Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending 3	JUN 30, 2011	
В	Check if applicable	COMPASSION & CHOICES ACTION NETWORK	D Employer identificati	on number
	Addres	FKA END-OF-LIFE CHOICES		
	Name change	Doing Business As	84-132	8830
	initial return Termin ated	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 101810	E Telephone number 303-63	9-1202
Ē	Ameno		G Gross receipts \$	379,898.
~	retum Applica		H(a) is this a group return	
_	/ tión pendin		for affiliates?	X Yes No
		P.O. BOX 101810 , DENVER, CO 80250	H(b) Are all affiliates include	
1	Tax-exe	mpt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527		
		www.Compassionandchoices.org	H(c) Group exemption nu	
			of tormation: 1995 M St	
		Summary	or rouning con.	to or logal a ormano.
		Briefly describe the organization's mission or most significant activities: TO EDUCATE	E, SUPPORT AND	ADVOCATE
ဋ		FOR PATIENT RIGHTS AT THE END OF LIFE.	<u> </u>	
Ë	2	Check this box If the organization discontinued its operations or disposed of more	e than 25% of its net assets	
ş	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)		12
38		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		0
姜	6	Total number of volunteers (estimate if necessary)	6	0
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		0.
•	b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
-			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	105,217.	64,171.
Ĕ	9	Program service revenue (Part VIII, line 2g)	281,994.	218,946.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	514.	15,687.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,360.	-2,920.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	385,365.	295,884.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
20	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	105,395.	71,026.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	Ь.	Fotal fundraising expenses (Part IX, column (D), line 25)		20000 - 10000 - 1000
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	315,271.	167,708.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	420,666.	238,734.
	19	Revenue less expenses. Subtract line 18 from line 12	-35,301.	57,150.
S OF		Be	eginning of Current Year	End of Year
Net Assets Fund Baland	20	Fotal assets (Part X, line 16)	989,812.	1,202,231.
TAR TAR	21	Fotal liabilities (Part X, line 26)	129,577.	259,900.
		Net assets or fund balances. Subtract line 21 from line 20	860,235.	942,331.
		Signature Block		
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and statem		owledge and belief, it is
true	, correct	, and complete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledge.	
		Malla a Chaptell	1/00/2	7012
Sig		Signafure of officer	Date /	
He	re	MARCIA CAMPBELL, CHIEF FINANCIAL OFFICER Type or print name and title		
			Daţe / Check	PTIN
n-1	.	Train Type property strains	11/13/17/1	LIM
Pai	- 1	THE BELL II DOLD, CLIMING,	T T T T T T T T T T T T T T T T T T T	
	parer	Firm's name PA DUYS CPA, INCORPORATED / Firm's address 550 S WADSWORTH BLVD, SUITE 301	Firm's EiN ▶	
U\$6	Only	LAKEWOOD, CO 80226	Dha 202	_727_1040
_	.,		Phone no. 303	-727-1040
-		S discuss this return with the preparer shown above? (see instructions)		X Yes No
0320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)

Check il Schedule Contains a response to any question in this Part III Briefly describe the organization wission: TO ENGAGE IN PROGRAMS TO PROMOTE EDUCATION OF MEMBERS, PROVIDE GRANTS TO OTHER ORGANIZATIONS & ASSIST VARIOUS CHAPTERS TRROUGHOUT THE UNITED STATES WHO ADVOCATE PATIENT'S RIGHTS AND THEIR RIGHTS TO END OF LIFE CHOICES. Did me organization undertake any significant program services during the year which were not listed on the prior form 950 ey96-27 Ves. ▼No. Ves. ▼N	Pa	t III Statement of Program Service Accomplishments	_
TO ENGAGE IN PROGRAMS TO PROMOTE EDUCATION OF MEMBERS, PROVIDE GRANTS TO OTHER ORGANIZATIONS & ASSIST VARIOUS CHAPTERS THROUGHOUT THE UNITED STATES WHO ADVOCATE PATIENT'S RIGHTS AND THEIR RIGHTS TO END OF LIFE CHOICES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 30 950 BC2?		Check if Schedule O contains a response to any question in this Part III	
TO OTHER ORGANIZATIONS & ASSIST VARIOUS CHAPTERS THROUGHOUT THE UNITED STATES WHO ADVOCATE PATIENT'S RIGHTS AND THEIR RIGHTS TO END OF LIFE CHOICES. Did the organization undertake any significant program services during the year which were not listed on the price from 590 of 890-62? If 'Yes,' describe these new services on Schedule 0. Did the organization cause conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these charges on Schedule 0. Cescribe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(s)(3) and 301(s)(4) organizations and section 4947(a)(1) rusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Code: (Expenses \(^2\) 221, 731. including grants of \(^3\) (Revenue \(^2\) 216, 026. THE ORGANIZATION OFFRIS PROGRAMS AND PRODUCTS AND WORKS AT THE FEDERAL AND STATE LEVEL TO ADVOCATE AND HELP INSURE THAT ALL HOPELESSLY ILL AMERICANS HAVE ACCESS TO THE FULL RANGE OF END-OF-LIFE OPTIONS 46 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 47 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 48 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 49 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 40 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 40 (Code:)(Expenses \(^3\) including grants of \(^3\) (Revenue \(^3\) (Revenue \(^3\) (Revenue \(^3\)) 41 (Code:	1	Briefly describe the organization's mission:	
STATES WHO ADVOCATE PATIENT'S RIGHTS AND THEIR RIGHTS TO END OF LIFE CHOICES. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?		TO OTHER ORGANIZATIONS & ASSIST VARIOUS CHAPTERS THROUGHOUT THE UNITED	-
2 Dol the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If Yes, "describe these new services on Schedule 0. If Yes, "describe these new services on Schedule 0. Obtate organization cease conducting, or make significant changes in how it conducts, any program services by expenses. Section 501 (city 3 mot 501(city) capacitations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Objective the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(city) and 501(city) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. October (Code:) (Expenses \$ 21, 731. including grants of \$) (Bevenue \$ 215, 026.			_
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	4e		_

032002 12-21-10 Form 990 (2010) Part IV Checklist of Required Schedules

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?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	X
Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	40	III	х
If "Yes," complete Schedule D, Part V 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	10	UUSE	
as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	11a		Х
b Did the organization report an amount for investments - other securities in Part X, fine 12 that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	34	37	
	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	401	х	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	21	X
	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	7,10		
The state of the s	14b		Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	3.11	- 1	5
located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
complete Schedule G, Part III	19		X
The second secon	20a		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

FKA END-OF-LIFE CHOICES

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		M	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		х
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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	30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?			х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	37
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010) Part V Statements Regarding Other IRS Filings and Tax Compliance

FKA END-OF-LIFE CHOICES

Enter the number oreported in Box 3 of Form 1096. Enter -0. If not applicable 16 of		Check if Schedule O contains a response to any question in this Part V	********			Yes	Nic
Einter the number of Forms W 2G included in line 1s. Enter-0 if not applicable Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gambing) within my within diding rules for reportable payments to vendors and reportable gaming (gambing) withing the previous withing the previous within the previous p	10	Enter the number reported in Box 3 of Form 1096. Enter .0. if not applicable	1 10	0		ies	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2s Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with on within the year coveract by this setum. 2 b If at least on is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 b If the vignitization have unrelated business greaters in 100,000 or more during the year? 3 a X b If Yes, * has it filed a Form 990 T for this year? If *No.* provide an explanation in Schedule O 3 b A tax yrite unduring the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a As any time the name of the foreign country. 5 b If *Yes,* after the name of the foreign country. 6 b If *Yes,* after the name of the foreign country. 6 b If *Yes,* after the name of the foreign country. 7 b Did any taxable party notify the organization that a was or is a party to a prohibited tax shelter transaction? 8 b Did any taxable party notify the organization file Form 8896 1? 8 b Did any taxable party notify the organization file Form 8896 1? 9 b If *Yes,* after the organization have many gross secupits that are normally greater than \$100,000, and did the organization solicit any contributions that many acceleve deductible? 9 b If *Yes,* after the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 10 b If *Yes,* after the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 10 b If *Yes,* after the amount of organization the surface the party as a contribution o							
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c					6b	Х	_
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Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			- 1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			W 7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- 0		
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		v	
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent		-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	37	_
b	Other officers or key employees of the organization	15b	Λ	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Ш	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
b				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401	-	
600	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC, AL, AK, AZ, AR, CA, CO, CT, DE	FT.	GΆ	üΤ
17			, GA	, , , , ,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	iOf		
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	id fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate MARCIA CAMPBELL $-303-639-1202$	ion: 🕨	_	
	4155 E JEWELL AVE., STE. 200, DENVER, CO 80222			
		Form	990	(2010)

032006 12-21-10

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(с		Pos		n app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DEBBI GIBBS											
BOARD CHAIR	8.50	X		X				0.	0.	0.	
BARBARA COOMBS LEE											
EX-OFFICIO MEMBER	40.00	X		X		X		0.	149,958.	15,969.	
PAUL WOLFSON	0.00				П				•		
SECRETARY	2.00	X		X				0.	0.	0.	
VAN ZANDT WILLIAMS	F 00						L				
TREASURER	5.00	X		X	-			0.	0.	0.	
CHARLIE HAMLIN	1 00	37							0		
BOARD MEMBER	1.00	X			-		-	0.	0.	0.	
MARCIA CAMPBELL	40.00	X		X				6,692.	118,141.	16,403.	
EX-OFFICIO MEMBER PETER EHRENHAFT	40.00	Δ		Δ	-	-		0,032.	110,141.	10,403.	
BOARD MEMBER	6.00	X						0.	0.	0.	
MATTHEW NELSON	0.00	122					-	0.		0.	
VICE-CHAIR	12.00	X		X			п	0.	0.	0.	
SUE PORTER											
BOARD MEMBER	3.00	X	Ш				m	0.	0.	0.	
ROBERT BRODY											
BOARD MEMBER	1.00	X						0.	0.	0.	
ROBERT SCHWARTZ											
BOARD MEMBER	3.00	X			Ш			0.	0.	0.	
IRENE WURTZEL											
BOARD MEMBER	2.00	X						0.	0.	0.	
KAREN PYE											
BOARD MEMBER	2.00	X						0.	0.	0.	
DAVID MUELLER										TA IA	
BOARD MEMBER	3.00	X			H	-		0.	0.	0.	
									-		

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FKA END-OF-LIFE CHOICES

(A) Name and title	(B) Average			C) Posit	tion			(D) Reportable	(E) Reportable			(F) imated
	hours per week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	1		compensated	Former (X	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		comp fro orga and	ount of other pensatio om the inization related nizations
			1									
										+		_
1b Sub-total								6,692.	268,09	9.	32	2,372
c Total from continuation sheets to Pai d Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization	ut not limited to th					e) wh	o re	6,692.	268,09 ,000 in reportable	9.	32	2,372
 Did the organization list any former offiline 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the 	for such individual										3	Yes N
 For any individual listed on line 1a, is the and related organizations greater than 3 Did any person listed on line 1a receive rendered to the organization? If "Yes," 	\$150,000? If "Yes, or accrue compe	" cc	mple tion t	ete S rom	iche any	unr	J fo	r such individual		1	5	X
Section B. Independent Contractors 1 Complete this table for your five highes							rs th	at received more than	\$100,000 of com	pensa		om
the organization. NONE (A) Name and busin	ness address						T	(B) Description of s	ervices	Co	(C) isation
2 Total number of independent contractor	are (including but r	+ 1	imita	4+4	4600	an lie	tod	about who received m	active Observe			

Pai	rt VIII	Statement of Rever	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, gifts, grants Revenue and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncesh contributions included in lines Total. Add lines 1a-1f MEMBERSHIP RENE	tb tc td	64,171. Business Code 900099	64,171. 218,946.	218,946.		513, or 514
Proc		All other program service reversal. Add lines 2a-2f			218,946.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	dividends, intere	est, and	14,143.			14,143.
Other Revenue	6 a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(ii) Personal				
	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	78,647. 1,544.		1,544.			1,544.
	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	g events (not of 1c). See a					
a		Less: direct expenses						
	9 a	Net income or (loss) from fund Gross income from gaming at Part IV, line 19 Less: direct expenses	ctivities. See					
	t0 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ning activities returns a	5,367.	-2,920.	-2,920.		
	C	Miscellaneous Revenu		Business Code	_,,			
	11 a b c	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			295,884.	216,026.	0.	15,687.
03200 12-21					10			Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	71,026.	63,514.	7,512.	
8	Pension plan contributions (include section 401(k)	71,020.	03,314.	1,512.	
0	and section 403(b) employer contributions)				
9	Out and a section of the section				
10	Payroil taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,085.	1,085.		
14	Information technology	2,002.	1,205.	797.	
15	Royalties				
16	Occupancy				
17	Travel	2,332.	1,404.	928.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 000		1 001	
19	Conferences, conventions, and meetings	4,827.	2,906.	1,921.	
20	Interest				
21	Payments to affiliates	2 202	1 274	000	
22	Depreciation, depletion, and amortization	2,283.	1,374.	909.	
23	Insurance	1,048.	031.	417.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	OUTSIDE SERVICES	70,416.	68,295.	2,121.	
b	MEMBERSHIP	42,416.	42,395.	21.	
С	BANK FEES	13,221.	13,221.		
d	PUBLICATION & SUBSCRIPT	11,793.	11,754.	39.	
е	REGISTRATION/FILING FEE	9,421.	9,421.		
f	All other expenses	6,864.	4,526.	2,338.	
25	Total functional expenses. Add lines 1 through 24f	238,734.	221,731.	17,003.	
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Form 990 (2010)

FKA END-OF-LIFE CHOICES 84-1328830 Page 11 Form 990 (2010) Part X | Balance Sheet (A) (B) Beginning of year End of year 985,515. 275,950. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 4,297. Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 926,281. 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 989,812. 1,202,231. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 8,040. 4,055. Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 121,537. 255,845. 25 25 Other liabilities. Complete Part X of Schedule D 129,577. 259,900. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 860,235. 942,331. 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32

> 1,202,231.Form 990 (2010)

942,331.

33

860,235.

989,812.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Pa	t XI Reconciliation of Net Assets		-				
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	5,8	84.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	8,7	34.		
3	Revenue less expenses. Subtract line 2 from line 1	3	5	7,1	50.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86	0,2	35.		
5							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	94	2,3	31.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c		х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audit					
	Act and OMB Circular A-133?	igio / idaii	3a		Х		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form	990 (2010)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	rganization is exempt und	er section 501(c) or is a section 527 o	
description of the organ				rganization.
	nization's direct and indirect politic		> \$	
amount of any excise ta anization incurred a sect rrection made? describe in Part IV.	x incurred by organization managion 4955 tax, did it file Form 4720	ers under section 495 for this year?	55	Yes No
amount of the filing organization activities mpt function expenditure ing organization file Form names, addresses and organizations received that were properties.	es. Add lines 1 and 2. Enter here a m 1120-POL for this year? employer identification number (El zation listed, enter the amount pai promptly and directly delivered to	nd on Form 1120-PO N) of all section 527 pd from the filing organa separate political or	section 527 \$\int_{\text{s}}\$ \$\text{collitical organizations to which ization's funds. Also enter the ganization, such as a separate section.}	Yes No the filing organization he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	Complete if the or amount of any excise to amount of any excise to anization incurred a sect rection made? describe in Part IV. Complete if the or amount directly expend amount of the filing organization activities mpt function expenditure ing organization file Formames, addresses and rements. For each organization committee (PAC).	Complete if the organization is exempt und amount of any excise tax incurred by the organization und amount of any excise tax incurred by organization manageralization incurred a section 4955 tax, did it file Form 4720 prection made? Describe in Part IV. Complete if the organization is exempt und amount directly expended by the filing organization for seamount of the filing organization's funds contributed to other control of the filing organization's funds contributed to other control of the filing organization for the filing organization function activities In a section of the form 1120-POL for this year? In a section organization file form 1120-POL for this year? In a section organization file form 1120-POL for the amount pair ons received that were promptly and directly delivered to other committee (PAC). If additional space is needed, provided the committee of the com	Complete if the organization is exempt under section 501(composed amount of any excise tax incurred by the organization under section 4955 amount of any excise tax incurred by organization managers under section 4955 anization incurred a section 4955 tax, did it file Form 4720 for this year? Trection made? Describe in Part IV. Complete if the organization is exempt under section 501(composed amount directly expended by the filing organization for section 527 exempt fundamount of the filing organization's funds contributed to other organizations for unction activities In a section file Form 1120-POL for this year? Describe in Part IV. The property of the interval of the filing organization for section 527 per property of the property of	Complete if the organization is exempt under section 501(c)(3). amount of any excise tax incurred by the organization under section 4955 amount of any excise tax incurred by organization managers under section 4955 amount of any excise tax incurred by organization managers under section 4955 amount of any excise tax incurred by organization managers under section 4955 amount of a section 4955 tax, did it file Form 4720 for this year? Trection made? describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(a) amount directly expended by the filing organization for section 527 exempt function activities amount of the filing organization's funds contributed to other organizations for section 527 unction activities put function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, ing organization file Form 1120-POL for this year? names, addresses and employer identification number (EIN) of all section 527 political organizations to which the political organization is funds. Also enter the one received that were promptly and directly delivered to a separate political organization, such as a separate cition committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

COMPASSION & CHOICES ACTION NETWORK

Schedule C (Form 990 or 990-EZ) 2010 F Part II-A Complete if the organ	FKA END-OF	-LIFE CHOIC	ES n 501(c)(3) and file	84-: ed Form 5768	1328830 Page 2
(election under section					
A Check Lifthe filing organization	n belongs to an affi	liated group.			
B Check 🕨 🔛 if the filing organization	n checked box A ar	nd "limited control" pro	ovisions apply.		
Limits of (The term "expenditu	on Lobbying Expensions amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ice public opinion (grass roots lobbying)			
b Total lobbying expenditures to influen	ice a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bot	th columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
	4-Year Ave	eraging Period Under	Section 501(h) n do not have to comp	ete all of the five	Yes No
colur		e instructions for line	es 2a through 2f on pag ar Averaging Period	ge 4.)	
			7.00.03.03.00.00		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceifing amount (150% of line 2a, column(e))	7				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 FKA END-OF-LIFE CHOICES 84-132883

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(t)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carryover lobbying and political expenditures from the prior year?			X	
Part	III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part				
		t III-A, lir	ne 3 is ar	nswered	
	"Yes."				
	"Yes." Dues, assessments and similar amounts from members				
2	"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).			64	1,171
2 a	"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	cal	. 1 2a	64	1,171 7,289
2 a	"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal	. 1 2a	67	1,171 7,289
2 a b	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	cal	2a 2b 2c	67	7,289
2 a b c	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	pal	2a 2b 2c	67	7,289
a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	2a 2b 2c	67	7,289
a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages.	ess	2a 2b 2c	67	7,289
a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	ess	2a 2b 2c	67	7,289
a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ess	2a 2b 2c 3	67	1,171

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES

Employer identification number 84-1328830

_	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	The state of the s	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit? rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization		raitiv, mie 7.
2	Preservation of land for public use (e.g., recreation or ed) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualific	ducation) Preservation of an Preservation of a ce	nistorically important land area ertified historic structure m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	oture
			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	nt and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	Schedule D	(Form 990)	2010	FF
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	rt III Organizations Maintaining C	Collections of A		Treasures.	or Other		sets (conti	
3	Using the organization's acquisition, accessi							
3	(check all that apply):	ion, and other record	is, check any or i	rie following the	at are a sign	ilicarit use or	its collection	11161115
_	Public exhibition		Loop or	exchange progra	omo			
a				exchange progra	dillo			
b	Scholarly research	е	Other		_	_		
¢	Preservation for future generations	111.1						
4	Provide a description of the organization's co						Part XIV.	
5	During the year, did the organization solicit of							F-5
-	to be sold to raise funds rather than to be m							No
Pa	rt IV Escrow and Custodial Arran		ete if the organiza	ation answered	"Yes" to Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							
1a	is the organization an agent, trustee, custod							-
	on Form 990, Part X?						Yes	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
							Amount	
¢	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No.
	If "Yes," explain the arrangement in Part XIV.							
	t V Endowment Funds. Complete i		swered "Yes" to	Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year			Three years ba	ack (e) Four	vears back
10	Beginning of year balance	(a) current jour	(D) ((io) you	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) / 0 4.11	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
h	Contributions							
-	Net investment earnings, gains, and losses			_	_		-	
a	Grants or scholarships			_	_		-	
е	Other expenditures for facilities							
	and programs				_			
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year		as:					
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
¢	Term endowment	%						
За	Are there endowment funds not in the posse	ession of the organiz	ation that are he	d and administe	ered for the	organization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(C) -1-t-dinsting						3a(ii)	
b							3b	
4	Describe in Part XIV the intended uses of the							
Pa	rt VI Land, Buildings, and Equipn	nent. See Form 990	0, Part X, line 10.					
	Description of investment	(a) Cost or o	other (b) C	ost or other sis (other)		imulated ciation	(d) Book	k value
12	Land							
		_	- -					
			V anhum (0) 15	10(0)				0.
b 4 Pa 1a b c	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the related triangle in the related organization and the related organization are related organization.	s listed as required of e organization's endent. See Form 990 (a) Cost or of basis (investrement)	on Schedule R? owment funds. 0, Part X, line 10. other (b) C ment) ba	ost or other sis (other)	(c) Accu	ımulated	3a(ii) 3b	

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 FKA END-OF-LIFE CHOICES

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: I-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Met	hod of valuation: l-of-year market value
(4)		3031 01 0110	Toryour market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir			
- 18	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(D)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.)		
(7) (8) (9) (10) btal. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.) K, line 25.		
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.) X, line 25.	(b) Amount	>
(7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part	<i>ne 15.)</i> X, line 25.	(b) Amount	>
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) li (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH	X, line 25.	(b) Amount 255, 845.	
(7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3)	X, line 25.		
(7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4)	X, line 25.		
(7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5)	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) li (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6)	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) li (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7)	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7)	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) liver Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7) (8) (9)	X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) liver Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25.		
(7) (8) (9) (10) Datal. (Column (b) must equal Form 990, Part X, col (B) liverance (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7) (8) (9) (10) (11)	X, line 25.	255,845.	
(7) (8) (9) (10) Ital. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO COMPASSION AND CH (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25.	255,845.	

	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Fi	nancial Sta		320030 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)				295,884.
2	Total expenses (Form 990, Part IX, column (A), line 25)	, , ,			238,734.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				57,150.
4	Net unrealized gains (losses) on investments				24,947.
5	Donated services and use of facilities		_		
6	Investment expenses				
7	Prior period adjustments				-1.
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				24,946.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a				82,096.
	t XII Reconciliation of Revenue per Audited Financial Statem			Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	320,831.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9		1.000	
а	Net unrealized gains on investments	2a	24,94	7.	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	24,947.
3	Subtract line 2e from line 1			3	295,884.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	295,884.
	rt XIII Reconciliation of Expenses per Audited Financial State		xpenses p	er Return	
1	Total expenses and losses per audited financial statements			. 1	238,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	. 2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			. 2e	0.
3	Subtract line 2e from line 1			3	238,734.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		- 177	
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	238,734.
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and	4; Part IV, line	s 1b and 2b	; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor				
, , , , , ,	5 .	.,			
_					
_					
_					
				_	
_					
-					
_					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

➤ Attach to Form 990. ➤ See separate instructions. COMPASSION & CHOICES ACTION NETWORK

Employer identification number 84-1328830 FKA END-OF-LIFE CHOICES

Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

Page 2

84-1328830

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	0	0.	0.	0	0		0.
1 BARBARA COOMBS LEE	(ii)	149,958.	0	0	0	15,969.	165,927.	0.
	(1)							
2	(ii)							
	8							
3	(II)							
	(i)				111			
4	(II)					44.13		
	(1)							
5	(ii)							
	(1)							
9								
	9							
7	€							
	(i)							
8	(II)							
	()							
6	(ii)							
	(i)							
10	(II)							
	3							
11	(ii)							
	€							
12	(11)							
	8							
13	(ii)							
	ε							
14	(II)							
	8							
15	<u>E</u>						(7)	
	ε							
16	(ii)							

Schedule J (Form 990) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES

Employer identification number 84-1328830

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S CHIEF FINANCIAL OFFICER TRANSMITS THE ORGANIZATION'S FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW BY EACH MEMBER OF THE BOARD. ANY COMMENTS ARE CIRCULATED TO THE ENTIRE BOARD AND FINAL VERSION WITH REVISIONS (IF ANY) IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS SELF-MONITORED BY THE INDIVIDUAL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S BOARD OF

DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S SALARY BY LOOKING AT

COMPARABLE DATA AND BY RESEARCHING OUTSIDE SOURCES. THE EXECUTIVE DIRECTOR

DETERMINES THE CHIEF FINANCIAL OFFICER'S SALARY BY DOING MARKET RESEARCH.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

DC,AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS

MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, FORM 1023 AND FORM 990, ARE AVAILABLE UPON REQUEST, ON THE ORGANIZATION'S WEBSITE AND WITHIN THE ORGANIZATION'S ANNUAL REPORT PUBLICATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

24,947.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01:24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	
Name of the organization COMPASSION & CHOICES ACT FKA END-OF-LIFE CHOICES	PION NETWORK Employer identification number 84-1328830
PRIOR PERIOD ADJUSTMENTS:	
TOTAL TO FORM 990, PART XI, LINE 5	24,946.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 84-1328830

FKA END-OF-LIFE CHOICES Name of the organization

COMPASSION & CHOICES ACTION NETWORK

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity
PartII	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.)	ons (Complete if the organization	answered "Yes" to Form 990	, Part IV, line 34 bo	scause it had one	or more related tax-exe	mpt
	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13)

(a)	(p)	(c)	(p)	(e)	(j)	6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	12(b)(13) illed
of related organization		foreign country)	section	status (if section	entity	entity?	3/2
				501(c)(3))		Yes	No
COMPASSION AND CHOICES - 84-1238829	TO EDUCATE, SUPPORT, AND						
P.O. BOX 101810	ADVOCATE FOR PATIENT						
DENVER, CO 80250	RIGHTS AT THE END OF LIFE, COLORADO	COLORADO	501(C)(3)	509(A)(2)			×
COMPASSION & CHOICES EDUCATION & SERVICE	TO EDUCATE, SUPPORT, AND						
FUND - 91-1592328, P.O. BOX 101810, DENVER,	ADVOCATE FOR PATIENT						
CO 80250	RIGHTS AT THE END OF LIFE, COLORADO	COLORADO	501(C)(3)	509(A)(2)			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032161 12-21-10 LHA

Schedule R (Form 990) 2010

COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES

Schedule R (Form 990) 2010

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

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General or Percentage managing ownership		a <u>a c</u>	(h) Percentage ownership			77	Schedule R (Form 990) 2010
(j) General or managing partner?			e of year				R (Forr
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		calise if had or	(g) Share of end-of-year assets				Schedule
(h) Disproportion- ate allocations? Yes No K		Vi ari ari ari ari	(f) Share of total income				
(g) Share of Diend-of-year are assets		D Form 990 Part	(e) Type of entity (C corp., S corp., or trust)				
(f) Share of total income		Yakwarad "Yak"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections \$712-514)		nlate if the organizatic	(C) Legal domicile (State or foreign country)				26
(d) Direct controlling entity		vation or Trust (Com	year.) (b) Primary activity				
(c) Legal domicile (state or foreign country)			g the tax)				
(b) Primary activity		salizatione Taxabile	poration or trust during				
(a) Name, address, and EIN of related organization		1 1 1 1 1 1 1 1 1 1 1 1	(a) (b) (c) (d) (e) (f) (f) (gain artificial or related organization or trust during the tax year.) (b) (c) (d) (e) (f) (gain artificial organization of related organization country) (c) (d) (e) (f) (gain artificial organization or trust) (d) (e) (f) (gain artificial organization or trust)				032162 12-21-10
			Part IV				03216

COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	insactions with one or more r	elated organizations liste	d in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	d entity			1a	×
b Gift, grant, or capital contribution to other organization(s)				1b	×
c Gift, grant, or capital contribution from other organization(s)				10	×
d Loans or loan guarantees to or for other organization(s)				10	X
e Loans or loan guarantees by other organization(s)				1e	×
f Sale of assets to other organization(s)				#	×
d Purchase of assats from other organization(s)				10	×
				e 4	×
				ï	×
Lease of lacinties, equipment, of other assets to other organization(s)					1
i Lease of facilities, equipment, or other assets from other organization(s)				;=	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ner organization(s)			*	×
Performance of services or membership or fundraising solicitations by other organization(s)	er organization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				1m X	
n Sharing of paid employees				1n X	
					1
o Reimbursement paid to other organization for expenses				10	X
p Reimbursement paid by other organization for expenses				1p	×
					-
q Other transfer of cash or property to other organization(s)				19	×
r Other transfer of cash or property from other organization(s)	***************************************			4	×
2 If the answer to any of the above is "Yes," see the instructions for informal	tion on who must complete t	his line, including covere	information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) COMPASSION AND CHOICES	M	13,282	13,282.OFFICE SPACE ALLOCATION		
(2) COMPASSION AND CHOICES	Z	71,026	,026.TIME CARDS		
(3)					
(4)					N
(5)					
(9)				N	
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COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES

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

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

Name, address, and EIN Name,	Primary activity Legal domicile Activation (State of fordor) Activity (State of foreign cognizations) (State of foreign cogniz	(a)	(p)	(0)	(g)	(e)	(£)	(6)	(F)
(State of foreign) Country Yes No	(stite of foreign organizations) Yes No Yes	Name, address, and EIN	Primary activity	Legal domicile	Are all partners			Code V-UBI	
		of entity		(state or foreign country)	organizations?			amount in box 20 of Schedule K-1 (Form 1065)	
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Part VII	(Form 990) 2010 Supplemental Inform						1 age 3
				tion for res	sponses to questions on Schedule R (see instru-	ations)	
	Complete this part to prov	nde addi	tionatimorma	LIOIT TOT TES	sponses to questions on Schedule in (see instru-	ctions).	
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