Department of the Treasury Internat Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

| Α                         | For the                 | e 2018 calen                              | dar year, or tax year begin  | ning  |  | , 2018,                       | and ending                              |                 |                                       | ,                                |
|---------------------------|-------------------------|---|--|---|--|-------------------------------|---|-----------------|---------------------------------------|----------------------------------|
| В                         | Check if                | applicable                                | С  |   |  |                               |   | 1               | Employer ide                          | ntification number               |
|                           | Add                     | ress change                               | Coalition for Con  | mpassion  | and Just                                   | ice                           |   |                 | 47-085                                | 1633                             |
|                           | $\vdash$                | ne change                                 | PO Box 1882  |   |  |                               |   | E               | Telephone nui                         |                                  |
|                           | $\vdash$                | al return                                 | Prescott, AZ 863   | 02  |  |                               |   |                 | (928)                                 | 445-8382                         |
|                           | H                       | -   |  |   | •  |                               |   |                 | (928)                                 | 445-6364                         |
|                           | Final Final             | return/terminated                         |  |   | 1  |                               |   | 1.              | _                                     | •                                |
|                           | ⊢ Ame                   | ended return                              |  |   | <u> </u>                                   |                               |   |                 | Gross receipts                        | <del></del>                      |
|                           | Арр                     | lication pending                          | F Name and address of principal  | <sup>lofficer</sup> Mar                               | y <sup>'</sup> Bauer                       |                               |   |                 | group return for s                    | ш                                |
|                           |                         |   | Same As C Above  |   | <b>-</b> \                                 |                               | $\mathcal{M}^{2}$                       | (b) Are all su  | bordinates includ<br>tach a list (see | ded? Yes No                      |
| $\overline{\Gamma}$       | Tax-ex                  | kempt status                              | X 501(c)(3) 501(c) (   | ) <b>∢</b> (in  | sert no ) 49                               | 947(a)(1) or                  | 1 /527                                  | 11 110, 2       | tacira ilat (ace                      | msu ucaonsy                      |
| J                         |                         |   | w.yavapaiccj.org   | <u>`</u> `  | <del></del>                                |                               | 1 <del>4</del>                          | (c) Group ex    | emption number                        | <b>&gt;</b>                      |
| ĸ                         |                         | of organization                           | X Corporation Trust  | Association   | Other >                                    |                               | Year of formation                       |                 |                                       | f legal domicile AZ              |
| Pa                        |                         |   |  | ASSOCIATION   | Oulei                                      | <del>"</del>                  | real of tormation                       | 2001            | IVI State of                          | r legal domicile AZ              |
| Га                        |                         | Summar                                    |  |   | venificant notice                          | ution Ma                      |   |                 |                                       |                                  |
|                           |                         |   | be the organization's missi  |   |  |                               |   |                 |                                       |                                  |
| မွ                        |                         |   | cacy for those li  |   | poverty,                                   | <u> Teadr</u>                 | ng_to_se                                | eri-sui         | rrcreucz                              | y_and_a_rair                     |
| Governance                |                         | and Just                                  | community for al   | - <b></b>   | <del>_</del> _                             |                               | - <b></b>                               |                 |                                       |                                  |
| E                         |                         |   |  | . <del>-</del>  | - <del></del>                              |                               | - <del>-</del>                          |                 |                                       |                                  |
| <u></u>                   |                         | Check this bo                             |  |   |  |                               | osed of more                            | e than 25°      |                                       | 1                                |
| 92                        |                         |   | oting members of the gover   | • • •   |  |                               | . 16)                                   |                 | 3                                     | 12                               |
| S                         |                         |   | dependent voting members   | _   | • • •                                      |                               | -                                       |                 | . 4                                   | 12                               |
| ا≝                        |                         |   | of individuals employed in   |   | ear 2018 (Part                             | v, iine za                    | ) .                                     |                 | 5                                     | 55                               |
| Activities &              |                         |   | of volunteers (estimate if   |   |  | 2                             | •                                       |                 | 6                                     | 45                               |
| ⋖                         |                         |   | ed business revenue from F   |   |  |                               | 1                                       |                 | 7a                                    | 30,000.                          |
| $\rightarrow$             | יו פו                   | vet unrelated                             | business taxable income  | rom Form 9  | 90-1, line 350/                            | EWE                           | $\mathbf{D}$                            |                 | 7b                                    |                                  |
|                           |                         |   |  |   |  |                               | 70                                      |                 | or Year                               | Current Year                     |
| <u>o</u>                  |                         |   | and grants (Part VIII, line  |   | 059<br>170                                 | 1 5 004                       | 65<br>FIS-08C                           |                 | <u>819,422.</u>                       | 740,201.                         |
| Revenue                   | 9 F                     | orogram serv                              | rice revenue (Part VIII, line  | 2g)   | 1 1 1 111 1                                | <b>1 5</b> 201                | la [%]                                  | <u> </u>        |                                       |                                  |
| ě                         | 10                      | nvestment in                              | ncome (Part VIII, column (A  | A), lines 3, 4  | and /d)                                    |                               | 一十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二 |                 | 2,281.                                | -1,751.                          |
| ~                         | 11 (                    | Other revenue                             | e (Part VIII, column (A), Iır  | ies 5, 6d, 8c   | 9c;-10c-and-                               | l-le)                         |   |                 | -4,363.                               | -1,692.                          |
|                           | 12 7                    | Total revenue                             | e – add lines 8 through 11   | (must equal   | Part VIII, colu                            | min (A), li                   | ne (12)                                 |                 | 817,340.                              | 736,758.                         |
|                           | 13 (                    | Grants and si                             | ımılar amounts paid (Part I  | X, column (A  | 4), lines 1-3)                             |                               |   |                 |                                       |                                  |
| ŀ                         | 14 E                    | Benefits paid                             | to or for members (Part IX   | (, column (A  | ), line 4)                                 |                               |   |                 |                                       |                                  |
|                           | 15 9                    | Salaries, othe                            | other compensation, employee benefits (Part IX, column (A), lines 5-10)        |   |  |                               |   |                 | 415,521.                              | 433,864.                         |
| - Se                      | 16a F                   | Professional                              | fundraising fees (Part IX, c   | olumn (A)   | ine 11e)                                   |                               |   |                 |                                       |                                  |
| Expenses                  |                         |   | -  |   | -  | _                             |   | <del></del>     |                                       | <u>i</u>                         |
| 훘                         |                         |   | sing expenses (Part IX, col  |   |  |                               | 3,284.                                  |                 |                                       | <u> </u>                         |
|                           | 17 (                    | Other expens                              | ses (Part IX, column (A), Iır  | nes 11a-11d,  | 11f-24e)                                   | •                             |   | 565,677.        |                                       | 542,716.                         |
|                           | 18 7                    | Total expense                             | es Add lines 13-17 (must e   | equal Part IX   | (, column (A), l                           | lıne 25)                      |   |                 | 981,198.                              | 976,580.                         |
| .                         | <b>19</b> F             | Revenue less                              | expenses Subtract line 18  | 8 from line 1   | 2  |                               |   |                 | 163,858.                              | -239,822.                        |
| ১ ট                       |                         |   |  |   |  |                               |   |                 | of Current Year                       | <del></del>                      |
| a se                      | 20 7                    | Total assets (                            | (Part X, line 16)  |   |  |                               |   |                 | 359,887.                              |                                  |
| Ass                       |                         |   | s (Part X, line 26)  |   |  |                               |   |                 | 049,180.                              | 1,013,069.                       |
| Net Assets<br>Fund Balanc |                         |   | fund balances Subtract III   | ae 21 from li   | ne 20                                      |                               |   |                 | 310,707.                              |                                  |
|                           | rt II                   |   |  | 16 21 11011111  |  |                               |   | <u> </u>        | 310,707.                              | 1,060,155.                       |
|                           |                         | Signatur                                  |  | <del></del>   |  |                               | <del></del>                             | <del></del>     | <del> </del>                          | <del></del>                      |
| Unde                      | r penaltie<br>ilete Dec | es of perjury, I de<br>claration of prepa | eclare that I have examined this retu<br>irer (other than officer) is based on | irn, including acc<br><del>all info</del> rgiation of | companying schedul<br>f which preparer has | les and state<br>s any knowle | ements, and to the<br>edge              | e best of my    | knowledge and b                       | pelief, it is true, correct, and |
| ·                         |                         |   | 12221  |   | <del></del>                                |                               |   | - 1Î            | alout 10                              | 2                                |
| C:                        |                         | Signatur                                  | under the second   |   |  |                               |   | i Date          | -11 E41 10                            | 1                                |
| Sig                       | n                       |   |  |   |  |                               |   | - 1             | . 5.                                  |                                  |
| He                        | re                      | Jes:                                      |  |   |  |                               |   | Execut          | ive Dir                               | ·                                |
|                           |                         |   | print name and title   |   |  |                               | 1- :                                    | ·               | <del></del>                           |                                  |
|                           |                         | Print/Type p                              | reparer's name   | Preparer's aign                                       | ature                                      |                               | Date /                                  | <i>1</i> .   C  | heck llf                              | PTIN                             |
| Pai                       | d                       | Adam F                                    | Rutherford, CPA  |   |  |                               | 8/28/                                   | / <b>9</b> s    | elf employed                          | P01074806                        |
|                           | parei                   |   | SCHUTTE & HII  | GENDORF   | , PLLC                                     |                               |   |                 |                                       |                                  |
|                           | e Only                  |   |  |   |  |                               |   | F               | rm's EIN ► 26                         | 6-1390040                        |
|                           |                         |   |  |   |  |                               |   | 3-778-0079      |                                       |                                  |
| Mav                       | the IR                  | S discuss th                              | is return with the preparer  |   | e? (see instruc                            | tions)                        |   | <u></u>         |                                       | X Yes No                         |
|                           |                         |   | eduction Act Notice, see t   |   |  |                               | TEFA                                    | 0101L 08/20/    | 18                                    | Form <b>990</b> (2018)           |
|                           | 41 1                    | -permoin N                                |  | in schalate   |  |                               | الاحتا                                  | J. J. L. UG/20/ |                                       | 1 3111 330 (2010)                |

| Form | 990 (2018) Coalition for Compassion and Justice  | 47-085        | 1633           | Page 2              |
|------|--|---------------|----------------|---------------------|
| Par  | t III Statement of Program Service Accomplishments   |               |                |                     |
| 1    | ' Check if Schedule O contains a response or note to any line in this Part III   |               |                |                     |
| 1    | Briefly describe the organization's mission  |               |                |                     |
|      | To provide vital services, education and advocacy for those living   | ng in po      | verty,         |                     |
|      | leading to self-sufficiency and a fair and just community for al   | l.            |                | _                   |
|      |  | · <b></b>     |                |                     |
|      |  |               |                |                     |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the pri   | or            |                |                     |
|      | Form 990 or 990-EZ?  |               | Yes            | X No                |
|      | If "Yes," describe these new services on Schedule O.   |               |                |                     |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program se  | rvices?       | ☐ Yes          | X No                |
| _    | If "Yes," describe these changes on Schedule O.  |               |                |                     |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services.  | ices as me    | asured by      | expenses            |
| _    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation   | is to others, | the total e    | expenses,           |
|      | and revenue, if any, for each program service reported   |               |                |                     |
|      |  |               |                |                     |
| 4 a  | (Code ) (Expenses \$ 739,710. including grants of \$ ) (F  | Revenue \$    |                | )                   |
|      | Open Door and other miscellaneous programs provided individuals  | and fami      | llies w        | ho are              |
|      | homeless or low income with a place where basic needs are addres   |               |                |                     |
|      | justice and fellowship are nourished; and financial assistance i   |               |                |                     |
|      | encourage self-sufficiency and meet emergency needs. These servi   |               |                |                     |
|      | providing hot meals, food boxes, clothing, showers, mail_service   |               |                |                     |
|      | toiletries, school supplies, christmas gifts, and other services   |               |                |                     |
|      | Correcties, School Supplies, Christmas grics, and other services   | :             |                |                     |
|      |  | <b></b>       |                | <b>-</b>            |
|      |  | - <b></b>     | <del>-</del>   |                     |
|      |  |               |                |                     |
|      |  | <del>-</del>  |                |                     |
|      |  | - <b></b>     |                |                     |
|      |  |               |                |                     |
| 41   | (Code ) (Expenses \$ 43,927. Including grants of \$ ) (Families with Children Services provided support to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals supports to individuals struggling with poverty to achieve economic self-sufficiency three provided supports to individuals suppo |               | llies_         | ng and              |
|      | education process.   |               |                |                     |
|      |  |               |                |                     |
|      |  | <b></b> -     |                |                     |
|      |  | <b></b>       |                | <b></b>             |
|      |  |               |                |                     |
|      |  | <del>-</del>  |                |                     |
|      |  |               |                |                     |
|      |  |               |                |                     |
|      |  |               |                |                     |
|      |  | - <b>-</b>    |                |                     |
|      | (Code ) (Expenses \$ 24,406. including grants of \$) (F  | Revenue \$    |                |                     |
| 70   | Home repair was provided to low-income homeowners to provide a henvironment for clients.   |               |                |                     |
|      |  |               |                |                     |
|      |  |               |                |                     |
|      |  |               |                | . <b></b>           |
|      |  |               |                |                     |
|      |  |               |                |                     |
|      |  |               |                |                     |
|      |  | - <b>-</b>    |                |                     |
|      |  |               |                |                     |
|      |  |               |                | <b></b>             |
|      |  |               | <del>-</del> - |                     |
|      |  |               |                |                     |
| 4 c  | Other program services (Describe in Schedule O )   |               |                | ,                   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$  |               |                | )                   |
| _4€  | Total program service expenses ► 808,043.  |               |                | 000 (0015)          |
| BAA  | TEEA0102L 08/03/18   |               | Forr           | n <b>990</b> (2018) |

| V.  |   |      | 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    | Х   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    | X   | _        |
| 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    |     | Х        |
| 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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |     | Х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |     | х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II  | 7    |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8    |     | Х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV            | 9    |     | Х        |
| 0   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$ .  | 10   | Х   |          |
|     | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable   |      |     |          |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI   | 11 a | х   |          |
| b   | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII   | 11 b |     | Х        |
|     | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |     | Х        |
| c   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d |     | Х        |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e | X   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11 f |     | Х        |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.   | 12a  | Х   |          |
| t   | 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.  | 12 b |     | х        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$ .   | 13   |     | Х        |
| 4 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х        |
| t   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |     | х        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |     | Х        |
| 6   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |     | Х        |
| 7   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  | 17   |     | х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   | Х   |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 19   |     | х        |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20a  |     | Х        |
| b   | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |     | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   |     | х        |

|             | Note. All Form 990 filers are required to complete Schedule O              |
|-------------|--|
| <b>P</b> ar | tiva Statements Regarding Other IRS Filings and Tax Compliance             |
|             | Check if Schedule O contains a response or note to any line in this Part V |

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

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

| : Did the organization comply with backup w | vithholding rules f | for reportable | payments to ver | ndors and reporta | abie gaming |
|---|---------------------|----------------|-----------------|-------------------|-------------|
| (gambling) winnings to prize winners?       | _                   |                |                 |                   |             |

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Yes No 0 1 c Х

1 a 1 b 37

38

Х

Х

Form 990 (2018)

Part V Statements 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  $\overline{\mathbf{x}}$ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х  $\overline{\mathbf{X}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a solicit any contributions that were not tax deductible as charitable contributions? b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 4.5 F organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b 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. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O

Form 990 (2018) Coalition for Compassion and Justice 47-0851633 Page 6 Rank 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who, are independent 1 b 12 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following See Schedule O Х 8 a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Х 12c Schedule O how this was done  $\overline{X}$ 13 13 Did the organization have a written whistleblower policy?  $\overline{\mathbf{x}}$ 14 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15 a 15<sub>b</sub> **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? 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 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

Form 990 (2018)

the public during the tax year

Jessi Hans PO Box 1882

Prescott AZ 86302 (928) 445-8382

See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

#### 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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if heither the organization for any rela | Tod organiz   | (C)                               |                       |                                |                                     |                                 |        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |  | -  |  |
|---|---|-----------------------------------|-----------------------|--------------------------------|-------------------------------------|---------------------------------|--------|--|--|--|--|
| (A)<br>Name and Title                                   | (B)<br>Average<br>hours<br>per                                      | than                              | one<br>both<br>dar    | (do n<br>box,<br>an c<br>ector | ot ch<br>unles<br>officer<br>/trust |                                 | оп     | (D)  Reportable compensation from the organization | (E)  Reportable compensation from        | (F) Estimated amount of other compensation               |  |
|   | week (list any hours for related organiza- tions below dotted line) | Individual trustee<br>or director | Institutional trustee | Officer                        | Key employee                        | Highest compensated<br>employee | Former | the organization<br>(W-2/1099-MISC)                | related organizations<br>(W-2/1099-MISC) | from the<br>organization<br>and related<br>organizations |  |
| (1) Sandra McClintock                                   | 1   |                                   |                       |                                |                                     |                                 |        |  |  |  |  |
| Treasurer   | 0   | Х                                 | Ш                     | X                              |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (2) Mary Bauer  | 1_  |                                   |                       |                                |                                     |                                 |        |  | _  | _  |  |
| President   | 0   | X                                 |                       | X                              |                                     |                                 |        | 0.   | 0.                                       |  |  |
| (3) Saul Fein   | 1_1_  |                                   | 1                     |                                |                                     |                                 |        |  |  | _  |  |
| Director  | 0   | X                                 |                       |                                | <u> </u>                            | <b> </b>                        |        | 0.   | 0.                                       | 0.   |  |
| (4) Pastor Jay Wilcher                                  | 1   |                                   |                       |                                |                                     |                                 |        | _  | _  | _  |  |
| Vice President  | 0   | X                                 |                       | Х                              |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (5) Mary Lea Adkins                                     | 1_  |                                   |                       |                                | İ                                   |                                 |        |  |  | _  |  |
| Past President  | 0   | X                                 |                       | Х                              |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (6) Michael Wolf  | 1   |                                   |                       |                                |                                     |                                 |        |  |  |  |  |
| Director  | 0   | X                                 |                       |                                | _                                   |                                 |        | 0.   | 0.                                       | 0.   |  |
| (7) Barry Barbe   | 11  |                                   |                       |                                |                                     |                                 |        |  |  | _  |  |
| Director  | 0   | X                                 |                       |                                |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (8) Pat Birck   | 1_1_  | 1                                 |                       |                                |                                     |                                 |        |  |  |  |  |
| Director  | 0   | X                                 | Ш                     |                                |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (9) Howard Mechanic                                     | 1_1_  |                                   |                       |                                |                                     |                                 |        |  |  |  |  |
| Director  | 0   | X                                 |                       |                                |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (10) Tim Black  | 1   | ]                                 |                       |                                |                                     |                                 |        |  |  |  |  |
| Director  | 0   | X                                 |                       |                                |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (11) Raymond Lee  | 11  | ]                                 |                       |                                |                                     |                                 |        |  |  |  |  |
| Secretary   | 0   | X                                 |                       | X                              |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (12) Rabbi Jessica Rosenthal                            | 11  | ]                                 |                       |                                |                                     |                                 |        |  |  |  |  |
| Director  | 0   | X                                 |                       |                                |                                     |                                 |        | 0.   | 0.                                       | 0.   |  |
| (13) Jessi Hans   | 40  |                                   |                       |                                |                                     |                                 |        |  |  |  |  |
| Executive Dir.  | 0   |                                   |                       | Х                              |                                     |                                 |        | 59,855.  | 0.                                       | 0.   |  |
| (14)  |   | -                                 |                       |                                |                                     |                                 |        |  |  |  |  |
| BAA   | TEEA0   | <u> </u><br>107L                  | 08/0                  | 3/18                           | L                                   |                                 |        |  |  | Form <b>990</b> (2018)                                   |  |

| Part VII   Section A. Officers, Directors, Tru  | ustees,   | Key   | En                    | ıple          | oye                | es,                             | ang               | d Highest Con                               | pensated Emp                             | loyees (continued)   |
|---|---|---|-----------------------|---------------|--------------------|---------------------------------|-------------------|---|--|--|
|   | (B)   |   |                       | •             | C)                 |                                 |                   |   |  |  |
| (A) Name and title  | Average<br>hours<br>per<br>week                               | (do not check<br>box, unless p<br>officer and a |                       |               | erson              | than<br>is bot                  | h an<br>tee)      | (D)  Reportable compensation from           | (E)  Reportable compensation from        | (F) Estimated amount of other  |
|   | (list any hours for related organiza tions below dotted line) | or director                                     | Institutional trustee | Officer       | Key employee       | Highest compensated<br>employee | Former            | the organization<br>(W-2/1099-MISC)         | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| (16)  |   |   |                       |               |                    | -                               | ]                 |   |  | -  |
| (17)  |   |   |                       |               | -                  |                                 |                   |   |  | -  |
| (18)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| (19)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| (20)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| (21)  |   |   |                       |               |                    |                                 | -                 |   |  |  |
| (22)  | <del> </del>  | <del> </del>                                    |                       | L             |                    | ł                               |                   |   |  | AAAAA AAAA AAAAA AAAAA AAAAA AAAAA AAAAA                                 |
| (23)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| (24)  |   |   |                       |               |                    |                                 |                   |   | · · · · · · · · · · · · · · · · · · ·    |  |
| (25)  |   |   |                       |               |                    |                                 |                   |   |  |  |
| .1 h Sub-total  |   | !   |                       |               |                    | <b>L</b>                        | <b></b>           | 59,855.                                     | 0.                                       | Ú  |
| c Total from continuation sheets to Part VII, Secti   | on A  |   |                       |               |                    |                                 | <b>-</b>          | 0.  | 0.                                       |  |
| d Total (add lines 1b and 1c)   |   |   |                       |               |                    |                                 | <b></b>           | 59,855.                                     | 0.                                       | 0  |
| 2 Total number of individuals (including but not limited from the organization ► 0  | I to those I  | sted  | abov                  | ve) v         | who                | recei                           | ved               | more than \$100,00                          | 0 of reportable com                      | pensation  |
|   |   |   |                       |               |                    |                                 |                   |   |  | Yes No   |
| 3 Did the organization list any former officer, direct<br>on line 1a? If 'Yes,' complete Schedule J for suc                 | tor, or tru<br>ch individu                                    | stee,<br><i>ial</i>                             | key                   | en en         | nplo:              | yee,                            | or h              | nighest compensa                            | ted employee<br>· ·                      | 3 X  |
| For any individual listed on line 1a, is the sum of<br>the organization and related organizations greate<br>such individual | f reportab<br>er than \$1                                     | le co<br>50,00                                  | mpe<br>00?            | ensa<br>If '\ | ition<br>Yes,      | and<br>con                      | oth<br><i>ple</i> | er compensation<br>te Schedule J for        | from                                     | 4 X  |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes                       | e comper<br>s,' comple  | satio   | n fr                  | om<br>dule    | any<br><i>J fo</i> | unre                            | late<br>ch p      | ed organization or<br>erson                 | individual                               | 5 X  |
| Section B. Independent Contractors  |   |   |                       |               |                    |                                 |                   |   |  |  |
| 1 Complete this table for your five highest compen<br>compensation from the organization. Report compensation.              | isated ind<br>isation for                                     | epen<br>the c                                   | den<br>alen           | t co<br>dar j | ntra<br>year       | ctors<br>end                    | tha<br>ng v       | at received more t<br>with or within the or | nan \$100,000 of<br>ganızatıon's tax yea | r  |
| (A)<br>Name and business add  | ress  |   |                       |               |                    |                                 |                   | (B)<br>Description of                       | of services                              | <b>(C)</b><br>Compensation   |
|   |   |   |                       |               |                    |                                 |                   |   |  |  |
|   |   |   |                       |               |                    |                                 |                   |   |  |  |
|   |   |   |                       |               |                    | _                               |                   |   |  |  |
| Total number of independent contractors (including to \$100,000 of compensation from the organization).                     |   | ited to   | o the                 | se I          | ısted              | abo                             | ve)               | who received more                           | than                                     |  |
| BAA   | <u>_</u>  | TEFAC   | 11081                 | OR/           | 03/19              |                                 |                   |   |  | Form <b>990</b> (2018  |

| rai.   | Check if Schedule O contains a response or note to any line in this Part VIII |  |  |                                  |  |  |   |  |  |  |  |
|--|---|--|--|----------------------------------|--|--|---|--|--|--|--|
|  |   |  |  |                                  | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514   |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b<br>c<br>d<br>e  | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, g |  | -                                |  |  |   |  |  |  |  |
| intribut<br>id Othe                                    | g   | similar amounts not included<br>Noncash contributions included   | above 1f                                 | 740,201.<br>241,309.             | The Control of the Co |  | The second of                           |  |  |  |  |
|  | h   | Total. Add lines 1a-1f   |  | Business Code                    | 740,201.   |  | 7.5                                     | 4.00   |  |  |  |
| Program Service Revenue                                | 2a  |  | pusiness code                            |                                  | /  |  |   |  |  |  |  |
| rogi   |   | All other program serving Total. Add lines 2a-2f   | ce revenue                               |                                  |  |  |   | (A)  |  |  |  |
| , <del></del>  | 3 4 5   | Investment income (incother similar amounts) Income from investment Royalties  |  | •                                | 2,970.   | 2,970.                                 | A DESCRIPTION OF THE WAY                |  |  |  |  |
|  | b<br>c  | Gross rents Less rental expenses Rental income or (loss)   | (i) Real<br>42,741<br>132,794<br>-90,053 |                                  | general section of the section of th |  |   |  |  |  |  |
|  | d   | Net rental income or (lo   | (i) Securities                           | (ii) Other                       | -90,053.   |  | -90,053.                                | -  |  |  |  |
|  |   | Gross amount from sales of assets other than inventory  Less cost or other basis   | (i) Securides                            | 20,600.                          |  | The Control of                         |   | in the second se |  |  |  |
|  |   | and sales expenses<br>: Gain or (loss)<br>I Net gain or (loss)   | ·  | 25,321.<br>-4,721.               | -4,721.  | -4,721.                                |   |  |  |  |  |
| Other, Revenue   | 8 a   | Gross income from fund<br>(not including \$  | · · · · · · · · · · · · · · · · · · ·    |                                  |  |  |   |  |  |  |  |
| Other, F   | 1   | See Part IV, line 18 Less direct expenses Net income or (loss) fro   | om fundraising (                         | a 75,853.<br>b 30,076.<br>events | 45,777.  |  |   | 45,777   |  |  |  |
|  | 1   | Gross income from gan<br>See Part IV, line 19<br>Less direct expenses  | ning activities                          | a                                |  |  |   |  |  |  |  |
|  | 1   | : Net income or (loss) fro   | om gaming activ                          | uties ►                          | 38-41-   | 77F2                                   | Participants                            |  |  |  |  |
|  | 10 a  | Gross sales of inventor<br>and allowances<br>Less cost of goods sol  | Gross sales of inventory, less returns   |                                  |  |  |   |  |  |  |  |
|  | _ c   | : Net income or (loss) fro   |  | entory •                         | 42,584.  | 900                                    |   | 42,584   |  |  |  |
|  | 11 a  |  |  | pusiness code                    |  |  | ,                                       |  |  |  |  |
|  | C   | All other revenue  |  |                                  | ,  |  |   |  |  |  |  |
|  |   | I All other revenue<br>• Total. Add lines 11a-11   | d l                                      |                                  | -  | TO STATE                               |   | 40   |  |  |  |
|  | ı   | Total revenue. See inst  |  | •                                | 736,758.   | -1,751.                                | -90,053.                                | 88,361   |  |  |  |

Form 990 (2018) Coalition for Compassion and Justice 47
Part X: Statement of Functional Expenses

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

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)  Check if Schedule O contains a response or note to any line in this Part IX |   |                       |  |   |                                  |  |  |  |  |
|---|---|-----------------------|--|---|----------------------------------|--|--|--|--|
| Do<br>6b,   | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses                 | (C) Management and general expenses   | ( <b>D)</b> Fundraising expenses |  |  |  |  |
| 1   | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                       |  | No.   |                                  |  |  |  |  |
| 2   | Grants and other assistance to domestic individuals See Part IV, line 22  |                       |  |   |                                  |  |  |  |  |
| 3   | organizations, foreign governments, and for-<br>eign individuals. See Part IV, lines 15 and 16  |                       |  |   |                                  |  |  |  |  |
| 4   | Benefits paid to or for members   |                       | <u> </u>                                     |   |                                  |  |  |  |  |
| 5   | Compensation of current officers, directors, trustees, and key employees  | 59,855.               | 29,929.                                      | 15,836.   | 14,090.                          |  |  |  |  |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.   | 0.  | 0.                               |  |  |  |  |
| 7   | Other salaries and wages  | 320,651.              | 270,735.                                     | 49,916.   | ,                                |  |  |  |  |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |  |   | ,                                |  |  |  |  |
| 9   | Other employee benefits   | 22,362.               | 17,669.                                      | 3,865.  | 828.                             |  |  |  |  |
| 10  | Payroll taxes   | 30,996.               | 24,491.                                      | 5,357.  | 1,148.                           |  |  |  |  |
|   | Fees for services (non-employees)   |                       |  |   |                                  |  |  |  |  |
|   | Management  |                       |  |   | <i>(</i>                         |  |  |  |  |
|   | Legal   | 297.                  |  | 297.  |                                  |  |  |  |  |
|   | Accounting  | 4,750.                |  | 4,750.  |                                  |  |  |  |  |
|   | d Lobbying  |                       | AASSESTA SERVICE CONTRACTOR SECTION SERVICES | **************************************  |                                  |  |  |  |  |
|   | Professional fundraising services See Part IV, line 17  |                       | E-Sultain Tark                               |   |                                  |  |  |  |  |
|   | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column   |                       | · · · · · · · · · · · · · · · · · · ·        |   |                                  |  |  |  |  |
|   | (A) amount, list line 11g expenses on Schedule 0). Advertising and promotion  | 7,597.<br>597.        | 5,526.<br>407.                               | 887.<br>190.  | 1,184.                           |  |  |  |  |
| 13  | Office expenses   | 357.                  |  | 150.  |                                  |  |  |  |  |
| 14  | Information technology  |                       |  |   |                                  |  |  |  |  |
| <sup>.</sup> 15   | Royalties.  |                       |  |   |                                  |  |  |  |  |
| 16  | Occupancy   | 27,341.               | 24,654.                                      | 2,687.  |                                  |  |  |  |  |
| 17  | Travel  | 1,516.                | 1,441.                                       | ٠ 75.   |                                  |  |  |  |  |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |  |   |                                  |  |  |  |  |
| 19  | Conferences, conventions, and meetings  | 150.                  |  | 150.  |                                  |  |  |  |  |
| 20  | Interest  | 9,941.                | 4,839.                                       | 2,551.  | 2,551.                           |  |  |  |  |
| 21  | Payments to affiliates  |                       |  |   |                                  |  |  |  |  |
| 22  | Depreciation, depletion, and amortization   | 18,526.               | 11,148.                                      | 3,689.  | 3,689.                           |  |  |  |  |
| 23<br>24  | Insurance Other expenses Itemize expenses not   | 34,234.               | 34,234.                                      | SERVICE LOSTS PROMITED TO F   | S. Jr. Bashing A. Jo. Samuerana  |  |  |  |  |
| 24  | covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                       |  | # <b>B</b>  |                                  |  |  |  |  |
|   | · ·   | 350,751.              | 350,751.                                     | 1988年   本一点 1 mm   1 mm | 1 COVERNO 4. TELESCOPE           |  |  |  |  |
|   | P <u>Direct Client Services</u> P <u>Bad debt</u>   | 45,092.               | 5,394.                                       | <del></del>   | 39,698.                          |  |  |  |  |
|   | Miscellaneous   | 14,721.               | 14,721.                                      | -   | 39,090.                          |  |  |  |  |
|   | Supplies  | 8,852.                | 4,929.                                       | 3,923.  |                                  |  |  |  |  |
|   | All other expenses  | 18,351.               | 7,175.                                       | 11,080.   | 96.                              |  |  |  |  |
|   | Total functional expenses Add lines 1 through 24e   | 976,580.              | 808,043.                                     | 105,253.  | 63,284.                          |  |  |  |  |
| 26  | the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   [Including of the column |                       |  | ·   |                                  |  |  |  |  |
| BAA   |   | TEFA01101 08          |  |   | Form <b>990</b> (2018)           |  |  |  |  |

|                             |      | Check if Schedule O contains a response or note to   | any line in this Part X                                     |                          |          |                        |  |  |  |
|-----------------------------|------|--|---|--------------------------|----------|------------------------|--|--|--|
|                             |      |  |   | (A)<br>Beginning of year |          | (B)<br>End of year     |  |  |  |
| $\Box$                      | 1    | Cash — non-interest-bearing.   |   | 516,603.                 | 1        | 428,861.               |  |  |  |
|                             | 2    | Savings and temporary cash investments   |   | 41,231.                  | 2        | 45,131.                |  |  |  |
|                             | 3    | Pledges and grants receivable, net   |   | 66,527.                  | 3        | 5,000.                 |  |  |  |
|                             | 4    | Accounts receivable, net   |   | 4,284.                   | 4        | 2,242.                 |  |  |  |
|                             | 5    | Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L   | officers, directors,<br>mployees Complete                   |                          | 5        |                        |  |  |  |
|                             | 6    | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete   |   | 6                        |          |                        |  |  |  |
| စ္                          | 7    | Notes and loans receivable, net  |   |                          | 7        |                        |  |  |  |
| ssets                       | 8    | Inventories for sale or use  |   | 41,227.                  | 8        | 41,381.                |  |  |  |
| ¥                           | 9    | Prepaid expenses and deferred charges  |   | 2,078.                   | 9        | 470.                   |  |  |  |
|                             | 10 a | Land, buildings, and equipment cost or other basis<br>Complete Part VI of Schedule D   |   | 1.                       |          |                        |  |  |  |
|                             | b    | Less accumulated depreciation.   | 10b 174,763   |                          | 10 c     | 1,422,648.             |  |  |  |
|                             | 11   | Investments — publicly traded securities.  |   | 177,332.                 | 11       | 116,237.               |  |  |  |
| 1                           | 12   | Investments – other securities See Part IV, line 11  | •   |                          | 12       | <i>-</i>               |  |  |  |
|                             | 13   | Investments - program-related See Part IV, line 11   |   |                          | 13       |                        |  |  |  |
|                             | 14   | Intangible assets  |   | ,                        | 14       |                        |  |  |  |
|                             | 15   | Other assets See Part IV, line 11  |   |                          |          |                        |  |  |  |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line  | 34)   | 7,328.<br>2,359,887.     | 15<br>16 | 11,254.<br>2,073,224.  |  |  |  |
| _                           | 17   | Accounts payable and accrued expenses  | 53,041.   | 17                       | 41,514.  |                        |  |  |  |
|                             | 18   | Grants payable   |   |                          | 18       |                        |  |  |  |
|                             | 19   | Deferred revenue   | •   |                          | 19       | 919.                   |  |  |  |
|                             | 20   | Tax-exempt bond liabilities  |   |                          | 20       |                        |  |  |  |
| es l                        | 21   | Escrow or custodial account liability Complete Part  | V of Schedule D   |                          | 21       |                        |  |  |  |
| Liabilities                 | 22   | Loans and other payables to current and former office<br>key employees, highest compensated employees, and<br>Complete Part II of Schedule L   | ers, directors, trustees,<br>d disqualified persons         | 10 m                     | 22       |                        |  |  |  |
| <b>-</b>                    | 23   | Secured mortgages and notes payable to unrelated the   | nird parties  | 995,639.                 | 23       | 970,136.               |  |  |  |
|                             | 24   | Unsecured notes and loans payable to unrelated third   |   |                          | 24       |                        |  |  |  |
|                             | 25   | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   | es to related third parties,<br>iplete Part X of Schedule I | 500.                     | 25       | 500.                   |  |  |  |
|                             | 26   | Total liabilities. Add lines 17 through 25   |   | 1,049,180.               | 26       | 1,013,069.             |  |  |  |
| ses                         |      | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.   | re ► X and complete   |                          |          |                        |  |  |  |
| Ě                           | 27   | Unrestricted net assets  |   | 1,068,818.               | 27       | 927,590.               |  |  |  |
| ğ                           | 28   | Temporarily restricted net assets  |   | 153,989.                 | 28       | 44,665.                |  |  |  |
| 핗                           | 29   | Permanently restricted net assets  |   | 87,900.                  | 29       | 87,900.                |  |  |  |
| Net Assets or Fund Balances |      | Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.  | neck here ►   |                          |          |                        |  |  |  |
| <u>s</u>                    | 30   | Capital stock or trust principal, or current funds   |   | 30                       |          |                        |  |  |  |
| 8                           | 31   | Paid-in or capital surplus, or land, building, or equipment of the surplus of the |   | 31                       |          |                        |  |  |  |
| As                          | 32   | Retained earnings, endowment, accumulated income   | , or other funds  |                          | 32       |                        |  |  |  |
| اق                          | 33   | Total net assets or fund balances .  | -   | 1,310,707.               | 33       | 1,060,155.             |  |  |  |
| _                           | 34   | Total liabilities and net assets/fund balances   |   | 2,359,887.               | 34       | 2,073,224.             |  |  |  |
| BA                          | Δ    |  | TEEA0111L 08/03/18  |                          |          | Form <b>990</b> (2018) |  |  |  |

| Form | 990 (2018) Coalition for Compassion and Justice 4  | 7-0851  | .633     | Pa           | age <b>12</b>     |
|------|--|---------|----------|--------------|-------------------|
| Par  | t XI Reconciliation of Net Assets  |         |          |              |                   |
| •    | · Check if Schedule O contains a response or note to any line in this Part XI  |         |          |              |                   |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |          | 736,         | 758.              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2       | - 1 - 1  | 976,         |                   |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3       | _        | 239,         | 322.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).   | 4       | 1,       | 310,         | 707.              |
| 5    | Net unrealized gains (losses) on investments   | 5       | -        | -10,         | <del>_</del> 730. |
| 6    | Donated services and use of facilities .   | 6       |          |              |                   |
| 7    | Investment expenses .  | 7       |          |              |                   |
| 8    | Prior period adjustments   | 8       |          |              |                   |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9       |          |              | 0.                |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,  |         |          |              |                   |
|      | column (B))  | 10      | 1,       | 060,         | <u> 155.</u>      |
| Par  | t XII Financial Statements and Reporting   |         |          |              |                   |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |         |          |              |                   |
|      |  |         |          | Yes          | No                |
| 1    | Accounting method used to prepare the Form 990 Cash X Accrual Other  |         |          |              |                   |
|      | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O   |         |          |              |                   |
| 2 a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | 2        | a            | X                 |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis           | ewed on | a        |              |                   |
|      |  |         |          |              |                   |
| t    | Were the organization's financial statements audited by an independent accountant?   |         | 2        | b X          | <u> </u>          |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both   | arate   |          |              |                   |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |         | <u> </u> |              |                   |
| C    | : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant? | ıdıt,   | . 2      | c X          |                   |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |         |          |              |                   |
| 3 a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single<br>Audit Act and OMB Circular A-133?  | е       | 3        | а            | Х                 |
| ŀ    | of "i'es," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits        | audıt   | 3        | h            |                   |
| BAA  |  |         |          | m <b>990</b> | (2018)            |
| DAA  | , , , , , , , , , ,  |         | 1 0      | 550          | (20.0)            |

#### SCHEDULE A (Form 990-or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

2018

Open to Public

| Name of the organizatio      | n ,  |  |   |   |                      | Employer identifica                                      | Mon number   |  |
|------------------------------|--|--|---|---|----------------------|--|--|--|
| Coalition for                | or Compassion  | n and Justice  |   |   |                      | 47-085163  |  |  |
| Part Reaso                   | n for Public Cha   | arity Status (All or   | rganizations must d   | omple                                     | te this              | part.) See instruct                                      | tions.   |  |
| The organization is          | not a private found  | dation because it is (                                       | For lines 1 through 12,   | check or                                  | nly one              | box)   | \ A  |  |
| 1 A church,                  | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |  |   |   |                      |  |  |  |
| 2 A school                   | described in section 1   | 170(b)(1)(A)(ii). (Attach                                    | Schedule E (Form 990 or   | 990-EZ)                                   | )                    |  |  |  |
| 3 A hospita                  | al or a cooperative h  | nospital service organ                                       | ization described in sec  | tion 170                                  | (b)(1)(A             | .)(iii).   |  |  |
|                              | al research organiza<br>ty, and state  | ition operated in conju                                      | unction with a hospital o   | describe                                  | d in <b>sec</b>      | tion 170(b)(1)(A)(iii) E                                 | nter the hospital's                                      |  |
| 5 An organ                   | <br>iization operated for<br>i <b>70(b)(1)(A)(iv).</b> (Co   | r the benefit of a colle<br>omplete Part II)                 | ege or university owned   | or opera                                  | ated by              | a governmental unit de                                   | escribed in  |  |
| 6 A federa                   | , state, or local gov  | ernment or governme  | ental unit described in s   | ection 1                                  | 70(b)(1)             | (A)(v).  |  |  |
| 7 An organi                  | zation that normally in 170(b)(1)(A)(vi).  | receives a substantial p<br>(Complete Part II )              | part of its support from a  | governm                                   | ental uni            | t or from the general pub                                | olic described   |  |
| 8 A commi                    | unity trust described  | in section 170(b)(1)(  | A)(vi). (Complete Part I  | 1)  |                      |  | •  |  |
| 9 An agricu<br>or university | sity or a non-land-gra   | ization described in <b>sec</b><br>nt college of agriculture | e (see instructions) Enter  | ated in co<br>the nam                     | e, city, a           | on with a land-grant colle<br>and state of the college c | ge<br>or<br>— — <b>— —</b> — — — — — — — — — — — — — — — |  |
| from acti                    | vities related to its<br>int income and unre   | exempt functions—sul   | a 33-1/3% of its support fr<br>bject to certain exception<br>e income (less section<br>Part III ) | ns, and                                   | (2) no r             | more than 33-1/3% of r                                   | ts support from gross                                    |  |
| 11 \ \ An organ              | iization organized a   | nd operated exclusive  | ely to test for public safe   | ety See                                   | section              | 509(a)(4).   |  |  |
| or more                      | oublicly supported o   | organizations describe                                       | ely for the benefit of, to<br>ed in <b>section 509(a)(1)</b> o<br>supporting organization         | r sectio                                  | n 509(a)             | <b>X2).</b> See <b>section 509(a</b>                     | ut the purposes of one <b>(X3).</b> Check the box in     |  |
| a Type I. A<br>organizat     | supporting organizati  | ion operated, supervise<br>egularly appoint or elect         | ed, or controlled by its sup<br>t a majority of the director                                      | norted o                                  | roanizati            | on(s), typically by giving                               | the supported on <b>You must</b>                         |  |
| b Type II. /                 | A supporting organi  | zation supervised or or or organization vested in            | controlled in connection the same persons that c  | with its<br>ontrol or                     | support<br>manage    | ed organization(s), by the supported organizat           | having control or<br>ion(s). <b>You</b>                  |  |
| , c Type III fu              | inctionally integrated tion(s) (see instruct   | I. A supporting organizations). <b>You must com</b>          | tion operated in connection plete Part IV, Sections   | n with, ar<br><b>A, D, an</b>             | id function          | onally integrated with, its                              | supported  |  |
| functiona                    | ally integrated The  | organization generally                                       | ganization operated in cor<br>y must satisfy a distribuns A and D, and Part V.                    | nection<br>tion requ                      | with its s<br>uremen | supported organization(s)<br>t and an attentiveness      | that is not requirement (see                             |  |
| e Check th                   | is box if the organiz  | zation received a writt                                      | en determination from supporting organization   | the IRS                                   | that it is           | a Type I, Type II, Typ                                   | e III functionally                                       |  |
| f Enter the nu               | a, or Type in non-in<br>imber of supported   | organizations .  | supporting organization   |   |                      |  |  |  |
| g Provide the                | following information  | on about the supporte  | d organization(s)   |   |                      |  |  |  |
| (i) Name of suppo            | rted organization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))               | (iv) l<br>organizat<br>in your g<br>docur | on listed            | (v) Amount of monetary support (see instructions)        | (vi) Amount of other support (see instructions)          |  |
|                              |  |  |   | Yes                                       | No                   | į.   |  |  |
|                              |  |  |   |   |                      | ,  |  |  |
| (A)                          |  |  |   |   |                      |  |  |  |
| (B)                          |  |  |   |   |                      |  |  |  |
| (C)                          |  |  |   |   |                      |  |  |  |
| (D)                          |  |  |   |   |                      |  |  |  |
| (E)                          |  |  |   |   |                      | ,  |  |  |
|                              |  | M. C. S. C. S. C. F. S.                                      |   | 7. A. T. Y.                               |                      |  |  |  |
| Total                        |  |  |   |   |                      |  |  |  |

- 16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test/2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
  - b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Rartillia 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       | tion A. Public Support   |                             |                                |                      |                      |                     |                       |
|-----------|--|-----------------------------|--------------------------------|----------------------|----------------------|---------------------|-----------------------|
|           | lar year (or fiscal year beginning in) 🟲   | (a) 2014                    | <b>(b)</b> 2015                | (c) 2016             | (d) 2017             | (e) 2018            | (f) Total             |
|           | Gifts, grants, contributions,<br>and membership fees<br>received (Do not include<br>any 'unusual grants')  | 618,662.                    | 1,036,061.                     | 1,431,319.           | 819,422.             | 740,201.            | 4,645,665.            |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 100,870.                    | 110,349.                       | 169,521.             | 191,212.             | 198,339.            |                       |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513   | 100,070.                    | , 110/0131                     | 103,021.             | 191,010              | 230,005.            | 0.                    |
|           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                             |                                |                      |                      |                     | . 0.                  |
| s         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                             |                                |                      |                      |                     | 0.                    |
|           | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  | 719,532.<br>13,949.         | 1,146,410.<br>23,193.          | 30,300.              | 1,010,634.<br>3,925. | 938,540.<br>22,157. | 5,415,956.<br>93,524. |
| 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   | 125,494.                    | 410,993.                       | 395,527.             | 142,607.             | 81,116.             | 1,155,737.            |
|           | Add lines 7a and 7b  Public support. (Subtract line  | 139,443.                    | 434,186.                       | 425,827.             | 146,532.             | 103,273.            | 1,249,261.            |
| ٥         | 7c from line 6)  |                             |                                |                      |                      |                     | 4,166,695.            |
| Sec       | tion B. Total Support  |                             |                                |                      |                      |                     |                       |
| Calen     | dar year (or fiscal year beginning in) 🕨   | (a) 2014                    | <b>(b)</b> 2015                | (c) 2016             | <b>(d)</b> 2017      | <b>(e)</b> 2018     | (f) Total             |
| 9         | Amounts from line 6  | 719,532.                    | 1,146,410.                     | 1,600,840.           | 1,010,634.           | 938,540.            | 5,415,956.            |
| 10a       | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 170.                        | 132.                           | 140.                 | 19.                  | 135.                | 596.                  |
|           | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                             |                                |                      |                      |                     | 0.                    |
|           | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                       | 170.                        | 132.                           | 140.                 | 19.                  | 135.                | 596.                  |
| 12        | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) See Part VI  | 202.                        | 3,435.                         | 33,273.              | 54,460.              | 42,741.             | 134,111.              |
| 13        | Total support. (Add lines 9,   |                             |                                | 1,634,253.           | 1 065 112            | 981,416.            | 5,550,663.            |
|           | 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and   | is for the organizatop here | ation's first, secoi           |                      |                      |                     |                       |
|           | tion C. Computation of Pu  |                             |                                |                      |                      | , ,                 |                       |
|           | Public support percentage for 20   | - ·                         |                                | ine 13, column (f)   | )                    | 15                  | 75.07 %               |
|           | Public support percentage from   |                             |                                |                      | <del></del>          | 16                  | 74.57 %               |
|           | tion D. Computation of Inv   |                             | <del> </del>                   |                      |                      | 122                 |                       |
| 17        | Investment income percentage f   | •                           |                                | =                    | umn (f))             | 17                  | 0.01 %                |
| 18        | Investment income percentage f   |                             |                                |                      | ad l.ma 15           | 18                  | 0.01 %                |
|           | 33-1/3% support tests—2018. If it is not more than 33-1/3%, check 33-1/3% support tests—2017. If t   | this box and <b>sto</b>     | <b>p here.</b> The orgar       | nization qualifies a | as a publicly supp   | orted organizatior  | n ► X                 |
|           | line 18 is not more than 33-1/3%   | , check this box            | and <b>stop here.</b> Th       | ne organization qu   | ialifies as a public | ly supported orga   | nization              |
| 20<br>BAA |  | zation did not che          | eck a box on line<br>TEEA0403L |                      |                      |                     | 90 or 990-EZ) 2018    |

Page 4

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 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 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

|                | Yes               | No   |
|----------------|-------------------|--|
|                |                   |  |
|                |                   |  |
| XEN'Y          |                   |  |
| 1              |                   | - A2 A                                     |
| 1              |                   | 4  |
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| Ŗă | int IV Supporting Organizations (continued)  |               |
|----|--|---------------|
|    |  | Yes No        |
|    | Has the organization accepted a gift or contribution from any of the following persons?  |               |
|    | a Å person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a           |
|    | <b>b</b> A family member of a person described in (a) above?   | 11b           |
|    | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  | 11c           |
| Se | ction B. Type I Supporting Organizations   |               |
|    |  | Yes No        |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1             |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization   | 2             |
| Se | ction 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             |
| Se | ction 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)  | 2             |
| 3  | By reason of the relationship described in (2), 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             |
| Se | ction E. Type III Functionally Integrated Supporting Organizations   |               |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |               |
|    | a The organization satisfied the Activities Test. Complete line 2 below  |               |
|    | b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>  | •             |
| ^  | c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see  | ınstructions) |
| 2  | Activities Test Answer (a) and (b) below.  | Yes No        |
|    |  | 72000000000   |
|    | 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.  | 2a            |
|    | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  | 2b            |
| 3  | Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI</i> .   | 3a            |
| ,  | <b>b</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 <b>Part VI</b> the role played by the organization in this regard   | 3b            |

# 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

|     | dule A (Form 990 or 990-EZ) 2018 Coalition for Compa  |                                |  | 51633 Page 7                              |
|-----|---|--------------------------------|--|---|
|     | ti∨ Type III Non-Functionally Integrated 509(a)(3) S<br>tion D — Distributions  | upporting Organiza             | tions (continued)                      | Current Year                              |
| 1   | Amounts paid to supported organizations to accomplish exempt p  | urnoses                        |  |   |
| 2   |   | <del></del>                    | · ·                                    |   |
| 3   | Administrative expenses paid to accomplish exempt purposes of   | supported organizations        |  | ,   |
| 4   | Amounts paid to acquire exempt-use assets   |                                |  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)   |                                |  |   |
| 6   | Other distributions (describe in Part VI) See instructions  |                                |  |   |
| 7   | Total annual distributions. Add lines 1 through 6   |                                |  |   |
| 8   | Distributions to attentive supported organizations to which the organization Part VI) See instructions                | tion is responsive (provide    | details                                |   |
| 9   | Distributable amount for 2018 from Section C, line 6  |                                |  |   |
| 10  | Line 8 amount divided by line 9 amount  |                                |  |   |
| Sec | tion E — Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1   | Distributable amount for 2018 from Section C, line 6  |                                |  |   |
| 2   | Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions |                                | (                                      |   |
| 3   | Excess distributions carryover, if any, to 2018   |                                |  |   |
| а   | From 2013   |                                |  |   |
| t   | From 2014   |                                |  |   |
| , c | From 2015   |                                |  |   |
| С   | From 2016   | A Company                      |  | 4347                                      |
| •   | From 2017   |                                |  |   |
| 1   | f Total of lines 3a through e   |                                |  |   |
| ç   | Applied to underdistributions of prior years  |                                |  | 3.436724                                  |
| ŀ   | Applied to 2018 distributable amount  | 44.6                           |  |   |
| -   | Carryover from 2013 not applied (see instructions)  |                                |  |   |
|     | Remainder Subtract lines 3g, 3h, and 3i from 3f.  |                                | <b>"大大"</b>                            |   |
| 4   | Distributions for 2018 from Section D,  |                                |  |   |

from line 1 For result greater than zero, explain in Part VI See instructions

Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b

Excess distributions carryover to 2019. Add lines 3<sub>j</sub> and 4c 8 Breakdown of line 7

.a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

a Excess from 2014

**b** Excess from 2015 c Excess from 2016

d Excess from 2017

e Excess from 2018 BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

#### Part III, Line 12 - Other Income

| Nature and Source             | 2018                | 2017                 | 2016               | 2015             | 2014    |
|-------------------------------|---------------------|----------------------|--------------------|------------------|---------|
| Other Income<br>Rental Income | \$ 42,741.          | \$ 3,318.<br>51,142. | \$ 213.<br>33,060. | 624.             |         |
| Total                         | . <b>\$ 42,741.</b> | \$ 54,460.           | <u>\$ 33,273.</u>  | <u>\$ 3,435.</u> | \$ 202. |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Coalition for Compassion and Justice 47-0851633 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Yes are the organization's property, subject to the organization's exclusive legal control? 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 No Yes impermissible private benefit? Rantill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 Held at the End of the Tax Year a Total number of conservation easements. 2 a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the .tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part(III) Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenue included on Form 990, Part VIII, line 1 ÞŚ (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ÞŚ b Assets included in Form 990, Part X

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection letters (check all hat apply)  a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   e   Other    Part XIII   5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII   5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets   Yes   No    PartINUE   Exorow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV.   Inie 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included   Yes   No   bif Yes, 'explain the arrangement in Part XIII and complete the following table     Amount   c Beginning balance   Amount   1e   c Bostinations during the year   | Rartilli Organizations Maintai                                       | ning Collections                | ot Art, Historic                  | ai ireasures, o                 | r Other Similar Ass           | ets (continu   | ea)    |
|--|--|---------------------------------|-----------------------------------|---------------------------------|-------------------------------|----------------|--------|
| b   Scholarly research   Other   | 3 Using the organization's acquisition, items (check all that apply) | accession, and other            | records, check any o              | of the following that a         | re a significant use of its o | collection     |        |
| c   Preservation for future generations  | a Public exhibition  |                                 | <b>d</b> 🗌 Loan or e              | xchange programs                |                               |                |        |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to the solid to fasse funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Inne 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table  1c Beginning balance  d Additions during the year  1 Ending balance  1 Ending balance  1 Ending balance  1 Ending balance  2 a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  | <b>b</b> Scholarly research  |                                 | e 🗌 Other _                       | _                               |                               |                |        |
| Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  ve lob solid for rase funds rather than to be maintained as part of the organization's collection?    Part XIII   Part XIII | c Preservation for future genera                                     | ations                          |                                   |                                 |                               |                |        |
| to be sold for rase funds rather than to be manifamed as part of the organizations collection?   Yes   No  |  | ation's collections and         | explain how they fur              | ther the organization'          | s exempt purpose in           |                |        |
| Inne 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in a segment in Part XIII and complete the following table    Amount   | to be sold to raise funds rather th                                  | ian to be maintained            | as part of the orga               | nization's collection           | ?                             |                |        |
| on Form 990, Part X?  b If Yes,' explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1  | Rart  Va    Escrow and Custodial line 9, or reported an a            | Arrangements.<br>amount on Form | Complete if the 990, Part X, line | organization an<br>e 21.        | swered 'Yes' on Fo            | rm 990, Par    | t IV,  |
| c Beginning balance d Additions during the year e Distributions during the year 1 te   |  | tee, custodian or oth           | er intermediary for               | contributions or oth            | er assets not included        | Yes            | No     |
| c Beginning balance d Additions during the year  | b If 'Yes,' explain the arrangement                                  | in Part XIII and com            | plete the following t             | able                            |                               |                | _      |
| Additions during the year   Ending balance   |  |                                 |                                   |                                 |                               | Amount         |        |
| Postributions during the year   1   1   1   1   1   1   1   2   2   2  | c Beginning balance  |                                 |                                   | •                               | 1 c                           |                |        |
| Finding balance   11   | d Additions during the year  |                                 |                                   |                                 | 1 d                           |                |        |
| 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Bartive   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.   Carrier   Part XIII   Check here if the explanation has been provided on Part XIII  | e Distributions during the year                                      |                                 |                                   |                                 | 1 e                           |                |        |
| Part Na   Endowment Funds. Complete if the organization answered 'Yes' on Form '990, Part IV, line 10.   1a Beginning of year balance be Contributions   181,832   115,741   113,224   113,689   107,024   1   | f Ending balance .   |                                 |                                   |                                 | 1 f                           |                |        |
| Part VM   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.   1a Beginning of year balance   181,832   115,741   113,224   113,689   107,024   105,024     | 2 a Did the organization include an a                                | mount on Form 990,              | Part X, line 21, for              | escrow or custodial             | account liability?            | Yes            | No     |
| 1 a Beginning of year balance b Contributions   181, 832.   115, 741.   113, 224.   113, 689.   107, 024.  | <b>b</b> If 'Yes,' explain the arrangement                           | in Part XIII Check h            | ere if the explanation            | on has been provide             | ed on Part XIII               |                | 7      |
| 1 a Beginning of year balance b Contributions   181, 832.   115, 741.   113, 224.   113, 689.   107, 024.  |  |                                 |                                   |                                 |                               |                |        |
| 1 a Beginning of year balance b Contributions  | Part V Endowment Funds. Co   | omplete if the or               | ganization answ                   | ered 'Yes' on Fo                | orm 990, Part IV, Iir         | ne 10.         |        |
| b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 27.00 % b Permanent endowment ▶ 73.00 % The percentages on lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) related organizations (ii) related organizations b if 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Cost or other basis (cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (other)  Description of property  (c) Accumulated depreciation  Description of property  (d) Book value  Description of property  Description of property  Description of property  (a) Cost or other basis (other)  Description of property  Description of property  (a) Cost or other basis (other)  Description of property  Description of property  Description of property    |  | (a) Current year                | (b) Prior year                    | (c) Two years back              | (d) Three years back          | (e) Four years | s back |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c T 3.00 The percentages on lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (cives) Description of property (a) Cost or other basis (cives) Description of property (b) Cost or other basis (cives) Description of property (a) Cost or other basis (cives) Description of property (b) Cost or other basis (cives) Description of property (c) Accumulated depreciation Description of property (a) Cost or other basis (b) Cost or other basis (cives) Description of property (c) Accumulated depreciation Description of property (a) Cost or other basis (b) Cost or other basis (cives) Description of property (a) Cost or other basis (b) Cost or other basis (cives) Description of property (b) Book value Description of property (c) Accumulated depreciation Description of property (c) Accumulated Description of Property (c) Book value Description of Property (c) Book value D  | 1 a Beginning of year balance.                                       | 181,832.                        | 115,741                           | . 113,22                        | 4. 113,689.                   | 107,           | 024.   |
| and losses   | <b>b</b> Contributions   |                                 | 53,422                            | . 8                             | 0. 6,430.                     | 3,             | 300.   |
| ## Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  120,737. 181,832. 115,741. 113,224. 113,689.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  27.00 %  Permanent endowment > 27.00 %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) irelated organizations  (ii) related organizations  b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  Description of property  (a) Cost or other basis (other)  1a Land  137,502. 388,260.  525,762.  b Buildings  C Leasehold improvements.  C Beginner of facilities and provided improvements.  B By 752. 58,253. 31,499.  e Other   |  | -7,895.                         | 17,369                            | . 7,73                          | 71,680.                       | 5,             | 021.   |
| and programs   53,200.   4,700.   5,300.   5,215.   1,656.    f Administrative expenses   120,737.   181,832.   115,741.   113,224.   113,689.    2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 27.00 %   27.00 %    b Permanent endowment ▶ 73.00 %   73.00 %   73.00 %   74.00 %  | <b>d</b> Grants or scholarships                                      |                                 |                                   |                                 |                               |                |        |
| g End of year balance 120,737. 181,832. 115,741. 113,224. 113,689.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   27.00    b Permanent endowment   73.00    The percentages on lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII    Part VII   Land, Buildings, and Equipment.   |  | 53,200.                         | 4,700                             | . 5,30                          | 0. 5,215.                     | 1,             | 656.   |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment      27.00  | f Administrative expenses  |                                 |                                   |                                 |                               |                |        |
| a Board designated or quasi-endowment ► 27.00 % b Permanent endowment ► 73.00 % The percentages on lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  PartVII Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (nivestment) (a) Cost or other basis (nivestment) (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value depreciation  1 a Land  | • -  |                                 |                                   |                                 |                               | 113,           | 689.   |
| b Permanent endowment  | <ol><li>Provide the estimated percentage</li></ol>                   | of the current year             | end balance (line 1               | g, column (a)) held             | as                            |                | •      |
| The percentages on lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiiii) related organizations (iiiiii) related organizations (iiiiiiii) related organizations (iiiiiii) related organizations (iiiiiiii) related organizations (iiiiiii) related organizations (iiiiiiii) related organizations (iiiiiii) related organizations (iiiiiiii) related organizations (iiiiiiii) related organizations (iiiiiiiii) related organizations (iiiiiiii) related organizations (iiiiiii) related organizations (iiiiiii) related organizations (iiiiii) related organizations (iiiiiii) related organizations (iiiiii) related organizations (iiiii) related organizations (iiiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiii) related organizations (iiii) related organizations (iii) related organizations ( | a Board designated or quasi-endowme                                  |                                 | <u>7.00</u> %                     |                                 |                               |                |        |
| The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iii) x (iii | <b>b</b> Permanent endowment ►                                       |                                 |                                   |                                 |                               |                |        |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  PartVII Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land 137,502. 388,260. 525,762. b Buildings 313,650. 497,500. 77,677. 733,473. c Leasehold improvements 499,059. 51,824. 157,235. d Equipment 89,752. 58,253. 31,499. e Other   | c Temporarily restricted endowmen                                    | t ► 73.0                        | <u>0</u> %                        |                                 |                               |                |        |
| organization by (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  Part VII Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investment | The percentages on lines 2a, 2b, an                                  | d 2c should equal 100           | <del>)%</del>                     |                                 |                               |                |        |
| organization by (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  Part VII Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investment | 3 a Are there endowment funds not in th                              | ne nossession of the o          | roanization that are h            | neld and administered           | f for the                     |                |        |
| (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  PartWII Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (investment)  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  255, 762.  497, 500.  525, 762.  525, 762.  525, 762.  526, 762.  527, 235.  6 Equipment  6 Other  728, 312.  738, 312.  729, 991.  725, 321.   |  | to possession of the o          | rgamzation that are i             |                                 |                               | Yes            | No     |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds See Part XIII  Part VII Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (investment) ( | (i) unrelated organizations  |                                 |                                   |                                 |                               | 3a(i) X        | l      |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds         See Part XIII           Part IVII Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1 a Land         137,502.         388,260.         525,762.           b Buildings         313,650.         497,500.         77,677.         733,473.           c Leasehold improvements         209,059.         51,824.         157,235.           d Equipment         89,752.         58,253.         31,499.           e Other         -38,312.         -12,991.         -25,321.   | (ii) related organizations   |                                 |                                   |                                 |                               | 3a(ii)         | X      |
| Part VII   Land, Buildings, and Equipment.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  | <b>b</b> If 'Yes' on line 3a(ii), are the rela                       | ted organizations list          | ted as required on S              | Schedule R?                     |                               | 3b             |        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       137,502.       388,260.       525,762.         b Buildings       313,650.       497,500.       77,677.       733,473.         c Leasehold improvements       209,059.       51,824.       157,235.         d Equipment       89,752.       58,253.       31,499.         e Other       -38,312.       -12,991.       -25,321.  | 4 Describe in Part XIII the intended                                 | uses of the organization        | ation's endowment                 | funds See Par                   | t XIII                        |                |        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       137,502.       388,260.       525,762.         b Buildings       313,650.       497,500.       77,677.       733,473.         c Leasehold improvements       209,059.       51,824.       157,235.         d Equipment       89,752.       58,253.       31,499.         e Other       -38,312.       -12,991.       -25,321.  | PartiVII Land, Buildings, and I                                      | Equipment.                      |                                   |                                 |                               |                |        |
| Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         137,502         388,260         525,762           b Buildings         313,650         497,500         77,677         733,473           c Leasehold improvements         209,059         51,824         157,235           d Equipment         89,752         58,253         31,499           e Other         -38,312         -12,991         -25,321   |  |                                 | 'Yes' on Form 9                   | 90, Part IV, line               | e 11a. See Form 99            | 0, Part X, li  | ne 10. |
| 1a Land       137,502.       388,260.       525,762.         b Buildings       313,650.       497,500.       77,677.       733,473.         c Leasehold improvements       209,059.       51,824.       157,235.         d Equipment       89,752.       58,253.       31,499.         e Other       -38,312.       -12,991.       -25,321.  | Description of property  |                                 |                                   | (b) Cost or other basis (other) |                               | (d) Book va    | lue    |
| b Buildings       313,650.       497,500.       77,677.       733,473.         c Leasehold improvements       209,059.       51,824.       157,235.         d Equipment       89,752.       58,253.       31,499.         e Other       -38,312.       -12,991.       -25,321.   | 1 a Land.  |                                 | ·                                 |                                 |                               | 525            | .762.  |
| c Leasehold improvements       209,059.       51,824.       157,235.         d Equipment       89,752.       58,253.       31,499.         e Other       -38,312.       -12,991.       -25,321.  |  | <del></del>                     |                                   |                                 | 77.677                        |                |        |
| d Equipment     89,752.     58,253.     31,499.       e Other     -38,312.     -12,991.     -25,321.   | •  | <del> </del>                    | 313,330.                          |                                 |                               |                |        |
| e Other -38,31212,99125,321.   | •  | <del> </del>                    |                                   |                                 |                               |                |        |
| 00/012.  |  | <del> </del>                    |                                   |                                 |                               |                |        |
|  |  | n (d) must eaual Foi            | rm 990. Part X. colu              |                                 | <u>⊥∠, 331</u> .              |                |        |

BAA

1,422,648. Schedule D (Form 990) 2018

| Part VII Investments -                                   | - Other Securities.                      |                          | N/A  |  |
|--|--|--------------------------|--|--|
|  |  |                          | ), Part IV, line 11b. See Form   |  |
|  | egory (including name of security)       | (b) Book value           | (c) Method of valuation Cost or end-   | of-year market value   |
| (1) Financial derivatives                                |  |                          |  |  |
| (2) Closely-held equity interes                          | sts                                      |                          |  |  |
| (3) Other  | <b></b> -                                |                          |  |  |
| (A)<br>(B)   |  |                          |  |  |
| (B)  |  |                          |  | ,  |
| (C)<br>(D)   |  |                          |  |  |
| (E)  |  |                          |  | ·  |
| <del>(F)</del>   |  |                          | )  |  |
| (G) i  |  |                          |  |  |
|  |  |                          |  |  |
| (l)  |  |                          |  |  |
| Total. (Column (b) must equal Form                       |  |                          | AGE OF THE PERSON OF THE PERSO | A STATE OF THE STA |
| Part VIII Investments -                                  | - Program Related.                       | 'Yes' on Form 990        | N/A<br>D, Part IV, line 11c. See Form  | 990 Part X line 13   |
| (a) Description o  |  | (b) Book value           | (c) Method of valuation Cost or en   | d-of-year market value   |
| (1)  | Σ.                                       | (2) 20011 10100          |  |  |
| (2)  |  |                          | ·  | **   |
| (3)  | ``                                       |                          |  |  |
| (4)  |  |                          |  |  |
| (5)  |  |                          |  |  |
| (6)  |  |                          |  |  |
| (7)  |  |                          |  |  |
| (8)  | ***************************************  |                          |  |  |
| (9)  |  |                          |  |  |
| (10)   | 000 0 1 1 10 1 10 1                      | 1                        |  | Markey of the second second  |
| Total (Column (b) must equal Form: Part IX Other Assets. |  | N/A                      | MANUEL PARTY AND SECTION BY BY AND ADDRESS TABLE TO PROPERTY OF A SECTION DATE.  | Director Contractor  |
| Complete if th   | ie organization answered                 | l 'Yes' on Form 990      | ), Part IV, line 11d See Form  | 990, Part X, line 15.  |
|  | <b>(a)</b> De                            | scription                |  | (b) Book value   |
| (1)  |  |                          |  | <del></del>  |
| (2)  |  |                          |  |  |
| (3)  |  |                          |  |  |
| (5)  |  | <del>-</del>             |  |  |
| (6)  |  |                          |  |  |
| (7)  | /  |                          |  |  |
| (8)  |  |                          |  |  |
| (9)<br>(10)  |  |                          |  |  |
|  | al Form 990, Part X, column (            | R) line 15.)             |  | <u> </u>   |
| Part X Other Liabiliti                                   |  | 57 IIIIC 15 <u>7</u>     |  | <u></u>  |
| Complete if the or                                       | ganization answered 'Yes' on F           | orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 2  | 5.   |
|  | otion of liability                       | (b) Book value           | AV-SEA   |  |
| (1) Federal income taxes                                 |  |                          | a submitted and a submitted an | anima ) — e je maj popuje je je mjamanima majamani   |
| (2) Refundable Depo                                      | osits                                    | 50                       |  |  |
| (3)  |  |                          |  |  |
| (5)  | · · · · · · · · · · · · · · · · · · ·    |                          |  |  |
| (6)  |  |                          |  |  |
| (7)  |  |                          |  |  |
| (8)  |  |                          |  |  |
| (9)  |  |                          |  |  |
| (10)   |  |                          |  |  |
| (11)   | 000 Park and an (D) 1 - 05's             |                          |  |  |
| Total. (Column (b) must equal Form                       |  |                          | nancial statements that reports the organization   | 's hability for uncortain  |
|  | . Check here if the text of the footnote |                          |  |  |

| Schedule D (Form 990) 2018 Coalition for Compassion and                    | Justice                | 47-0851633                               | Page 4   |
|--|------------------------|--|----------|
| Part XI Reconciliation of Revenue per Audited Financial Sta                | tements With Revenu    | ie per Return.                           |          |
| Complete if the organization answered 'Yes' on Form                        | 990, Part IV, line 12a | ١.                                       |          |
| 1 Total revenue, gains, and other support per audited financial statements | 3 '                    | 1  | 736,758. |
| 2 `Amounts included on line 1 but not on Form 990, Part VIII, line 12      |                        |  | •        |
| a Net unrealized gains (losses) on investments                             | 2 a                    |  |          |
| <b>b</b> Donated services and use of facilities                            | 2 b                    |  |          |
| c Recoveries of prior year grants  | 2 c                    |  | _ •      |
| d Other (Describe in Part XIII )   | 2 d                    |  | •        |
| e Add lines 2a through 2d.   | <u> </u>               | 2 e                                      |          |
| 3 Subtract line 2e from line 1   | •                      | 3  | 736,758. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1      |                        |  |          |
| a Investment expenses not included on Form 990, Part VIII, line 7b         | 4 a                    |  |          |
| <b>b</b> Other (Describe in Part XIII )                                    | 4 b                    |  |          |
| c Add lines 4a and 4b  |                        | 4 c                                      |          |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I   | ine 12)                | 5  | 736,758  |
| Part XII Reconciliation of Expenses per Audited Financial S                | tatements With Exper   | ises per Return.                         |          |
| Complete if the organization answered 'Yes' on Form                        | 990, Part IV, line 12a | <b>1</b> .                               |          |
| Total expenses and losses per audited financial statements                 |                        | 1  | 976,580. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25         |                        | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | •        |
| a Donated services and use of facilities .                                 | .   2a                 |  |          |
| <b>b</b> Prior year adjustments .  | 2 b                    | \$                                       |          |
| c Other losses   | . 2c                   |  |          |

Part XIII Supplemental Information.

d Other (Describe in Part XIII)e Add lines 2a through 2d3 Subtract line 2e from line 1

**b** Other (Describe in Part XIII)

c Add lines 4a and 4b

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

4 a

4 b

#### Part V, Line 4 - Intended Uses Of Endowment Fund

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Administrative needs and Home Repair program

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2018

976,580

976,580

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

| Name of the organization  |                                      | _            |               | ·                                    |           | Employer identifica                                 | ation number                  |
|---|--------------------------------------|--------------|---------------|--------------------------------------|-----------|---|-------------------------------|
| Coalition for Compassion  | and Justi                            | ce           |               |                                      |           | 47-085163   | 3                             |
| Part I Fundraising Activities. Comple Form 990-EZ filers are not re               | te if the organiza                   | ation answe  | ered 'Yes' o  | on Form 990, Part IV, line           | e 17      |   |                               |
| 1 Indicate whether the organization   |                                      |              |               | owing activities Check               | all that  | apply   |                               |
| a Mail solicitations  |                                      |              | е             | Solicitation of non-                 | governr   | nent grants   |                               |
| <b>b</b> Internet and email solicitations   | <b>;</b>                             |              | f             | Solicitation of gove                 | rnment    | grants  |                               |
| c Phone solicitations   |                                      |              | g             | Special fundraising                  | events    |   |                               |
| d   In-person solicitations   |                                      |              | J             | <u> </u>                             |           |   |                               |
| 2 a Did the organization have a written o   | r oral agreemen                      | t with any i | ndıvıdı al (ı | includina officers, director         | rs truste | es or kev   |                               |
| employees listed in Form 990, Par   | t VII) or entity                     | ın connect   | tion with p   | rofessional fundraising              | service   | 5?  | ∐ Yes X No                    |
| <b>b</b> If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the | lividuals or enti<br>le organization | ities (fundi | raisers) pu   | ursuant to agreements (              | under w   | hich the fundrai                                    | ser is to be                  |
|   |                                      | (m) Did      | fundraiser    | # > 0                                | (v) Ar    | nount paid to                                       | (vi) Amount paid to           |
| (i) Name and address of individual<br>or entity (fundraiser)                      | (ii) Activity                        | have custo   | dy or control | (iv) Gross receipts<br>from activity | fundr     | retained by)<br>aiser listed in<br>olumn <b>(i)</b> | (or retained by) organization |
|   |                                      | Yes          | No            |                                      | -         |   |                               |
| 1   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| 2   |                                      |              |               |                                      |           |   |                               |
| 2   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| 3   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| 4   |                                      |              | 1             |                                      |           |   |                               |
|   |                                      | ļ            |               |                                      |           |   |                               |
| 5   |                                      |              |               |                                      |           |   |                               |
| 5   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   | ,                             |
| 6   |                                      |              |               |                                      |           |   | ,                             |
|   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| 7   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| 9   |                                      |              |               |                                      |           |   |                               |
| 8   |                                      | ŀ            |               |                                      |           |   |                               |
|   |                                      | <del> </del> |               |                                      |           |   |                               |
| 9   |                                      | ŀ            |               |                                      |           |   |                               |
| •   |                                      |              |               |                                      |           |   |                               |
|   |                                      | ·            |               |                                      |           |   |                               |
| 10  |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
| T.1.1   |                                      |              |               |                                      |           |   |                               |
| Total   |                                      | or liconaa d | to colicit -  | optributions or has been             | notifical | it is exempt from                                   | O.                            |
| or licensing  | on is registered                     | or incensed  | to Solicit C  | need cent to enounding.              | HOUNED    | it is exempt non                                    | rregistration                 |
|   |                                      |              |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           |   |                               |
|   |                                      | _ ·          |               |                                      |           |   |                               |
|   |                                      |              |               |                                      |           | ***************************************             |                               |

|  | till | G (Form 990 or 990-EZ) 2018 Coalities  Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts ground the second se | the organization ar event contribution:  | nswered 'Yes' on Fo                                 | rm 990, Part IV, I                   | ne 18, or reported<br>lines 1 and 6b.                      |
|--|------|---|--|---|--------------------------------------|--|
| RE                                     | •    |   | (a) Event #1 Stagger Straig (event type) | (b) Event #2 Other Events (event type)              | (c) Other events None (total number) | (d) Total events<br>(add column (a)<br>through column (c)) |
| ************************************** | 1    | Gross receipts  | 55,117.                                  | 20,736.   |                                      | 75,853.  |
| Ē                                      | 2    | Less Contributions  |  |   |                                      |  |
|  | 3    | Gross income (line 1 minus line 2)  | 55,117.                                  | 20,736.   |                                      | 75,853.  |
|  | 4    | Cash prizes .   |  |   |                                      |  |
|  | 5    | Noncash prizes  |  |   |                                      |  |
| D I R E C T                            | 6    | Rent/facility costs   |  |   | ···                                  |  |
| - 1                                    | 7    | Food and beverages  |  |   |                                      |  |
| EXPENSES                               | 8    | Entertainment   |  |   |                                      |  |
| N<br>S                                 | 9    | Other direct expenses   |  | 30,076.   |                                      | 30,076.  |
|  | 11   | Direct expense summary Add lines 4 thr<br>Net income summary Subtract line 10 fr<br><b>Gaming.</b> Complete if the organiza<br>\$15,000 on Form 990-EZ, line 6a.  | om line 3, column (d)                    | s' on Form 990, Par                                 | t IV, line 19, or re                 | 30,076.<br>45,777.<br>ported more than                     |
| & E > E Z U E                          |      |   | (a) Bingo                                | (b) Pull tabs/instant<br>bingo/progressive<br>bingo | (c) Other gaming                     | (d) Total gaming<br>(add column (a)<br>through column (c)) |
| E                                      | 1    | Gross revenue .   |  |   |                                      |  |
| £                                      | 2    | Cash prizes   |  |   |                                      |  |
| E X I P                                | 3    | Noncash prizes .  |  |   |                                      |  |
| E N<br>C S<br>T E                      | 4    | Rent/facility costs   |  |   | - <u></u>                            |  |
|  | 5    | Other direct expenses .   |  |   |                                      |  |
|  | 6    | Volunteer labor   | Yes %                                    | Yes %   | Yes %                                |  |
|  | 7    | Direct expense summary Add lines 2 thr  | ough 5 in column (d)                     |   | . •                                  |  |
|  | 8    | Net gaming income summary. Subtract li  | ne 7 from line 1, colum                  | n (d)   | <u> </u>                             |  |
|  |      | er the state(s) in which the organization co<br>ne organization licensed to conduct gaming  | • -                                      |   |                                      | Yes No   |

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If 'Yes,' explain

| Sche | edulè G (Form 990 or 990-EZ) 2018 Coalition for Compassion and Justice 4   | 7-085163                 | 33              | Page 3      |
|------|--|--------------------------|-----------------|-------------|
| 11   | Does the organization conduct gaming activities with nonmembers?   |                          | Yes             | No          |
| 12   | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?   |                          | Yes             | <br>∏ No    |
| -    | Indicate the consenters of coming activity conducted in  | 1 1                      |                 |             |
|      | Indicate the percentage of gaming activity conducted in:   | 13a                      |                 | %           |
|      | The organization's facility  | 13b                      |                 | <del></del> |
|      | An outside facility .  Enter the name and address of the person who prepares the organization's gaming/special events books and records  | [130]                    |                 |             |
|      | Name •   | <b>.</b>                 |                 |             |
|      | Address ►  | <b>-</b> ·               |                 |             |
|      | a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization   \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                          | Yes             | No          |
| C    | If 'Yes,' enter name and address of the third party  |                          |                 |             |
|      | Name •   |                          |                 |             |
|      | Address •  | <b></b> .                |                 |             |
| 16   | Gaming manager information   |                          |                 |             |
|      | Name •   |                          | . – – –         |             |
|      | Gaming manager compensation ► \$   |                          |                 |             |
|      | Description of services provided   | . <b></b>                |                 |             |
|      | ☐ Director/officer ☐ Employee ☐ Independent contractor   |                          |                 |             |
| 17   | Mandatory distributions  |                          |                 |             |
| ě    | a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   |                          | Yes             | No          |
| ŀ    | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in   | thc                      | _               |             |
|      | organization's own exempt activities during the tax year 🟲 💲   |                          |                 |             |
| Pai  | and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.   | umns (III)<br>y additior | ) and (v<br>nal | <b>'</b> ); |
|      |  |                          |                 |             |
|      |  |                          |                 |             |
|      |  |                          |                 |             |
|      |  |                          |                 |             |
|      |  |                          |                 |             |
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|      |  |                          |                 |             |
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|      |  |                          |                 |             |

TEEA3703L 07/02/18

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Schedule G (Form 990 or 990-EZ) 2018

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

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization

Employer identification number

| Coa | alition for Compassion and Justi                          | ce                            |   | _  47-  | 0851633  |
|-----|---|-------------------------------|---|---|--|
|     | Types of Property   |                               |   |   | -  |
|     | · ·   | (a)<br>Check if<br>applicable | (b)  Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1   | Art – Works of art .                                      |                               |   |   |  |
| 2   | Art - Historical treasures                                |                               |   |   |  |
| 3   | Art - Fractional interests .                              |                               |   |   |  |
| 4   | Books and publications                                    | -                             |   | `   |  |
| 5   | Clothing and household goods                              |                               |   |   |  |
| 6   | Cars and other vehicles .                                 |                               |   |   |  |
| 7   | Boats and planes .  |                               |   |   |  |
| 8   | Intellectual property                                     |                               |   |   |  |
| 9   | Securities - Publicly traded                              |                               |   |   |  |
| 10  | Securities – Closely held stock .                         |                               |   |   |  |
| 11  | • • • •   |                               |   |   |  |
| 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 ► (Other supplies) .                                |                               |   |   | Comp Sales   |
| 26  | Other► (Food)   |                               | 1   | 233,844.  | Comp Sales   |
| 27  | Other ► ()  |                               |   |   |  |
| 28  | Other► (  | <u></u>                       |   |   |  |
| 29  | Number of Forms 8283 received by the organization of      | during the tax                | year for contributions for                        | r which the   |  |

- ↑ 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
  - b If 'Yes,' describe the arrangement in Part II
  - 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
  - 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
    - b If 'Yes,' describe in Part II
  - 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|      | Yes           | No            |
|------|---------------|---------------|
|      |               |               |
| 30 a |               | Х             |
|      | <b>STREET</b> | <b>******</b> |
| 31   |               | Х             |
| 32 a |               | Х             |
|      |               |               |

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

organization completed Form 8283, Part IV, Donee Acknowledgement

Schedule M (Form 990) 2018

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Schedule M (Form 990) 2018 Coalition for Compassion and Justice 47-0851633 Page

[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 or 990-EZ)

#### 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 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Coalition for Compassion and Justice

Employer identification number

47-0851633

#### Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

The Organization does not have committees with the authority to act for the governing body. All committee deliberation is taken to the Board for approval.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is reviewed by members of the Board prior to filing with the IRS.

#### Form 990. Part VI. Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization requires that each new employee and board member read and sign a conflict of interest agreement. This agreement also has a section where the employee or board member is required to fill in potential conflicts of interest with the Organization.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Audited or reviewed financial statements, tax returns and other governing documents are available upon request with the Organization.