RETURN EXTENDED TO 5/15/25 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24C Name of organization D Employer identification number Check if applicable: COMPASS MARK Address change **-***4556 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1891 SANTA BARBARA DRIVE, SUITE 104 717-299-2831 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated LANÇASTER PA 17601 2,061,983 G Gross receipts \$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates? Yes Application pending ERIC KENNEL H(b) Are all subordinates included? 1891 SANTA BARBARA DRIVE, SUITE 104 LANCASTER If "No," attech a list. See instructions 17601 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: WWW.COMPASSMARK.ORG Website: H(c) Group exemption number X Corporation Trust Association Year of formation: 1966 Form of organization: M State of legal domicile: Pari Summary 1 Briefly describe the organization's mission or most significant activities: TO PREVENT ADDICTION THROUGH EDUCATION, SKILL-BUILDING AND COMMUNITY Activities & Governance MOBILIZATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 41 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 1 7a 0 b Net unrelated business taxable income from Form 990 Tr, Part I line 11 0 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,672,851 1,783,264 Revenue 9 Program service revenue (Part VIII, line 2g) 180,554 144,967 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,917 23,970 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 433 487 1,864,755 1,952,688 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 1,259,972 1,462,304 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 63,428 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 516,374522,733 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,782,705 1,978,678 82,050 -25,990 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 1,542,808 1,619,179 21 Total liabilities (Part X, line 26) 58,048 123,041 484,760 496,138 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2025 Signature of officer Sign ERIC KENNEL EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature X if Check Paid THOMAS A. WOBBER, CPA THOMAS A. WOBBER, CPA ***** Preparer **-***9427 BERTZ, HESS & CO., LLP Firm's name Firm's EIN **Use Only** 36 EAST KING ST

17602

Firm's address

LANCASTER, PA

717-393-0767

ORKONOTOTOTOTO .	tement of Program Servick if Schedule O contain:	:	Part III	🛘
Briefly describe	the organization's mission:	ROUGH EDUCATION, SKILL-	BUILDING AND COMMUNITY	
MODIFICAL	LON.			
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		program services during the year which were n		s X N
prior Form 990	be these new services on Sche	dule O	🗀 16:	5 24 14
		ke significant changes in how it conducts, any p	rogram	
services?			□ v _{**}	s X N
	기타 경기 교기 (2017년 기타 시간) 경기 교기 기가 있는 경기 등에 되었다. 나이 없는 때	ccomplishments for each of its three largest pro	ogram services, as measured by	
		ganizations are required to report the amount of	grants and allocations to others,	
the total expens	ses, and revenue, if any, for ea	ch program service reported.		
LIFE PROG PROGRANS. STUDENTS SERVED TH	FRAM. 8,900 STUI 250 CHILDREN V WERE INVOLVED S ROUGH THE ADDIC	DENTS WERE SERVED BY THE WERE SERVED BY A FAMILY IN THE LFG PROGRAM. 10, CTION RESOURCE CENTER.	FICIPATED IN THE SKILLS E SCHOOL-BASED PREVENTION SERVICES ADVOCATE. 115 000 COMMUNITY MEMBERS WE 800 TEACHERS, ADMINISTRA	ON ERE ATORS
*			***************************************	
• • • • • • • • • • • • • • • • • • • •				
N/A) (Revenue \$	
* **********				
				.,.,,

c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
N/A		***************************************		

* ***********				
	20.02		nar 1400-150 2004 (1905) 1. december 1. 1900 (1905) 1900 (1905) 1900 (1905) 1900 (1905) 1900 (1905) 1900 (1905 Tarantaria	
	n services (Describe on Schedu			
(Expenses \$	ine	cluding grants of \$) 1,690,579	(Revenue \$	
4e Total program				

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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)	Ť	_	
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	'	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	٣	_	
0	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
8		8		x
0	complete Schedule D, Pert III	-		-
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			
		9		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV			A.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	A.	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			00000000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X line 12, that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete:Schedule D, Part VIII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	44.		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1 2
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	A.	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	A	
12a		420	x	
	Schedule D, Parts XI and XII	12a	Α	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any families and the College Resource As College Resource College Resource Resou	15		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\vdash	122
16		16		x
44	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	\vdash	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		ж
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	"		Ah
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
20-	If "Yes," complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	1 A
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Partix, committee, the 11 if 168, complete Schedule I, Parts 1 and II	1.41		1 42

Pa	rt IV Checklist of Required Schedules (continued)			
00	Did the assessment was a few 65 000 at course and a section of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		\neg	
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		10 16
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ĺ	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00	1	x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	1		
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		*******	
<u>~</u>	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	_28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			17
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	330		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 552	<u> </u>	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	. 38	X	
Р	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
1000	reportable gaming (gambling) winnings to prize winners?	. 1c		X
DAA		Fo	rm 991	0 (2023)

Pa	rt.V. Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)		200000000000	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	пѕ?		2b	X	211 2005
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country	gc 9				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	6V EDSON N. 1828	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		S 128276311 W/25	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		.,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	38-800-00-00-00-00-00-00-00-00-00-00-00-0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	ot?	7e	985 BH	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	ile a Form 1098-C?	7h	200.000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by f	the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	Kananananan	04004
10	Section 501(c)(7) organizations. Enter:	260				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	_		
11	Section 501(c)(12) organizations. Enter:		1			
а	***************************************	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		2000000000
b		12b)	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			***		
а	Is the organization licensed to issue qualified health plans in more than one state?	133.5		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b		1	1			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	130				77
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1		v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.	.tat.				3,000
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ			4-7		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		***************************************	17		33,000
	if "Yes," complete Form 6069.			Sicolom.		

Form	990 (2023) COMPASS MARK	**-***4556				Pa	age 6
*********	Governance, Management, and Disclosure For each "Ye	s" response to lines 2 throug	ıh 7b	below, and	for a '		
*********	response to line 8a, 8b, or 10b below, describe the circumstance						ns.
	Check if Schedule O contains a response or note to any line in the	nis Part VI					X
Sec	tion A. Governing Body and Management						
					e producer de la companya de la comp	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax ye	ar	1a	17			
	If there are material differences in voting rights among members of the governing to						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independ	lent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a bi						
_	any other officer, director, trustee, or key employee?	ionicos rolationomp vitti			2	Х	A00000000
3	Did the organization delegate control over management duties customarily perform						
3	supervision of officers, directors, trustees, or key employees to a management cor				3		x
	Did the organization make any significant changes to its governing documents since				4		X
4					5		X
5	Did the organization become aware during the year of a significant diversion of the	organization's assets?			6		X
6	***************************************				6		
7a	Did the organization have members, stockholders, or other persons who had the p	ower to elect or appoint			Ī		77
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approve	al by) members,				i	
					7b	5000000000	X
8	Did the organization contemporaneously document the meetings held or written ac	tions undertaken during the yea	ır by t	he following:			
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who cannot be reached at					_
	the organization's mailing address? If "Yes," provide the names and addresses on	Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies	not required by the Inter	nal F	Revenue Co	de.)		
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	W			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the a	tivities of such chapters,				i	
	affiliates, and branches to ensure their operations are consistent with the organiza			928	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of		the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review thi						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	**********
b	Were officers, directors, or trustees, and key employees required to disclose annu	ally interests that could give rise	to co	onflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance wi	•	, , , , , , ,		120		_
С					12c	х	1
42	Did the erganization have a written whiatlablance policy?				13	X	
13	Did the premiuration have a voltage degree of setontion and destruction religion				14	X	
14					14		
15	Did the process for determining compensation of the following persons include a relative to the control of the following persons include a relative to the control of the following persons include a relative to the following persons include a						
	independent persons, comparability data, and contemporaneous substantiation of				4.5	X	***********
а	The organization's CEO, Executive Director, or top management official				15a	_	x
b					15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture	or similar arrangement					
	with a taxable entity during the year?				16a	+00000000000000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the orga						
	participation in joint venture arrangements under applicable federal tax law, and ta						
	organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed PA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if	applicable), 990, and 990-T (se	ction	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available.	Check all that apply.					
	Own website Another's website X Upon request Other (exp.	ain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its govern	ning documents, conflict of inter	est po	olicy,			
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the	organization's books and reco	ds.				
	RIC KENNEL, EXECUTIVE DIRECTOR 1891 SANTA BA						
	ANCASTER	PA 1760	1	717	7-29	9-2	831

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor an	y rela	ted	orga	nizat	tion (comp	ensated any current office	r, director, or trustee.	·-···
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unte	Posi check of ess per nd a di	ition more rson i	s bolh	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ERIC KENNEL EXECUTIVE DIRECTOR	40.00			x	pan	D.	M	88,755	0	10,270
(2) OLIVER ARTHUR				1	No.	9	dent	/ Red W		
	2.00	.								
TREASURER (3) KEVIN L. BRADLE	0.00	X		X		_	<u> </u>	0	0	0
(3) REVIN L. BRADLE:	2.00									
PRESIDENT	0.00	x		x				0	0	0
(4) DOUGLAS S BROSSI										
BOARD MEMBER	2.00	x						0	0	0
(5) KATE BROSSMAN										
VICE PRESIDENT	2.00 0.00	x		х				0	0	0
(6) SHARON CZABAFY	2.00									
BOARD MEMBER	0.00	X						o	0	0
(7) KAREN DIELMANN										
BOARD MEMBER	2.00	x						o	0	0
(8) DAVID A FRANK										
BOARD MEMBER	2.00	x						0	0	0
(9) JOSETTE GRADY									=	
BOARD MEMBER	0.00	×						o	o	0
(10) TRACY GRAY-HAYE:	\$	Î	ĺ			Γ	<u> </u>			
BOARD MEMBER	2.00	x						0	0	0
(11) LEWIS E. JURY										
BOARD MEMBER	2.00 0.00	×						0	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	эу Е	mpl	oyee:	s, a	nd Highest Compensated	I Employees (continued)	
(A) Name and title	(B) Average hours per week	bo off	x, unle icer ar	Posi heck iss pe nd a d	more rson i irecto	than o	an 99)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) LEO S LUTZ										
(12) BOARD MEMBER	2.00 0.00	x						0	0	0
(13) CHRISTOPHER I						\Box				
(13)	2.00									
VICE PRESIDENT (14) DANA PYNE	0.00	Х	_	X				0	0	0
(14) DANA PYNE (14)	2.00									
EXECUTIVE VICE PRES.	0.00	x		x				0	0	0
(15) CONNIE SHEAF	1									
(15)	2.00	3,5	'	1						0
BOARD MEMBER (16) JUSTIN SNOOK	0.00	X		├	-			0	0	0
(16)	2.00					1		}		
BOARD MEMBER	0.00	X						0	0	0
(17) JEFFREY WIME	1									
(17) BOARD MEMBER	2.00	x			1000			0	0	0
(18) JOHN ZESWITZ	0.00	1		á		<i>B</i>	- Particol			
(18) BOARD MEMBER	2.00	x		1	da	9	design	YYY .	0	o
(19) 1b Subtotal								88,755		10,270
c Total from continuation she										
d Total (add lines 1b and 1c)						4		88,755		10,270
Total number of individuals (ir reportable compensation from			O O	tnos	se lis	ted a	ibov	e) who received more than	1 \$100,000 or	Yes No
 Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line 	" complete Sche	dule	J for	suc	h ind	dividu	ıal 🏻			3 X
organization and related organization and related organization and related organization organization and related organiza	nizations greater	tha	n \$15	50,00	00?	lf "Ye	s," (complete Schedule J for su	ıch	4 X
for services rendered to the o	rganization? If "									5 X
1 Complete this table for your fi	ve highest comp	ensa	ated	inde	pend	dent o	cont	ractors that received more	than \$100,000 of	1007
compensation from the organ	(A) d business address	опр	CHSB	шОП	iút I	iie G	aieil		(B) ption of services	(C) Compensation
Name and) Dusiness address						H	Descri	poort or services	Compensation
					75					
							{			
	•						\vdash			-
							L			
	<u> </u>						\vdash			
2 Total number of independent								se listed above) who		
received more than \$100,000	of compensatio	n fro	m the	e org	janiz	zatior	1		0	Form 990 (2023)

NEW TON		Check if	Sche	edule O conta	ins a	respons	e or note	to any line in this	s Part VIII		
50. 11.				100 00 A. A.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2	1a	Federated camp	aians		1a		33,545				
and Other Similar Amounts		Membership due			1b						
Ĕ		Fundraising ever			1c						
18		Related organiza			1d						
1		Government grants (co			1e	1,6	525,819				
ŝ		All other contributions,	gifts, grai	nts.							
he		and similar amounts no Noncash contributions is			1f		L23,900				
의	9	lines 1a-1f		 	1g	\$					
딞	h	Total. Add lines	1a-1f					1,783,264			
\neg							Business Code				
	2a	SERVICE FEI	ES			[130,817	130,817		
Revenue	b	POSITIVE C				· · · · · · · · · · · · · · · · · · ·		14,150	14,150		
蒷	C										
š	d										
"	е										
8	f	All other program									
	g	Total. Add lines	2a2f					144,967			
	3	Investment inco	me (in	cluding dividend	s, inte	rest, and					70.000 1000
		other similar am					<i>.</i>	20,758			20,758
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds					
-	5	Royalties		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
- 1				(i) Real		(II) P	Indene				
-	6a	Gross rents	6a				. //				
	b	Less: rental expenses	6b				A Company				
	C	Rental inc. or (loss)	6c								
		Net rental incom	e or (l	oss)							
	/a	Gross amount from sales of assels other than inventory Less: cost or other (i) Securities 112		(i) Securities (ii) Other			Other				
١				7a 112,							
9	b				160000000000000000000000000000000000000						
[ਭ		basis and sales exps.	7b		,295						
Other Revenue	С	Gain or (loss)	7c_	3,	212	<u> </u>					
ا ع		Net gain or (loss						3,212			3,212
5 (8a	Gross income from		alsing events							
		(not including \$									
		of contributions rep									
		1c). See Part IV, li			8a						
		Less: direct exp			8b						
- 5		Net income or (I			events						
	9a	Gross income fr									
		activities. See P			9a						
		Less: direct exp			_9b						
	l .	Net income or (<u>/ities .</u>						
	10a	Gross sales of i		• -	Ì						
		returns and allo			10a						
Ÿ		Less: cost of go			10b						
	С	Net income or (loss) f	rom sales of inve	entory						
3							Business Code	407	407		
9	11a	MISCELLANE	ous					487	487		
evenue	b							<u> </u>			5/A
Revenue	l .									-	
Ē		All other revenu						487			
_	_	Total. Add lines	1000		11-11-201				***************************************	-	23,970
_	12	Total revenue.	See in	structions				1,952,688	145,454		23,910

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,116 trustees, and key employees 88,755 73,024 12,615 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 159,296 39,348 1,120,708 922,064 Other salaries and wages 7 Pension plan accruals and contributions (include 42,969 35,352 6,107 1,510 section 401(k) and 403(b) employer contributions) 94,660 115,052 16,353 4,039 Other employee benefits 78,013 13,478 94,820 3,329 10 Payroll taxes 11 Fees for services (nonemployees): Management b Legal 9,670 9,212 55 403 Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,102 3,102 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 1,026 7,577 181,934 173,331 (A) amount, list line 11g expenses on Schedule O.) 11,378 1,574 12 Advertising and promotion 12,952 1,848 1,078 36 734 Office expenses 13 Information technology 14 Royalties 105,251 105,251 Occupancy 16 325 57 39,403 39,021 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,197 22,971 16,111 663 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 17,374 17,374 Depreciation, depletion, and amortization 22 15,105 15,105 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 70,145 67,208 2,687 250 SUPPLIES 13,109 720 210 14,039 TELEPHONE b 7,290 2,581 429 10,300 SUBSCRIPTIONS & LICENSES С 5,367 5,367 COPIER MAINTENANCE d 6,913 6,631 189 93 e All other expenses 1,690,579 224,671 1,978,678 63,428 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Page 10

Page 11

Part						
	Check if Schedule O contains a response or no	te to any line	in this Part X	4.		
			4	(A) Beginning of year		(B) End of year
14	Cook and interest bearing			155	1	Life of year
1 1	Cash—non-interest-bearing			480,360		306,763
2	Savings and temporary cash investments			400,500	3	300,703
3	Pledges and grants receivable, net			293,860	4	228,594
4 5	Accounts receivable, net Loans and other receivables from any current or form			293,800	4	220,334
5	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe		1		5	4
6	Loans and other receivables from other disqualified p		ofined			
	under section 4958(f)(1)), and persons described in s				6	
7					7	
8 8				8		
9	Prepaid expenses and deferred charges			11,905	9	14,405
	a Land, buildings, and equipment: cost or other					
''	basis. Complete Part VI of Schedule D	10a	180,168			
	Less: accumulated depreciation	406	97,284	88,502	10c	82,884
11	Investments—publicly traded securities			661,228		876,366
12	Investments—other securities. See Part IV, line 11				12	37,180
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		6,798	_	72,987	
16	Total assets. Add lines 1 through 15 (must equal lin		1,542,808		1,619,179	
17			47,525		60,075	
18	Accounts payable and accrued expenses Grants payable		•	18		
19	Deferred revenue Tax-exempt bond liabilities	DE NA		19		
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete Part	V of Schedule	eD U w		21	100
g 22						
<u> </u>	trustee, key employee, creator or founder, substantia		N8893			
Clabilities	controlled entity or family member of any of these pe				22	
J 23		third parties			23	Mac a Control Ford
24		d parties			24	1000
25						
1	parties, and other liabilities not included on lines 17-	24). Complete	Part X			
	of Schedule D			10,523		62,966
26				58,048	26	123,041
	Organizations that follow FASB ASC 958, check I	here X				
88	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			1,319,831		1,327,247
28				164,929	28	168,891
2	Net assets with donor restrictions Organizations that do not follow FASB ASC 958,					
2	and complete lines 29 through 33.					
29				29		
g 30		nent fund			30	
₩ 31	[^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	e, or other fur	nds		31	
Net Assets or Fund Balances 30 31 32			1,484,760		1,496,138	
33	Total liabilities and net assets/fund balances			1,542,808	33	1,619,179

	1990 (2023) COMEMBE PARTY				ugo
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,688
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,		<u>,678</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,990</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,		<u>,760</u>
5	Net unrealized gains (losses) on investments	5		<u> 38</u>	<u>,320</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-952
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	496	<u>,138</u>
T.	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	,		<u>,</u>	<u>., </u>
			(2200	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b 🔀	7 h
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c 🛚 🛚	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u> ,_	3b	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

			COMPASS MARK				**-**	*4556				
Pa	(ii)	Reaso	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruct	ions.				
The i	orgai	nization is not	a private foundation because	it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, con	vention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).	V3				
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990).)							
3		A hospital or	a cooperative hospital servic	e organization described in sec	tion 170(b)(1)(A)(i	ii).					
4		A medical res	earch organization operated	in conjunction with a hospital d	lescribed	in sectio	n 170(b)(1)(A)(iii). Enter the	hospital's name,				
		city, and state	:					***********				
5		An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a go	vernmental unit described in	1				
		section 170(b)(1)(A)(iv). (Complete Part	II.)								
6	Ш	A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)	(v).					
7	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II.)							
9	П	An agricultura	al research organization dese	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant col	lege				
		or university	or a non-land-grant college o	f agriculture (see instructions).	Enter the	name, cit	y, and state of the college o	r				
	_	university:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
10				more than 33 1/3% of its supp								
				pt functions, subject to certain of unrelated business taxable in				3				
				o unrelated business taxable in), 1975. See section 509(a)(2).								
11			-	exclusively to test for public safe	-							
12	Ħ	-		exclusively for the benefit of, to				ooses of				
	_	one or more	oublicly supported organizati	ons described in section 509(a)(1) or se	çtion 509	(a)(2). See section 509(a)(3). Check				
		the box on lin	es 12a through 12d that des	cribes the type of supporting on	ganizatioi	and com	plete lines 12e, 12f, and 12	g.				
	а			rated, supervised, or controlled				iving				
		, ,		er to regularly appoint or elect		of the dir	ectors or trustees of the					
				omplete Part IV, Sections A ar								
	b			pervised or controlled in connecting organization vested in the s								
			ion(s). You must complete		airie hers	ouis tilat t	control of manage the suppl	ntea				
	С		•	upporting organization operated	l in conne	ction with	. and functionally integrated	with.				
	•			tructions). You must complete				,				
	d		_	 A supporting organization ope 								
				organization generally must sa	-			eness				
				nust complete Part IV, Section								
	е			eived a written determination fron- n-functionally integrated support			a Type I, Type II, Type III					
	f		nber of supported organizati		mig organ							
	g		ollowing information about th				***************************************					
(1		ne of supported	(ii) EIN	(ill) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of				
·		ganization	, ,	(described on lines 1-10		ır governing	support (see	other support (see				
				above (see instructions))	-	ment?	instructions)	instructions)				
					Yes	No						
(A)		;										
(171)					 							
(B)												
(C)					-							
(C)												
(D)												
(-)												
(E)												
					1	I						

-*4556 COMPASS MARK Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,349,002	1,517,905	1,579,789	1,672,851	1,783,264	7,902,811
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	=			92		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,349,002	1,517,905	1,579,789	1,672,851	1,783,264	7,902,811
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7,902,811
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,349,002	1,517,905	1,579,789	1,672,851	1,783,264	7,902,811
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,185	_1,995	1,980	10,917	20,758	41,835
9	Net income from unrelated business activities, whether or not the business is regularly carried on	- U	JU/				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,944,646
12	Gross receipts from related activities, etc.	(see instructions)					454,423
13	First 5 years. If the Form 990 is for the or	_					
	organization, check this box and stop her	re					
Sec	tion C. Computation of Public S					7	
14	Public support percentage for 2023 (line						99.47%
15	Public support percentage from 2022 Sch	iedule A, Part II, lin	e 14				99.53%
16a	33 1/3% support test — 2023. If the organization qua	lifies as a publicly s	supported organiza	ition			X
b	33 1/3% support test — 2022. If the orgathis box and stop here. The organization						
17a	10%-facts-and-circumstances test — 2	023 If the organiza	ation did not check	a hoy on line 13 1	l6a or 16b and lin	e 14 is	
IIa	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	-						
b	organization 10%-facts-and-circumstances test — 2						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization			_			
18	Private foundation. If the organization di	id not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	:e	
	instructions						Ė

Page 2

Schedule A (Form 990) 2023
Part III Support Support Schedule for Organizations Described in Section 509(a)(2)

		1 / 1 /
(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 organizati	on fails to qualify under	the tests listed below inlease complete Part II.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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		1 = 1				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	+10					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support	П	11 7 17	7 / 1	4		31
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 2010	1	tid ^{by}	(-,	(-/	(7/15/2
	· · · · · · · · · · · · · · · · · · ·	<u></u>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	recollections for the	accord third found	h or fiéb tourne	no o postion 504/-	1/3)	1
14	First 5 years. If the Form 990 is for the or	•					20.000
900	organization, check this box and stop her tion C. Computation of Public St	unnort Percen	tano				
	Public support percentage for 2023 (line 8			mn (f))		15	%
15 46	Public support percentage for 2023 (line of Public support percentage from 2022 Sch						%
16 Sec	tion D. Computation of Investme			************		[10	70
17	Investment income percentage for 2023 (3. column (ft)	12.30	17	%
	Investment income percentage for 2022 (
19a	33 1/3% support tests — 2023. If the org			ne 14, and line 15	is more than 33 1/		
100	17 is not more than 33 1/3%, check this b						2002506
b	33 1/3% support tests — 2022. If the org	•	_				
	line 18 is not more than 33 1/3%, check the						1 1
20	Private foundation. If the organization di						

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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
		NO

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chedu	le A (Form 990) 2023 COMPASS MARK	**-***4556		Page 5
ARREST DESIGNATION OF	Supporting Organizations (continued)			
	ASSOCIATE A MARKET AND A MARKET		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		251.201.29.70
ecti	on B. Type I Supporting Organizations			
		200000	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	nip of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizati	on's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	ion(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than of	0000000000		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated	f among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		,	0.0000000000000000000000000000000000000
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		
ect	ion C. Type II Supporting Organizations			
		10000000	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		
ect	ion 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	ır 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	ne		
	organization's governing documents in effect on the date of notification, to the extent not previously provided'	? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization	a(s). 2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Str. In line Co.	
Sect	ion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	al entity (see instructions	i <u>J.</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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

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

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the activities described on line 2a, above, constitute activities that, but for the organization's

that these activities constituted substantially all of its activities.

have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

2b 3a

2a

3b Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizat	tions					
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
instructions. All other Type III non-functionally integrated supporting organizations m	nust comp	lete Sections A through E.					
Section A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4	10					
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection							
of gross income or for management, conservation, or maintenance of							
property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		L1				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors							
(explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	,					
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C – Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrate	ed Type II	I supporting organization	<u> </u>				
(see instructions).							

Section D - Distributions	appoining organization	ions (commissed)		Current Year
1 Amounts paid to supported organizations to accomplish exempt purpor	ses .		1	
Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes	\vdash			
organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purposes of supplied to accomplish exempt purposes of supplied to accomplish exempt purposes.	3			
Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (prior IRS approval required—provide det	5			
Other distributions (describe in Part VI). See instructions.	and it's die vij		6	
7 Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
(provide details in Part VI). See instructions.				
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
To Entro District arrived by mile of entropy	(i)	(ii)		(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023				
(reasonable cause required-explain in Part VI). See				
instructions.				
3 Excess distributions carryover, if any, to 2023				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022	1 11 11 11 11 11			
f Total of lines 3a through 3e	113.2/111/1			
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	
4 Distributions for 2023 from				
Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				
c Remainder, Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if				
any. Subtract lines 3g and 4a from line 2. For result				
greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

ean vi	III, line 12; Part IV, Section B, lines 1 and 2; Part IV, 3a, and 3b; Part V, line 1 lines 2, 5, and 6. Also contains	on A, lines 1, 2, 3b, 3c, Section C, line 1; Part ; Part V, Section B, line	4b, 4c, 5a, 6, 9a, 9b, 9 IV, Section D, lines 2 a 1e; Part V, Section D	9c, 11a, 11b, and 11c; F and 3; Part IV, Section E), lines 5, 6, and 8; and F	art IV, Section E, lines 1c, 2a, 2b,
					
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SCHEDULE D (Form 990)

Department of the Treesury 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.

Employer identification number

OMB No. 1545-0047

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

Inspection

-*4556 COMPASS MARK Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (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 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 impermissible private benefit? Part 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 land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, 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 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, 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 Does each conservation easement reported on line 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public 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 FASB 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 (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 FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

GUIIGU	ule D (Form 990) 2023 COMPASS					4330			-	age Z
Par	t III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, c	or Other	Similar As:	sets (continu	ıed)	
	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records	, check any of the follo	owing that ma	ake signific	cant use of its				
a [Public exhibition	d 🗌 L	oan or exchange prog	gram						
b	Scholarly research	е 🗍 (Other							
c [Preservation for future generations									
4	Provide a description of the organization's	collections and explain	how they further the o	organization's	exempt p	urpose in Part				
7	XIII.									
5	During the year, did the organization solicit	or receive donations o	f art, historical treasur	es, or other s	imilar					
	assets to be sold to raise funds rather than							Ye	s 🗌	No
The second relations	Escrow and Custodial Ar Complete if the organization	rangements						n Form	= 22 1	
4.0	990, Part X, line 21.	dian an athan intermedi								
	Is the organization an agent, trustee, custo							□ v _*		1 No
	included on Form 990, Part X?							∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table.					A		
								Amount		
C	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance					1f				_
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cust	todial account	t liability?	,,		Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been pr	ovided on Pa	rt XIII					
Par	t V Endowment Funds									
	Complete if the organization	<u>on answered "Yes"</u>	on Form 990, Pa	rt IV, line 1	0.					
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back	(e) Fou	years l	back
1a	Beginning of year balance	247,146	244,248	_ 24	9,160	241	,910		242,	464
b	Contributions		THE SECTION							
	Net investment earnings, gains, and	Ches	W College							
	losses	4,313	3,228	i -	4,550	7	,597		_	-220
d	Grants or scholarships		·							
	Other expenditures for facilities and									
	programs									
	Administrative expenses	351	330		361		347			334
	End of year balance	251,108	247,146		4,248	249	,160		241,	
	Provide the estimated percentage of the cu	 					7 1		,	
	Board designated or quasi-endowment	47.55%	(iiiic 19, colaiiiii (a))	noid do.						
h	Permanent endowment 52.45 %									
	Torm and autmont 9/									
	Term endowment %	sould savel 1009/								
	The percentages on lines 2a, 2b, and 2c sl	•	Atom Alona Includenced		l fau tha					
	Are there endowment funds not in the poss	session of the organiza	tion that are neid and	administered	tor the			1	Van	Ma
	organization by:							0-0	Yes	No
	(i) Unrelated organizations?						99	3a(i)		77
	(ii) Related organizations?							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organ							3b		<u> </u>
200000000000000000000000000000000000000	Describe in Part XIII the intended uses of t		wment funds.							
Pai	n VI Land, Buildings, and Eq									
	Complete if the organization	on answered "Yes'	<u>' on Form 990, Pa</u>	<u>ırt IV, line 1</u>	1a. See	Form 990,	Part X	<u>, line 1</u>	0.	
	Description of property	(a) Cost or other b		- 1	1000	ccumulated		(d) Book	value	
		(investment)	(oth	er)	de	preciation				
1a	Land				x					
b	Buildings									
С	Leasehold improvements			80,715		39,006			<u>41,</u>	
	Equipment			88,984		47,809		4	41,	<u> 175</u>
	Other			10,469		10,469				
Total.	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, line 10c, column (l	B))				-	82,	884

	(a) Description of security or category	(b) Book value	e 11b. See Form 990, Part X, line 12.
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial d	lerivatives	2 1945	
	ld equity interests		
(2) Other	. 29.50		
(A)		******	
(B)	***************************************	3.111.	
(C)		9191	
(D)		0.000	
(E)		.09	
(F) (G)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related		
0000000	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
0.834	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)	-		
(8)		THE WAR	
(9)	***	O V D V	
	n (b) must equal Form 990, Part X, line 13, col. (B))	E 69	
Part IX	Other Assets		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin	
	(a) Descrip	ion	(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, line 15, col. (B))		
(4) (5) (6) (7) (8) (9)	Other Liabilities		
(4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities Complete if the organization answered "Ye	es" on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities Complete if the organization answered "Ye line 25.		
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities Complete if the organization answered "Ye line 25. (a) Description of		te 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities Complete if the organization answered "Ye line 25. (a) Description of income taxes		(b) Book value
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

1	Complete if the organization answered "Yes" on Form	990, Part IV, line 1	2a.	
	Total revenue, gains, and other support per audited financial statements		4	1,987,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	38,320	
	Donated services and use of facilities			
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	*******	2e	38,320
3	Subtract line 2e from line 1		3	1,949,586
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,102	
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	3,102
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	1,952,688
Pε	art XII Reconciliation of Expenses per Audited Financial			1
00000000	Complete if the organization answered "Yes" on Form			
1				1,975,576
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	30 <u>4</u> 30 g (1) g (2) g (2) g (3) g (3) g (3) g (4) g (2) g (3) g (3) g (3) g (3) g (4) g (4	2a		
b	사고 있는 이번 이번 보다는 사람들이 보다 하는데 하는데 하는데 하는데 하는데 되었다.			
С		2000000		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,975,576
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	4a	3,102	
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	W	4c	3,102
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.) 🦃	5	1,978,678
Pa	art XIII Supplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			ile.
T	ART X - FIN 48 FOOTNOTE AX RETURNS ARE OPEN FOR EXAMINATION BY	THE INTERN	AL REVENUE SE	
P. T.		THE INTERN	AL REVENUE SE TAX YEARS SUB	JECT TO
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2023

-*4556 COMPASS MARK FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS DOUGLAS BROSSMAN KATE BROSSMAN BOARD MEMBER VICE PRES HUSBAND / WIFE FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE CPA PREPARING FORM 990 SENDS A DRAFT COPY TO THE EXECUTIVE DIRECTOR FOR IN TURN, THE EXECUTIVE DIRECTOR MAKES FORM 990 AVAILABLE TO THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY MEANS OF A QUESTIONNAIRE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS A WRITTEN ASSESSMENT OF THE TOP OFFICIALS' PERFORMANCES AND PRESENTS IT TO THE EXECUTIVE COMMITTEE ALONG WITH INFORMATION GATHERED ON COMPARABLE SALARIES SIMILAR ORGRANIZATIONS. THE BOARD USES THIS INFORMATION TO DETERMINE THE TOP OFFICIALS' SALARIES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT

OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No.

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

COMPASS MARK

Identifying number **-***4556

	ess or activity to which this form related							
	IDIRECT DEPRECIAT		orty Under Section	170				
₩ €	Note: If you have a				molete Part			
1	Maximum amount (see instruction	>	-				1	1,160,000
2	Total cost of section 179 property		instructions)				2	1/100/000
3	Threshold cost of section 179 property	piaceu ili service (see	in limitation (see instru	ctions\			3	2,890,000
4	Reduction in limitation. Subtract li	ing 3 from line 3. If you	o or loce onter 0	cuons)		900.000	4	2/000/000
5	Dollar limitation for tax year. Subtract li						5	
6	(a) Description			Cost (business use o	1.000	lected cost		
0	(a) accorpic	ar or property	(2)		,			
7	Listed property. Enter the amount	t from line 29	2 820210428080911 /		7			
8	Total elected cost of section 179		in column (c) lines 6 a				8	
9	Tentative deduction. Enter the sn			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		200	9	
10	Carryover of disallowed deduction					14451055	10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13	* 1 * 2 ! 2 !	1 12	
	Don't use Part II or Part III below				10			
	rt II Special Deprecial			tion (Don't	include listed	propert	v Se	e instructions)
14	Special depreciation allowance for					ргорол	,	10000000000
17	during the tax year. See instruction		H A B	10 11 11			14	
15				307 308 807		T	15	
16	Property subject to section 168(f) Other depreciation (including AC	D6/		ly			16	17,423
*******	rt III MACRS Deprecia	tion (Don't includ	e listed property. So	ee instructio		*******		
	MACITO DODICOIA	don (Bon timolad		00 11100100010	110.7			·
			Section A					
17	MACRS deductions for assets no	aced in service in tax v		2023		(5359) (63,	17	0
17 18	MACRS deductions for assets plant	•	ears beginning before 2				17	0
17 18	If you are electing to group any assets place	ed in service during the tax ye	ears beginning before 2	et accounts, check l	nere			
	If you are electing to group any assets place Section B—	Assets Placed in Ser (b) Month and year	ears beginning before 2 ar into one or more general ass vice During 2023 Tax \((c) Basis for depreciation	et accounts, check i Year Using the	General Depre	eciation S	ysten	1
	If you are electing to group any assets place	ad in service during the tax yea Assets Placed in Ser	ears beginning before 2 ar into one or more general ass vice During 2023 Tax (c) Basis for depreciation (business/investment use	et accounts, check l	nere		ysten	
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18 19a	If you are electing to group any assets place Section B— (a) Classification of property 3-year property	Assets Placed in Ser (b) Month and year placed in	ears beginning before 2 ar into one or more general ass vice During 2023 Tax (c) Basis for depreciation (business/investment use	Year Using the	General Depre	eciation S	ysten	1
18 19a b	If you are electing to group any assets place Section B— (a) Classification of property 3-year property 5-year property	Assets Placed in Ser (b) Month and year placed in	ears beginning before 2 ar into one or more general ass vice During 2023 Tax (c) Basis for depreciation (business/investment use	Year Using the	General Depre	eciation S	ysten	1
18 19a	If you are electing to group any assets place Section B— (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Ser (b) Month and year placed in	ears beginning before 2 ar into one or more general ass vice During 2023 Tax (c) Basis for depreciation (business/investment use	Year Using the	General Depre	eciation S	ysten	1
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19a b c d e f g h i	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year 40-year Listed property. Enter amount fro Total. Add amounts from line 12	structions.) on line 28, lines 14 through 17, list of your return. Partne ced in service during the tax yet.	cears beginning before 2 ar into one or more general ass vice During 2023 Tax V (c) Basis for depreciation (business/investment use only-see instructions) ce During 2023 Tax Ye ines 19 and 20 in columnships and S corporation the current year, enter the	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM	S/L	System System	(g) Depreciation deduction

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bor	Basis us for Depr	PerConv Meth	Prior	Current
Other 1 3 4 5 6 7 8 9 10	Depreciation: Phone System Leasehold Improvements Replace all XP Machines Xerox Workcentre Office Furnishing Computer Server Exton Office Furniture Keyless Door Access Camera, Mic and Sound	5/01/15 10/31/19 3/14/14 4/21/18 10/31/19 6/30/20 12/21/20 5/02/22 6/08/23	10,469 74,915 9,547 5,895 36,264 10,863 11,453 6,008 2,999	::.	10,469 74,915 9,547 5,895 36,264 10,863 11,453 6,008 2,999	5 MO S/L 5 MO S/L 10 MO S/L 5 MO S/L 10 MO S/L 10 MO S/L 5 MO S/L	10,469 30,521 9,547 5,895 13,297 6,518 2,863 701 50	0 8,324 0 0 3,626 2,172 1,145 601 600
11 12	Xerox Printer and Fax Card Leasehold Improvements - Lebanon	10/31/23 6/01/24	5,956 5,800		5,956 5,800	3 MO S/L	0 001	794 161
	Total Other Depreciation		180,169		180,169		79,861	17,423
	Total ACRS and Other Depre	eciation	180,169		180,169		79,861	17,423
Amor 2	tization: Website Development	6/30/16	5,259		5,259		5,259	0
			5,259		5,259		5,259	
	Grand Totals Less: Dispositions and Transi Less: Start-up/Org Expense	fers	185,428 0 0		185,428 0 0	 	85,120 0 0	17,423 0 0
	Net Grand Totals		185,428	DOV	185,428		85,120	17,423

-*4556

Depreciation Adjustment Report All Business Activities

Form Unit Asset Description Tax AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report



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Future Depreciation Report FYE: 6/30/25 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other D	epreciation:				
1 3 4 5 6 7 8 9 10 11	Phone System Leasehold Improvements Replace all XP Machines Xerox Workcentre Office Furnishing Computer Server Exton Office Furniture Keyless Door Access Camera, Mic and Sound Xerox Printer and Fax Card Leasehold Improvements - Lebanon Total Other Depreciation Total ACRS and Other Depreciation	5/01/15 10/31/19 3/14/14 4/21/18 10/31/19 6/30/20 12/21/20 5/02/22 6/08/23 10/31/23 6/01/24	10,469 74,915 9,547 5,895 36,264 10,863 11,453 6,008 2,999 5,956 5,800 180,169	0 8,324 0 0 3,626 2,173 1,146 601 600 1,191 1,933 19,594	0 0 0 0 0 0 0 0 0 0
Amorti	zation:				
2	Website Development	6/30/16	5,259 5,259	0 0	0
	Grand Totals	C	185,428	19,594	0

Federal Statements

Taxable Interest on Investments

Description						
	 Amount	Unrelated I Business			Acquired after 6/30/75	US Obs (\$ or %)
	\$ 20,758		14	-		
TOTAL	\$ 20,758					



-4556

TOTAL

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name		Total	Excess		
LEWIS JURY	\$	11,000	\$		
LANCASTER LAW FOUNDATION		10,000			
MID PENN BANK		5,000			
TRADITIONS BANK	- 5	5,000			
TOTAL	\$	31,000	\$	0	



Schedule A, Part II, Line 8(e)

Description

TOTAL

\$ 20,758 \$ 20,758

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