from th ganizat nd relat ganizati	e tion ted		
		, 	<u>ц</u>	<u> </u>	0	Ke	E	Fe			+		
											<u> </u>		
	Subtotal Total from continuation sheets to Part VI								184,424.	0 0	•	L1,4	0.
d	Total (add lines 1b and 1c)								184,424.	0	. 1	L1,4	19.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	10 r	eceived more than \$100),000 of reportable			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•			Ŭ	ghest compensated emp	-	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization	4		x
5	Did any person listed on line 1a receive or a									idual for services	4		
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	ıch ,	pers	son .				5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comper	nsation	from	
	the organization. Report compensation for (A)					vith	or w	ithir	(B)			(C)	
	Name and business	address	NC	ONE	6			_	Description of s	services	Comp	ensatio	n
	Total number of independent contractors (ot li	mitc	d + c	the	00 11-		t abova) who received a	noro than			
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	UL III	nite	u 10		se lis)	stec	a above) who received r	nore trian			

			Check if Schedule O	conta	ains a respo	onse	or note to any lin	e in this Part VIII			
					·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
its ts	1	а	Federated campaigns		1a						
iran oun	-		Membership dues								
S, G			Fundraising events								
àifts ar /											
s, G			Government grants (conti								
rsi			All other contributions, gifts,								
but			similar amounts not included				2,320,404.				
d Otri		a	Noncash contributions included in			3	538,883.				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f					2,320,404.			
							Business Code	· · ·			
ė	2	a	ADOPTION FEES				541900	72,762.	72,762.		
° zi		b	FEE FOR SERVICE				541900	37,370.	37,370.		
Program Service Revenue		с									
am		d									
ogr		е									
P,		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					110,132.			
	3		Investment income (inclue								
				Ŭ			, ,	17,460.			17,460.
	4	Ļ	Income from investment of					-			
	5	;	Royalties		-		F				
			,		(i) Rea		(ii) Personal				
	6	a	Gross rents	6a							
				6b							
				6c							
		c Rental income or (loss) d Net rental income or (loss)									
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	1,078,3	328.					
		b	Less: cost or other basis								
ne				7b	1,063,9	934.					
/en		с	Gain or (loss)	7c							
Rev			Net gain or (loss)					14,394.			14,394.
ther Revenue	8		Gross income from fundraisi								
đ			including \$		· .						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			nts					
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry					
s							Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	14,608.			14,608.
ane		b									
evel.		с									
Alisc		d	All other revenue								
<			Total. Add lines 11a-11d					14,608.			
	12		Total revenue. See instruction					2,476,998.	110,132.	٥.	46,462.

Form 990 (2022) COMPASSION WITHOUT BORDERS Part VIII Statement of Revenue Vitigen 100 (2000) Vitigen 100 (2000)

orm	9	90) (20	22)	
	-					-	ľ

Form 990 (2022)	COMPASSION	WITHOUT	BORDERS		20-			
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).								

Do not include amounts reported on lines 6b,	se or note to any line in t	(B)	(C)	(D)
7b, 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				
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	38,313.	38,313.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	0.05 0.00	1 4 1 . 0 0 0		
trustees, and key employees	235,000.	141,000.	47,000.	47,000
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	663,878.	608,499.	35,557.	19,822
 7 Other salaries and wages 8 Pension plan accruals and contributions (include) 	000,070.	000,200.	55,557•	±,042
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,132.	21,506.	2,670.	2.956
0 Payroll taxes	133,370.	117,705.	10,698.	2,950 4,967
1 Fees for services (nonemployees):	,		,	•
a Management				
b Legal	605.	590.	15.	
c Accounting	36,968.	1,728.	35,240.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,378.			5,378
f Investment management fees	7,426.		7,426.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	110,729.	92,437.	16,225.	2,067 201
2 Advertising and promotion	953.	752.	2 004	
3 Office expenses	94,539.	59,726.	3,924.	30,889
4 Information technology				
5 Royalties	74,942.	74,942.		
	3,210.	3,210.		
7 Travel	5,210.	5,210.		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
20 Interest				
Payments to affiliates				
2 Depreciation, depletion, and amortization	40,587.		40,587.	
3 Insurance	27,774.	12,823.	14,951.	
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.)				
a MEDICAL SUPPLIES AND EQ	255,928.	255,830.	83.	15
b ANIMAL SUPPLIES	59,568.	59,568.		
c REPAIRS AND MAINTENANCE	27,096.	27,096.		
d MINOR EQUIPMENT	13,003.	12,730.	273.	
e All other expenses	7,791.	1,554.		6,237
5 Total functional expenses. Add lines 1 through 24e	1,864,190.	1,530,009.	214,649.	119,532
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)				

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COMPASSION WITHOUT BORDERS

Total net assets or fund balances

Total liabilities and net assets/fund balances

20 - 4698227Door

	1990 (.		1100	I DORDERO		20	
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			677,661.	1	1,498,681.
	2	Savings and temporary cash investments			291,046.	2	147,112.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,097.	4	200.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			1,583.	9	9,896.
	10a		1 1				
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,170,447.			
	b	Less: accumulated depreciation	10b	357,236.	853,622.	10c	813,211.
	11	Investments - publicly traded securities			730,984.	11	808,893.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	2,572,993.	16	3,277,993.
	17	Accounts payable and accrued expenses			46,917.	17	93,824.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
Liat		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines				05	
	06	of Schedule D			46,917.	25 26	93,824.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		e X	10,517.	20	55,021
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,526,076.	27	2,518,639
Bal	28					28	2,518,639. 665,530.
pu	20	Organizations that do not follow FASB ASC 9				20	,
μ		and complete lines 29 through 33.	50, 011				
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			2,526,076.	32	3,184,169.

2,526,076. 2,572,993. 3,277,993. 33 Form 990 (2022)

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Form	990 (2022) COMPASSION WITHOUT BORDERS	20-	4698227	Pag	ge 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 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	2,470 1,864 612 2,520	4,1 2,8 5,0	<u>90.</u> 08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 10	1 1	<u> </u>
De	column (B))	10	3,184	±,⊥	69.
Fa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
~	consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the consolidated basis Image: Consolidated basis	a audit			
C	review, or compilation of its financial statements and selection of an independent accountant?			х	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci		······		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		<i>.</i>		
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au			<u> </u>
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				1
_				000	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

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

Van	ne of t	he organization	ACCTON WIT	HOUT BORDERS					identification number $0-4698227$
Da	rt I	Reason for Public (aia nart \ C			0-4090227
					-			15.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	I)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	X	An organization that norma		antial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	panization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organized and the organized of the organized	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		_ requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
		er the number of supported o							
g		vide the following information			(iv) to the error	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	
Toto									

Schedule A (Form 990) 2022

COMPASSION WITHOUT BORDERS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Cale	ction A. Public Support						
Uale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,300,554.	1,338,566.	1,826,790.	1,536,654.	232,040.	6,234,604
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	1,300,554.	1,338,566.	1,826,790.	1,536,654.	232,040.	6,234,604
	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)						1,486,411
6	Public support. Subtract line 5 from line 4.						4,748,193
	ction B. Total Support						-,,,,,,,,,,,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,300,554.	1,338,566.	1,826,790.	1,536,654.	(e) 2022 232,040.	6,234,604
	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	277.	7,420.	18,247.	14,628.	17,460.	58,032.
0	Net income from unrelated business	2,,,,	,,1200	10,21,1	11,020.	1//1000	30,032
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					14,608.	14,608.
	assets (Explain in Part VI.)					14,000.	
	Total support. Add lines 7 through 10						^{6,307,244} 256,624
	Gross receipts from related activities,					12	230,024
13	,		t, second, third, fo	ourth, or fifth tax ye	ear as a section 5	601(c)(3)	
13		here					·····
	organization, check this box and stop	o Support Dor					
Sec	ction C. Computation of Publi						75 20
Sec 14	ction C. Computation of Publi Public support percentage for 2022 (li	ine 6, column (f), div	vided by line 11, c			14	00 80
Sec 14 15	Ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021	ine 6, column (f), div Schedule A, Part II	vided by line 11, c , line 14			15	88.76 %
Sec 14 15	Ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the or	ine 6, column (f), div Schedule A, Part II ırganization did not	vided by line 11, c , line 14 check the box on	line 13, and line 14	4 is 33 1/3% or m	15 nore, check this bo	88.76 %
Sec 14 15 16a	Ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the ostop here. The organization qualifies	ine 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo	vided by line 11, c , line 14 check the box on rted organization	line 13, and line 14	4 is 33 1/3% or m	15 nore, check this bo	88.76 9 x and
Sec 14 15 16a	ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the organization qualifies33 1/3% support test - 2021. If the organization qualifies	ine 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not	vided by line 11, c , line 14 check the box on rted organization check a box on lir	line 13, and line 14	4 is 33 1/3% or m ine 15 is 33 1/3%	15 hore, check this bo or more, check th	88.76 % x and is box
Sec 14 15 16a b	Ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies a 33 1/3% support test - 2021. If the o and stop here. The organization quali	ine 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat	line 13, and line 14 ne 13 or 16a, and li tion	4 is 33 1/3% or rr ine 15 is 33 1/3%	15 hore, check this bo or more, check th	88.76 % x and is box
Sec 14 15 16a b	ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the organization qualifies33 1/3% support test - 2021. If the organization qualifies	ine 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat	line 13, and line 14 ne 13 or 16a, and li tion	4 is 33 1/3% or rr ine 15 is 33 1/3%	15 hore, check this bo or more, check th	88.76 % x and is box
Sec 14 15 16a b	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies a 33 1/3% support test - 2021. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the facts	ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not fies as a publicly su t - 2022. If the orga s-and-circumstance	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat nization did not ch s test, check this	line 13, and line 14 ne 13 or 16a, and li tion neck a box on line box and stop here	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a S. Explain in Part 1	15 nore, check this bo or more, check th and line 14 is 10%	88.76 9 x and X is box or more,
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies 33 1/3% support test - 2021. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not fies as a publicly su t - 2022. If the orga s-and-circumstance st. The organization	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat nization did not ch s test, check this n qualifies as a pul	line 13, and line 14 ne 13 or 16a, and li tion neck a box on line box and stop here blicly supported or	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part v ganization	15 nore, check this bo or more, check th and line 14 is 10% VI how the organiza	88.76 % x and X is box
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies a 33 1/3% support test - 2021. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the facts	ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not fies as a publicly su t - 2022. If the orga s-and-circumstance st. The organization	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat nization did not ch s test, check this n qualifies as a pul	line 13, and line 14 ne 13 or 16a, and li tion neck a box on line box and stop here blicly supported or	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part v ganization	15 nore, check this bo or more, check th and line 14 is 10% VI how the organiza	88.76 % x and X is box
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies 33 1/3% support test - 2021. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not fies as a publicly su t - 2022. If the orga s-and-circumstance st. The organization t - 2021. If the orga	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat nization did not ch is test, check this in qualifies as a pul nization did not ch	line 13, and line 14 ne 13 or 16a, and li tion neck a box on line box and stop here blicly supported or neck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part V ganization 13, 16a, 16b, or 1	15 nore, check this bo or more, check th and line 14 is 10% VI how the organiza 17a, and line 15 is	88.76 % x and X is box
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the o stop here. The organization qualifies 33 1/3% support test - 2021. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	ine 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su t - 2022. If the orga s-and-circumstance st. The organization t - 2021. If the orga and facts-and-circums umstances test. The	vided by line 11, c , line 14 check the box on rted organization check a box on lir upported organizat nization did not ch is test, check this n qualifies as a pul nization did not ch stances test, check e organization qua	line 13, and line 14 tion tion box and stop here blicly supported or heck a box on line k this box and sto lifies as a publicly	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part 1 ganization 13, 16a, 16b, or 1 p here. Explain ir supported organi	15 nore, check this bo or more, check this and line 14 is 10% VI how the organization 17a, and line 15 is the part VI how the ization	88.76 % x and X is box ···································

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	í 	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
3	·						
	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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(1) 2010	(0) 2020	(4) 2021		
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
I.	and income from similar sources						
D							
	(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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Fire organization. In the organization	IT UIU HUL CHECK a	JUX UIT III 18 14, 19	a, or rep, check li	IIIS NUN ALTU SEE ILI	30000003	

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Sched	ule A (Form 990) 2022	COMPASSION WITHOUT BORDERS	20-46982	27 _P	age
Part	IV Supporting Organ	nizations (continued)			
				Yes	N
11	Has the organization accepte	d a gift or contribution from any of the following persons?			
a /	A person who directly or indir	ectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing bod	y of a supported organization?	11a		
b/	A family member of a person	described on line 11a above?	11b		
c /	A 35% controlled entity of a p	erson described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provid	le		
0	detail in Part VI.		11c		

Section 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 "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>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 support of the organization and the powers to appoint and/or remove officers, directors, or trustees were allocated among the support of the powers to appoint and/or remove officers, directors, or trustees were allocated among the support of the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers.</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III 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		
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		
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		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.

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2

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COMPASSION WITHOUT BORDERS Schedule A (Form 990) 2022 COMPASSION WITHOUT BORDERS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

fart	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 C	Other gross income (see instructions)	3		
4 A	vdd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
с	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
7 0	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	oggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	werage monthly value of securities	1a		
bΑ	werage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
4 C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	/ultiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	

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

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 t	he organization is responsive	e		
	(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) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reason-				
2	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019 From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u></u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	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				
e	Excess from 2022				

Schedule A (Form 990) 2022

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

** 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

2022

Employer identification number

Department of the Treasury

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

Organization type (check one):

COMPASSION	WITHOUT	BORDERS

20-4698227

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

J 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 in the set of the parts unless the set of the

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.

22	

Name of organization

Employer identification number

20-4698227

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$507,460.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$86,000.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$75,720.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$75,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$50,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$37,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$32,113.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d) Turce of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$23,535.	Person X Payroll Noncash (Complete Part II for

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

(b)

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

-

Employer identification number

(d)

20-4698227

(c)

Page 2

noncash contributions.) Schedule B (Form 990) (2022)

13		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$15,354.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 12,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>11,850.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

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

Part I

(a)

No.

Employer identification number

(c)

Total contributions

20-4698227

(d) Type of contribution

Page 2

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 20 </u>		\$10,734.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$9,554.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)	
Name of organization	

Part I

(a)

No.

19

Employer identification number

(d)

Type of contribution

X

20-4698227

Person Payroll

Noncash

(Complete Part II for

(c)

Total contributions

\$

11,052.

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$8,552.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>6,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

COTON WITHIIOUM DODDEDC COMPA

ASSTON	WT.I.HOU.I.	BORDERS	

(b)

Name, address, and ZIP + 4

(b)

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

Name of organization

Part I

(a)

No.

25

(a)

Employer identification number

(d) Type of contribution

X

20-4698227

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(c)

Total contributions

(c)

\$

9,250.

31		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>5,526.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>5,025.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

(d)

Type of contribution

20-4698227

(c)

Total contributions

37		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

20 - 4698227

(c)

Total contributions

Page 2

Name, address, and ZIP + 4	

	(b)	\$5,000. (c)	Person X Payroll Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>44</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$3,015.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

29

COMPASSION WITHOUT BORDERS

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

20-4698227

(c)

Total contributions

Name of o	rganization		Employ	ver identification numb
COMPA	SSION WITHOUT BORDERS		20	-4698227
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
<u> </u>	1374 SHARES OF VANGUARD 500 INDEX			
		\$ 507,4	60.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
15	STOCK			
		\$15,3	54.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
24	18 SHARES COSTCO STOCK			
		\$9,5	54.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
45	16 SHARES OF TRAVELERS COMPANY STOCK			
		\$3,0	15.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received

30

\$

Schedule B (Form 990) (2022)

tification number

Page 3

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
СОМРА	SSION WITHOUT BORDERS		20-4698227
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

)

Department of the Treasury

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.



Employer identification number

20 - 4698227

Internal Revenue Service Name of the organization

COMPASSION WITHOUT BORDERS

organization arrowned Year on hom Hub, Part N, ine d. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (c) 3 Aggregate value of contributions to (during year) (c) 4 Aggregate value of contributions to (during year) (c) 5 Dot the organization inform all grantes, donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring memory based by the organization information assemination to the statistical transmission of a historical tyrinportant land area Protection of natura habitat Preservation of a conservation assemination by the organization (necks at that apply). 1 Protection of natura habitat Preservation of conservation assemination the form of a conservation assemination or donor advisor, or for any other of a conservation assemination assemination assemination or advisor of perspace 2 2 Complete in babitat Preservation of conservation assemination assemanation assemanation assemination assemination assemina	Pa			s or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of combutions to (during year) 4 Aggregate value of combutions to (during year) 4 Aggregate value of combutions to (during year) 4 Aggregate value of ansites (during year) 4 Aggregate value of (during year) 4 Aggregate value of (during year) 4 Aggregate value of (during year) 4 Aggregate value (during year) 4 Aunther of conservation easements (during the year) 5 Adgregate value (during the year) 5 Adgregate value (during year) 5 Adgregate value (during the ye		organization answered "Yes" on Form 990, Part IV, lir		
2 Aggregate value of contributions to (during year) 4 Aggregate value of cars from (during year) 4 Aggregate value of ans from all donors and donor advisors in writing that the assets held in donor advisord funds are the enganization's property, subject to the equivalization's acculately legal control? 6 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for any other purposes conforming memoritable private benefit? 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 390, Part IV, line 7. 1 Purpose(s) of conservation easements hold by the organization (acculate) answered "Yes" on Form 390, Part IV, line 7. 1 Purpose(s) of conservation easements hold by the organization (acculate) in the form of a conservation desement hold by the organization (acculate) in the form of a conservation easement in the last 2 composite lines 22 strough 23 if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure 2 Proservation desements on a certified historic structure included in (a) 2 complete lines 22 strough 23 if the organization asements 2 a d 4 Number of conservation easements included in (c) acquired after July 22,0206, and not on a 1 historic structure listed in the National Register 3 Number of observation easements included in (c) acquired after July 22,2006, and not on a 1 historic structure listed in the conservation easement is located 3 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 3 volations, and enforcement on decise 1 the conservation easement is located 4 Number of states where property subject to conservation easements in the states 3 Does the organization have a written policy regarding the periodic monitoring, inspection, financial statement and 3 balance sheet, and include, if applicable, the text of			(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of grants from (during year) Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) or conservation essements held by the organization (necks all that apply). Preservation of a historically important land area: Aggregate setticted by conservation easements Autor of conservation easements held value (a qualified conservation contribution in the form of a corservation assements a total number of conservation easements are organization held a qualified conservation contribution in the form of a corservation assements ada of the tax year. Teat a number of conservation easements ada and the last are organization held a sufficied theory 252006, and not on a historic structure is used. Number of conservation easements modified, transferred, nelaeseed, extinguished, or terminated by the organization during the tax year ada of the value of the conservation easements is located visions, and enforcing conservation easements and orgin the year Anount of expenses incurred in montoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses anourde to monotoring, inspecting, handling of	1			
Aggregate value at end of year Ded the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and to for the benefit of the donor or or on yon ther purpose conferring meperinsible private benefit? Purpose(s) of conservation easements. Complete if the organization answered "Yes" on FOM 930, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that app)). Protection of a public use (for example, recreation or education) Proservation of a for public use (for example, recreation or education) Proservation of a conservation easements Total number of conservation easements Total acreage restricted by conserv				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's repressibility subject to the organization's repressibility without the benefit of the donor or donor advisor, or for any other purpose conferring impermissible pivate benefit? No 6 Did the organization's repressible pivate benefit? No 7 Purpose(s) or conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation easements held by the organization (necks all that appl). 1 Preservation of land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) 2 Preservation of almal habitat Preservation of a land for public use (for example, recreation or education) Preservation of a centified historic structure 2 Protection of natural habitat Preservation of a centified historic structure 2a 2 Teal aumber of conservation easements 2a 2a 3 Number of conservation easements in cluded in (a) 2a 2a 4 Number of conservation easements in cluded in (a) 2a 2a 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization here avathabita by earis ano and apointing, inspect	3			
are the organization's property, subject to the organization's exclusive legal control? \begin{tabular}{lllllllllllllllllllllllllllllllllll	_			
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	5	-	-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring				
Impermissible private banefit? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 930, Part IV, Ine 7. Impervation of land for public use (for example, recreation or education) Preservation of a historically important land area Progress(s) of conservation easements hield by the organization (check all that apply). Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2c c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure list of the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 2d 4 Number of states where property subject to conservation easements is located 2e No 5 Does the organization have a written palicy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easements thots? No	6			
Part III Conservation Easements. Complete if the organization (check all that apply). Improved(s) of conservation easements held by the organization (check all that apply). Improved(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Improved(s) of conservation easements held by the organization (check all that apply). Preservation of a conservation easement and the last improved in a conservation easement on the last independence of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements. Improved(s) of conservation easements.				
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a lastorically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements Image: Preservation easements 3 Total number of conservation easements Ze 2 Data Ze 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a Ze 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 2 Vers No 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easements. Heid at the services the organization farmatical statement and balance sheet works of art, historical treasures, or other similar assets	Da			
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: \$ a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022				
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 (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 			c exhibition, education, or research in furt	herance of public service,
(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: \$ a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022				¢
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022		···· · · · · · · · · · · · · · · · · ·		•
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022	~			
a Revenue included on Form 990, Part VIII, line 1 \$	2			ai gain, provide
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$	-		-	¢
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022				
		-	15 101 I UIIII 330.	

Sche		ION WITHOU								7 Page 2
Par	t III Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following the	at make si	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e	• L C	Other						
с	Preservation for future generations									
4										
5										
De	to be sold to raise funds rather than to be m		U						Yes	No No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
10	· · ·		dion (for c	ontribution	o or othor or	ecto pot	included			
Ia	Is the organization an agent, trustee, custod		•						Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ ـــــ		
b		and complete the it		able.					Amount	
~	Reginning balance						1c		, ano an	
	Beginning balance Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par										
		(a) Current year	1	ior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1g	, column (a	a)) 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 organiz	ation that	t are held a	nd administe	ered for th	ne		_	
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?					Зb	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fi	unds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c		(b) Cost		• •	cumulate	d	(d) Bool	k value
		basis (investr	ment)		(other)	dep	reciation			
1a	Land				1,236.					1,236.
	Buildings			59	0,478.	1	.26,12	27.	464	4,351.
	Leasehold improvements								,	
d	Equipment			27	8,733.	2	231,10	19.	4	7,624.
	Other								~ ~ ~ ~	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				81.	3,211.

Schedule D (Form 990) 2022

Schedule D	(Form 990)	2022	COMPASSION	WITHOUT	BORDERS
Part VII	Investm	nents - Ot	her Securities.		

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	() >
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	na 15)		
Part X Other Liabilities.			
	on Form 000 Det IV Per	110 or 11f Coo Form 000 Dout V line OF	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	, Part X, IINE 25 וווי ספט Part X, IINE 25 וויי ספט אוויי איז איז איז איז איז איז איז איז איז א	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990 Part X col (B) lin	0.05)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 COMPASSION WITHOUT BORD	ERS	20-4698227 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
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.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		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 St	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 1</i>	8.)	
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.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS				
AND PROVIDE A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED				
'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION.				
MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A				
PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2023.				
GENERALLY, THE ORGANIZATION'S INFORMATION RETURNS REMAIN OPEN FOR				
EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA)				
YEARS FROM THE DATE OF FILING.				

Part XIII	Supplemental Information (co	ontinued)		

Part I General Info Form 990, Part I		Activities Ou	tside the United States. Comple	te if the organization answered "Y	es" on
		n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
			the selection criteria used to award the		Yes X No
0 Farrantes have Dee					
2 For grantmakers. Dese United States.	cribe in Part v the	e organization s	procedures for monitoring the use of its	s grants and other assistance outs	side the
	The following Par	t I. line 3 table c	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments
		in the region			in the region
			DOG DEGGUE GDAY AND		
MEXICO	2	2	DOG RESCUE, SPAY AND EUTHANASIA		531,087
	2	4			551,007
3 a Subtotal	2	,	2		531,087
3 a Subtotal b Total from continuation		· · · · · ·			331,007
sheets to Part I	0) (0
c Totals (add lines 3a					
and 3b)	2		2		531,087

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

Schedule F (Form 990) 2022

Attach to Form 990.

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

OMB No. 1545-0047 r l / Open to Public Inspection

Employer identification number

Name of the organization

COMPASSION	WITHOUT	BORDERS

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

20-4698227

20-4698227

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		TO PURCHASE LAND AND BUILDINGS WHICH WILL					
		BE USED BY COMPASSION					
		WITHOUT BORDERS FOR	38,313.	WIRE	0.		
							<u></u>
							<u> </u>
O Ententetal music				 			<u> </u>
		recognized as charities by the or counsel has provided a sec					1
		or coursernas provided a sec					
	y	 				Sched	ule E (Form 990) 2022

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Schedule F (Form 990)) 2022	COMPASSION	WITHOUT	BORDERS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2022

20-4698227

Page 3

Schedule F		/ = = = =	COMPASSION	WITHOUT	BORDERS
Part IV	Foreigr	n Forms	5		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner</i> (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 COMPASSION WITHOUT BORDERS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: MEXICO

(D) PURPOSE OF GRANT: TO PURCHASE LAND AND BUILDINGS WHICH WILL BE USED

BY COMPASSION WITHOUT BORDERS FOR COMPASSION WITHOUT BORDER'S CLINIC AND

RESCUE OPERATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2022

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

. Inspection Employer identification number

20 - 4698227

Name of the organization

COMPASSION WITHOUT BORDERS

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	'e
		applicable		Form 990, Part VIII, line 1g	noncash contribu	illon ai	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	535,383.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	jement 29				_
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	iich isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribution	utions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

20-4698227 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 20-4698227

COMPASSION WITHOUT BORDERS

FORM 990, PART VI, SECTION A, LINE 2:

DR. CHRISTI CAMBLOR AND JUAN RAMON CAMBLOR ARE MARRIED.

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

FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANT. FOLLOWING THE COMPLETION

OF A DRAFT OF THE FORM 990 THE BOARD OF DIRECTORS REVIEW THE FORM 990 TO

ENSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS AND

QUESTIONS ARE ACCURATE. APPROPRIATE REVISIONS ARE MADE TO THE FORM 990 AND

THE REVISED DRAFT IS GIVEN TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

COMMENTS PRIOR TO FILING OF THE FORM 990.

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

PRIOR TO VOTING ON ANY ISSUE ABOUT WHICH A BOARD/COMMITTEE MEMBER HAS A CONFLICT OF INTEREST, THE BOARD MEMBER IS EXCUSED FROM THE MEETING UNTIL THE ISSUE HAS BEEN DISCUSSED AND DECIDED/VOTED ON.

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

THE ORGANIZATION'S BOARD SETS COMPENSATION FOR THE EXECUTIVE DIRECTOR (ED). THE BOARD PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE OF THE ED. THE BOARD ALSO GATHERS INPUT FOR SETTING THE ED'S COMPENSATION FROM NONPROFIT COMPENSATION SURVEYS AND/OR FROM COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE DELIBERATION AND DECISION REGARDING THE ED'S COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD AND APPROVED BY THE FULL BOARD OF DIRECTORS. THE ED IS RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER EMPLOYEES THROUGH SALARY INFORMATION REVIEWED FROM SIMILAR SOURCES AS USED IN SETTING THE ED COMPENSATION. THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Name of the organization

EMPLOYEE COMPENSATION DECISION IS DOCUMENTED IN THE APPLICABLE EMPLOYEE'S

PAYROLL FILE.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF THE 990.

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	F	OMB No. 1545-0047
	For calendar year 202	2, or fiscal year beginning JUL 1 , 2022, and ending JUN 30	20 2 3	0000
		Do not send to the IRS. Keep for your records.		2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer	l		EIN or SSN	
COMPAS	SION WITH	OUT BORDERS	20-46	98227
Vame and title of officer or pe		CHRISTI CAMBLOR	1 20 20	
tame and the of ember of pe		EXECUTIVE DIRECTOR		
Part I Type of	Return and Re	turn Information		
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. ount on that line for	e using this Form 8879-TE and enter the applicable amount, if any, For all other forms, enter whole dollars only. If you check the box the return being filed with this form was blank, then leave line 1b , D-). But, if you entered -0- on the return, then enter -0- on the applic	on line 1a, 2a, 3 2b, 3b, 4b, 5b, 1	a, 4a, 5a, 6a, 7a, 8a, 6b, 7b, 8b, 9b, or 10b
1a Form 990 check h	nere X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1 2 476 998
		b Total revenue, if any (Form 990, Part Vin, countri (A), line 12)	444444944444444	
2a Form 990-EZ che	55.5 B	b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL c 4a Form 990-PF cheat		 b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 		
		b Balance due (Form 8868, line 3c)		4b
5a Form 8868 check 6a Form 990-T check		b Total tax (Form 990-T, Part III, line 4)		50
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year (Form 5227, Item D)		
9a Form 5330 check		b Tax due (Form 5330, Part II, line 19)		8b 9b
10a Form 8038-CP ch	2015/0.000 III III III III	b Amount of credit payment requested (Form 8038-CP, Part I		
		ture Authorization of Officer or Person Subject to	n, me 22) Tax	10b
		I am an officer of the above entity or LI am a person subject t		at to Inama
termediate service provic cknowledgement of recei any refund. If applicable ntry to the financial institu- nancial institution to debi	that the amount in der, transmitter, or ipt or reason for reje , I authorize the U. ution account indic t the entry to this a	, (EIN) , (EIN) , (EIN) , endules and statements, and, to the best of my knowledge and be Part I above is the amount shown on the copy of the electronic re electronic return originator (ERO) to send the return to the IRS and ection of the transmission, (b) the reason for any delay in processir S. Treasury and its designated Financial Agent to initiate an electro ated in the tax preparation software for payment of the federal taxe ccount. To revoke a payment, I must contact the U.S. Treasury Fin	turn. I consent to receive from on the return or onic funds withc es owed on this pancial Agent at	to allow my the IRS (a) an refund, and (c) the c lrawal (direct debit) return, and the 1-888-353-4537 no
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