es Ses							
Net Assets or Fund Balances	20	Total assets (Part X, line 1	16)				
Ass d Ba	21	Total liabilities (Part X, line	e 26)				
Fun	22	Net assets or fund balanc	es. Subtract li	ne 21 from line 20			
Part	t II	Signature Block					
		es of perjury, I declare that I have e					
true, co	orrect, a	and complete. Declaration of prepa	arer (other than of	licer) is based on all inform			
		Robert Sickle	9				
Sign	1	Signature of officer					
Here		Robert Sickle, Chair					
	Γ	Type or print name and title					
		Print/Type preparer's name		Preparer's signature			
Paid		John Mullins		John Mullins			
Prep	arer	Firm's name	Mullins,	PC			
Use	Only	Firm's address	7625 Wis	consin Avenue			
			Bethesda	MD 20814			
May th	ne IRS	discuss this return with th	ne preparer sh	own above? See ins			
For Pa	aperw	ork Reduction Act Notic	e, see the se	parate instructions.			
EEA							

		Under Section 501(C), 527, or 4947(a)(1) of the internal Revenue Code (ex	cept private tou	indations)	
De	partment of the Treasury	Do not enter social security numbers on this form as it may be	made public.		Open to
	ernal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest i	nformation.		Inspe
Α	For the 2023 calend	dar year, or tax year beginning , 2023, a	nd ending		, 20
в	Check if applicable:	C Name of organization Honduras Compassion Partners Inc		D Employ	er identification
	Address change	Doing business as			46-22016
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
	Initial return	PO Box 177			(410)257
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts
	Amended return	Huntingtown, MD 20639		\$	
	Application pending	F Name and address of principal officer: Robert Sickle	H(a) Is this	s a group return for	subordinates?
		Same as C above	H(b) Are	all subordinates	included?
I	Tax-exempt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "N	o," attach a list.	See instructions
J	Website: www	v.hondurascompassion.org	H(c) Grou	up exemption nu	umber

Other

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b)

Total number of individuals employed in calendar year 2023 (Part V, line 2a)

Total number of volunteers (estimate if necessary)

Net unrelated business taxable income from Form 990-T, Part I, line 11

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Benefits paid to or for members (Part IX, column (A), line 4)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Professional fundraising fees (Part IX, column (A), line 11e)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

990

Form of organization:

1

3

5

6

7a

b

8

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10

11

12

13

14

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17

18

19

16a

b

Summary

Part I

Activities & Governance

Revenue

Expenses

X Corporation

in need in Honduras.

Trust

Briefly describe the organization's mission or most significant activities:

Total unrelated business revenue from Part VIII, column (C), line 12

Total fundraising expenses (Part IX, column (D), line 25)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses. Subtract line 18 from line 12

Association

Return of Organization Exempt From Income Tax

indations)

community organizations, businesses and concerned citizens, provides medical services, clean

water systems, self-sufficiency assessments and referral services to families and individuals

Year of formation:

420

2013

HCP, in partnership with other non-profits,

Prior Year

OMB No. 1545-0047

Open to Public

Inspection

20 D Employer identification number 46-2201623

(410) 257-5621

M State of legal domicile:

3

4

5

6

7a

7b

9

331,503

331,512

52,889

232,926

285,815

Beginning of Current Year

45,697

621,608

343,143

278,465

	3	61	
?	١	'es	

MD

Current Year

Yes

944 X No

No

4

4

0

0

0

0

0

0

0

15

3,300

361,944

91,261

267,920

359,181

874,155

592,927

281,228

End of Year

2,763

358,629

25

	•	•	•	•	•	•	•	•	•	•	•		
_												_	

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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.

igii	Signature of officer						Dat	te	
ere	Robert Sickl	e, Chair							
	Type or print name and title								
	Print/Type preparer's name		Preparer's signature		Date		Check if	PTIN	
aid	John Mullins		John Mullins		09-05-2024		self-employed	P01429307	
reparer	1 mile name	Mullins,	, PC			Firm's	EIN		
se Only	Only Firm's address 7625 Wisconsin Avenue			Phone no.					
Bethesda MD 20814							202-7	770-6371	
av the IRS	ne IRS discuss this return with the preparer shown above? See instructions								

Form	1990 (2023) Honduras Compassion Partners Inc	46-2201623	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	HCP, in partnership with other non-profits, community organizations, busines		
	citizens, provides medical services, clean water systems, self-sufficiency a	ssessments a	ind
	referral services to families and individuals in need in Honduras.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	··· 🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	· · · 📋 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$329,555 including grants of \$) (Revenue)
	-Provided new homes for 10 familiesProvided 400 people with healthcare		
	from our Adult High School program, each receiving an official diploma makin		
	university educationInstalled 107 water filters and 30 latrines in La Paz		
	functioning High School in which 44 students graduatedProvided 63 meals.	-Sent 13 mis	sion
	teams to serve in La Paz.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
-10		Ψ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 329,555		

Form 990 (2	2023
Part IV	

990 (2	2023)	Honduras	Compassion	Partners	Inc	
rt 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,"		105	110
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
12a				
	Schedule D. Parts XI and XII	12a	x	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		- 13
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		A
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x

		46-22016	23	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				
		r		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				1
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				1
	\$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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ī			
	to defease any tax-exempt bonds?		24c		1
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	-			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		v
h			250		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				1
	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				1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				1
	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		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
ũ	"Yes," complete Schedule L, Part IV		28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		
b			200		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>				l
			28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	•••••	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				1
	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,"				1
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	Ī			
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ľ			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 · · · · · ·		35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				<u> </u>
50			26		
~-	related organization? If "Yes," complete Schedule R, Part V, line 2	•••••	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	•••••	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				1
_	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	Ĺ
Par					_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
		-		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

46-2201623

Page 4

Form 990 (2023)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 2a 0 2a 0 3b If at least one is reported on line 2a, did the organization field a lequired feedbal employment tax returns? 2b x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes? This fitted a Come of the foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other funcial Account (FBAR). 5a x 5a Was the organization a part to a prohibited tax shelter transaction? 5b x 5a x bid any taxable party notify the organization faile tax shelter transaction? 5b x 5a x bid any taxable party notify the organization and BB86-17 5c 5a x 5b x bif "Yes," to ine of the organization and excelpts that are normally greater than \$100,000, and did the organization neiclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a x 7b f"Yes," did the organization receive apyment in excess of \$75 mete party as a contribution orgifts were not tax deductible? 7a	Form	990 (2023)Honduras Compassion Partners Inc46-22016	23	F	Page 5
Statements. Reaf or the calendar year ending with or within the year covered by his return (2a) 0 x 3a Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a 3a X 3a 4b If "Yes, "Inditian Farm 300-7 for this year? If "Yes fines during the second," or other financial account; for this year? If "Yes indicate means of the foreign country (such as a bank account, securities account, or other financial account; (FBAR). 4a X 5a Was the organization in a provide states there transaction at any the during the tax year? 5a X 6 Was the organization in a provide states there transaction at any to a prohibid tax shaft. 5b X 1 Was the organization in Farm 306-77 5c 5c 5c 6 Obsite organization in Farm 306-77 5c 5c 5c 6 Obsite organization include with every solicitation an express statement that such contributions of gradies and provide tax clockcobites or gradies the shaft of the organization include with every solicitation an express statement that such contributions of gradies encounters or the organization tax organization fare any some some solicitation control accomprove the some solicitation and partly for prodies and partly for p	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b It attest one is reported to beins group of some of 1,000 mme dung the year?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
3a Dick the cognization have unrelated business grass income of \$1,000 or more during the yan? 3a Set 4a Alary time during the capendard business grass income of \$1,000 or more during the yan? 3b A 4a Alary time during the capendard business grass income of \$1,000 or more during the capendard business in or a signature or other subority over, an financial account; for this year intro the instance account, an order financial account; or other subority over, an financial account is free in comparison to fit for grassine that it was to it a pray to a prohibide that subority over, in the subscription of fitting regularization in fit for equipations that it was to it a pray to a prohibide that subority over, in the subscription of the organization that it was to it a pray to a prohibide that subority over, in the subscription of the organization include with every solicitation and the organization include with every solicitation and the ducidable as charter transaction? 5b x 5a C 1 5c x 5a C 5c x		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b If "Yes," that if led a Form 090-T for this year, if dhe organization have an interest it, or a signature or other advant/lev over, a financial account in a foreign ocuntry (such as a bank account, excurties account, or other financial account)? Id b If "Yes," renter the name of the foreign ocuntry (such as a bank account, securities account, or other financial account)? Id b If "Yes," renter the name of the foreign ocuntry (such as a bank account, as or ther financial accounts (FBAR). Sa 54 Was the organization that a organization that a max into a long third bus year? Sa Sa b Dota sing bank and pray to a prohibite tax sheet transaction? Sa Xa c If "Yes," indicate bit organization that are normally greater than \$100,000, and did the organization that are normally creater than \$100,000, and did the organization toxic antopacity on the tax of account bit or on that developed the organization toxic antopacity on the account bit of the greater share of the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? Td Td c If "Yes," indicate the number of Forms 8282 field during the year. Td Td Td Td d If "Yes," indicate the number of Forms 8282 field during the year? Td Td Td Td Td X d If "Yes," indicate the number of Forms 8282	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
4 A arry time during the calendar year, dif the organization have an interest in or a signature or other authorly over, a function lacoust in a forming country (such as bank account, ascurites account, or other functional account)?. 4 x b the set organization approximation that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? c <lic< li=""> c<td>3a</td><td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td><td>3a</td><td></td><td>x</td></lic<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
a francial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b H Y=x ⁺ , indicate the name of the foreign country (see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization to a parity to a prohibite tax set or a parity to a parity to a parity tax set tax set or a parity to a prohibite tax set or a parity to a parity to a parity tax set or a parity tax set a parity tax set tax set or a parity to a prohibite tax set or a parity to a prohibite tax set or a parity tax set or a par	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
a francial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b H Y=x ⁺ , indicate the name of the foreign country (see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization to a parity to a prohibite tax set or a parity to a parity to a parity tax set tax set or a parity to a prohibite tax set or a parity to a parity to a parity tax set or a parity tax set a parity tax set tax set or a parity to a prohibite tax set or a parity to a prohibite tax set or a parity tax set or a par	4a				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see the instructions and file Form 4720, Schedule N. 15 x 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 x If "Yes," complete Form 4720, Schedule O. 16 x 17 17 17 17	с				
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		x
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	_				<u> </u>
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 			-		<u> </u>
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16		16		x
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?					
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
			17		

	n 990 (2023) Honduras Compassion Partners Inc 46-22016			age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
-	describe on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	x	
4	Did the organization have a written document retention and destruction policy?	14	x	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	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 records.			
-	The Organization (410)257-5621, PO Box 177, Huntingtown, MD 20639			
	Incorganization (10,20, 5021, 10 Dok 111, nuncingtown, HD 2003)			

Form 990 (202	3) Honduras Compassion Partners Inc	46-2201623	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employe	es, 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 Compensat	ed Employees	
1a Complete tl	nis table for all persons required to be listed. Report compensation for the calendar year ending w	<i>i</i> th or within the	
organization's f	ax year.		
 List all of the second s	he organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

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

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

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

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

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

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

	lieu organiza		mpe	115a	ieu a	any cu	nen		i ilusiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one		Reportable	Reportable	Estimated amount
	hours					s both a /trustee		compensation	compensation	of other
	per week	01110	or une	a a an	100101	/1100100	,	from the	from related	compensation
	(list any	0 -	_		-	<u>т</u>	-	organization (W-2/	organizations (W-2/	from the
	hours for	ndiv or dii	nstit	Office	Key employee	ligh	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	idua	utio	ę	emp	est loye	ler	1099-INEC)	1099-1420)	related organizations
	organizations	or tru	nalt		loye	e				
	below	Individual trustee or director	nstitutional trustee		ě	pen				
	dotted line)	U U	ee			Highest compensated employee				
						đ				
(1)Jonathan_Zelaya	8.00									
Vice Chair		х		x				29,000	0	0
_(2)Ed_Odom	5.00									
Board Member		х						0	0	0
(3)Robert Sickle	5.00									
Chair		х		х				0	0	0
(4)Kristin Galemore	5.00									
Secretary/Treasurer		х		х				0	0	0
(5)										
(<u>6</u>)										
_(7)										
(8)										
_(8)										
(0)										
_(9)										
(40)										
(10)										
(11)										
<u>(12)</u>										
(13)	L									
(14)										
	•							•	•	Form 000 (2022)

	990 (2023) Honduras Compassi	on Partn	ers	Inc							5-2201		P	age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key	Em	-	-	es, ar	nd I	Highest Comp	ensated	I Empl	oyees	(cont	inued)
	(A) Name and title	(B) Average hours per week	(do not check more than one Average box, unless person is both an officer and a director/trustee) Reportable compensation per week from the				(E) Reporta compensa from rela organization	ible ation ited	cor	(F) ated arr of other npensat				
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	sc/	orga	nization I organiz	
(15)														
<u>(16)</u>														
<u>(17)</u>														
(18)														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			• •										
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)		· · · · · ·	•••	•••	•••	· · ·	•	29,000		0			0
2	Total number of individuals (including but n	ot limited to	o thos	e lis	sted	abo	ove) v	vho		han \$100	-			
	reportable compensation from the organiza	ation												0
3	Did the organization list any former officer, direct	or, trustee, k	ey em	ploye	ee, o	or hig	ghest c	comp	pensated				Yes	No
	employee on line 1a? If "Yes," complete Schedule	e J for such i	ndividu	ıal		• •		• •				3		х
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater that													
	individual			• •	• •							4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,</i>				-			-				5		.,
Secti	on B. Independent Contractors	, complete c	scrieur	ile J	101 3	sucri	perso		<u></u>			5		Х
1	Complete this table for your five highest co compensation from the organization. Repo	-		-									s tax '	vear.
	(A)	•						ĺ	(B)			(C)		,
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (in	ncluding bu	it not	limit	ted 1	to th	nose l	l iste	d above) who					

Form 99					ion	Partners Inc			46-22016	523 Page 9
Part	VIII	Statement of Rev								_
		Check if Schedule C) COI	ntains a res	pons	se or note to any l	ine in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a					
<i>s</i> , <i>n</i>	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
D G	d	Related organizations .			1d					
ar A	e	Government grants (cont			1e					
s, Dia	f	f All other contributions, gifts, grants,								
r Si		and similar amounts not i	-		1f	358,629				
ibu	g	Noncash contributions inc	clude	ed in		,				
onti D D		lines 1a-1f			1g	\$				
နာင	h	Total. Add lines 1a-1f					358,629			
						Business Code				
e	2a									
Program Service Revenue	b									
Sei	c									
am eve	d									
ogr R	е									
P	f	All other program service r	ever	nue	••					
	g	Total. Add lines 2a-2f .	• •							
	3	Investment income (includ								
		other similar amounts) .				F	15			15
	4	Income from investment of				F				
	5	Royalties	<u></u>		• • •					
				(i) Real		(ii) Personal				
		Gross rents	-							
	1	Less: rental expenses	6b							
	1	Rental income or (loss)	6c							
		Net rental income or (loss)	· ·	1						
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
		sales of assets	-							
	L	other than inventory	/a							
Φ	U D	Less: cost or other basis and sales expenses	76							
nue		Gain or (loss)		1						
jeve		Net gain or (loss)	-			-				
Other Revenue		Gross income from fundra			·					
the	00	events (not including \$	ISING							
0		of contributions reported o	n lin							
		1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses			8b					
		Net income or (loss) from t								
	1	Gross income from gaming		5						
		activities. See Part IV, line	-		9a					
	b	Less: direct expenses			9b	,				
	c	Net income or (loss) from	gami	ing activities						
		Gross sales of inventory, le	-	-						
	returns and allowances 10a									
	b	b Less: cost of goods sold 10b								
	1	Net income or (loss) from								
						Business Code				
Miscellanous Revenue	11a	Other Income				900099	3,300	3,300		
ano nue	b									
eve	c									
dis(R(1	All other revenue	•••		••					
-		Total. Add lines 11a-11d					3,300			
	12	Total revenue. See instrue	ction	s			361,944	3,300	0	15

Monduras Compassion Partners Inc Statement of Functional Expenses Part IX

Sec	tion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All	other organizations	must complete colui	mn (A).
	Check if Schedule O contains a response or	note to any line in th	is Part IX		[]
Do n	not include amounts reported on lines 6b, 7b,	(A) Total averages	(B) Program service	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 • • • • • • • • • • • • • • • • • •				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees •••••••	29,000	28,760	240	
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	62,261	61,747	514	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	20,359	5,457	14,790	112
12	Advertising and promotion	3,140	842	2,281	17
13	Office expenses	16,851	13,551	3,037	263
14		5,087	1,363	3,696	28
15		454.500	154 500		
16	Occupancy	154,538	154,538		
17		57,164	57,164		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				<u> </u>
21	Depreciation, depletion, and amortization	10,781	6,133	4,648	
23		10,781	0,133	4,040	
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.)				
а	(,,				
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	359,181	329,555	29,206	420
26	Joint costs. Complete this line only if the		, -	,	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

-	Form 990 (2023) Honduras Compassion Partners Inc					46-2201623 Pag				
Par	t X	Balance Sheet					_			
		Check if Schedule O contains a response or not	e to a	ny line in this Part X						
					(A)		(B)			
					Beginning of year		End of year			
	1	Cash - non-interest-bearing			88,556	1	236,074			
	2	Savings and temporary cash investments			2					
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			4,344	4				
	5	Loans and other receivables from any current or former								
		trustee, key employee, creator or founder, substantial co				_				
		controlled entity or family member of any of these perso				5				
	6	Loans and other receivables from other disqualified per								
	_	under section $4958(f)(1)$), and persons described in sec				6				
ts	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
∢	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment: cost or other	10-							
		basis. Complete Part VI of Schedule D	10a	665,597		40-	60 0 501			
	b	•	10b	_=;;==;	528,208	10c	637,581			
	11 12	Investments - publicly traded securities			500	11 12	500			
	12	Investments - other securities. See Part IV, line 11 . Investments - program-related. See Part IV, line 11 .				12				
	14	Intangible assets				14				
	14	Other assets. See Part IV, line 11		14						
	16	Total assets. Add lines 1 through 15 (must equal line 3)	621 609	16	874,155					
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·		621,608 20,690	17	874,155			
	18	Grants payable		20,890	18	875				
	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete Part IV o				21				
Ś	22	Loans and other payables to any current or former office								
Liabilities		trustee, key employee, creator or founder, substantial co								
abi		controlled entity or family member of any of these perso			75,105	22	100,358			
Ξ	23	Secured mortgages and notes payable to unrelated third		es	247,348	23	491,694			
	24	Unsecured notes and loans payable to unrelated third p				24	,			
	25	Other liabilities (including federal income tax, payables t								
		parties, and other liabilities not included on lines 17-24).	Comp	olete Part X						
		of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			343,143	26	592,927			
		Organizations that follow FASB ASC 958, check here	eΧ							
sec		and complete lines 27, 28, 32, and 33.								
anc	27	Net assets without donor restrictions			268,454	27	260,913			
Bal	28	Net assets with donor restrictions			10,011	28	20,315			
pu		Organizations that do not follow FASB ASC 958, che	eck he	re 🗌						
Fu		and complete lines 29 through 33.								
or	29	Capital stock or trust principal, or current funds				29				
ets	30	Paid-in or capital surplus, or land, building, or equipmen	t fund			30				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, o	r othe	funds		31				
let.	32	Total net assets or fund balances			278,465	32	281,228			
	33	Total liabilities and net assets/fund balances			621,608	33	874,155			

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Form 990 (2023)

Form	990 (2023) Honduras Compassion Partners Inc	46-2201	623	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		361,	944
2	Total expenses (must equal Part IX, column (A), line 25)	2		359,	181
3	Revenue less expenses. Subtract line 2 from line 1	3		2,	763
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		278,	465
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		281,	228
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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	x	
	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				
С	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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		х
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		
					(0000)

Form 990 (2023)

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.

OMB No. 1545-0047	
2023	

		nt of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public						
Interna	al Re	evenue Service	Go to	www.irs.gov/Fori	m990 for instructions a	nd the late	est inform	ation.	Inspection	
Name	of t	he organization						Employer identification	on number	
Hone	lur	as Compass	ion Partners	Inc				46-22016	23	
Par	_				II organizations mus	st comple	ete this p			
The c	orga	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)	•		
1	Ľ	A church, conv	' vention of churches.	or association of ch	nurches described in sec	, tion 170(b)(1)(A)(i).			
2										
3										
4										
•	hospital's name, city, and state:									
5										
J		-)(1)(A)(iv). (Complet	-		Stated by a	governine			
6				,	unit described in section	470/b)/4)	(•) () (
7			-	•	art of its support from a g			rom the general publi	^	
'	<u>~</u>					jovernmen		form the general publi	C	
			ection 170(b)(1)(A)(,					
8	F				/i). (Complete Part II.)					
9		-	•		tion 170(b)(1)(A)(ix) ope			-	ge	
		-	r a non-land-grant co	bliege of agriculture	(see instructions). Enter	the name,	, city, and s	tate of the college of		
40		university:		(4)	20.4/00/ 51		<i>.</i>			
10		receipts from a	n that normally recein the second s	s exempt functions.	33 1/3% of its support fro subject to certain exception	m contribu tions: and	(2) no mor	e than 33 1/3% of its	DSS	
		support from g	ross investment inco	ome and unrelated I	business taxable income	(less sect	ion 511 tax			
					section 509(a)(2). (Com					
11	F	-		-	test for public safety. Se					
12			•	•	or the benefit of, to perfor					
					ed in section 509(a)(1) or					
			-		pe of supporting organiz		•	-		
а					vised, or controlled by its		-		ing	
			•		rly appoint or elect a maj	ority of the	directors of	or trustees of the		
-			•	-	t IV, Sections A and B.					
b)			•	controlled in connection w		-			
			•		ation vested in the same	persons th	at control o	or manage the suppor	ted	
		_ ·	on(s). You must cor	-						
С					ganization operated in co				/ith,	
			• • • • •	,	ou must complete Part	•				
d			-		ng organization operated				. ,	
				-	n generally must satisfy a		•	ient and an attentiver	IESS	
			. ,	-	te Part IV, Sections A a					
е		-	•		en determination from the			і, туре ії, туре ії		
	_				integrated supporting or	ganization				
f	_		r of supported organ						· · · · L	
g			wing information abo		Č (/					
		(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum		instructions)	instructions)	
						Vee	Na			
						Yes	No			
(A)										
(B)										
									+	
(C)										
				+					+	
(D)										
				+					+	
(E)										

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

 EEA
 EEA

	e A (Form 990) 2023 Honduras Co	ompassion P	artners Inc	2		46-220162	3 Page 2
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	ete Part III.)	
	on 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.")	258,397	304,057	435,188	426,361	358,629	1,782,632
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	258,397	304,057	435,188	426,361	358,629	1,782,632
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)						136,172
6	Public support. Subtract line 5 from line 4 .						1,646,460
	on B. Total Support	i	i				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	258,397	304,057	435,188	426,361	358,629	1,782,632
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		18	16	9	15	58
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	6,101	9,198	81		3,300	18,680
11	Total support. Add lines 7 through 10						1,801,370
12	Gross receipts from related activities, etc.						
13	First 5 years. If the Form 990 is for the o	-			-		
Centi	organization, check this box and stop he						· · · · · · Ц
	on C. Computation of Public Suppo			11			
14 15	Public support percentage for 2023 (line 6 Public support percentage from 2022 Sch					14 15	91.40 %
15 16a	33 1/3% support test - 2023. If the organ						89.89 %
Toa	box and stop here . The organization qua						_
b	33 1/3% support test - 2022. If the organ		• • • •	-			_
Ň	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa					•	
	organization			-	-		·
b	10%-facts-and-circumstances test - 20						
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						_
	instructions						_

Schedu	e A (Form 990) 2023 Honduras Co	mpassion P	artners Inc	3		46-22	01623	Page 3
Part					2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	nization failed	l to qua	lify unde	er Part II.
	If the organization fails to qualify						•	
Secti	on A. Public Support			•				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	23	(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							
3	Gross receipts from activities that are not an							
Ũ	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							
E	The value of services or facilities							
5								
	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							
	line 6.)							
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	23	(f) Total
9	Amounts from line 6							
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,							
	and 12.)							
14	First 5 years. If the Form 990 is for the or	anization's fi	<u>l</u> rst second thi	rd fourth or fi	fth tax vear as:	a section	n 501(c)((3)
14	organization, check this box and stop her	•			•			`
Secti	on C. Computation of Public Suppo						<u></u>	<u>····</u>
15	Public support percentage for 2023 (line 8	-		13 column (f))		15		%
15 16	Public support percentage for 2023 (line a Public support percentage from 2022 Sch		•			15		<u>%</u> %
-						10		70
	on D. Computation of Investment In			vilino 12 octo	(f)	47		%
17 49	Investment income percentage for 2023 (I		.,	-		17		<u>%</u> %
18	Investment income percentage from 2022					18	00 4/00/	
19a	33 1/3% support tests - 2023. If the orga							
	17 is not more than 33 1/3%, check this b	-						nization
b	33 1/3% support tests - 2022. If the organizatio							-
	line 18 is not more than 33 1/3%, check this box	-	-	• •	• • • •	-		=
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	check this box a	and see	Instructic	ons 🗌

1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. С 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 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

- Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." 5a 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 b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disgualified 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С 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 b determine whether the organization had excess business holdings.)

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Secti 1 a b c 2 a b 3 a	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	e inst	Yes	No
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	e inst ns). 2a		
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities dustantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization's position that its supported organization(s) would	e inst ns). 2a		
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If	e inst		
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	e inst		
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	e inst		
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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	e inst		
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. 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,	e inst		
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. 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	e inst		
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	e inst		
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below.	e inst		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	e inst		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	e inst	ructi	ons).
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	-	ructi	ons).
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	-	tructi	ons).
		-		<u></u>
Sant!	on E. Type III Eurotionally Integrated Supporting Organizations	•		
	supported organizations played in this regard.	.5		
	• •	3		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	<u> </u>		
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
4	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	110
3500			Yes	No
Secti	on D. All Type III Supporting Organizations	•		<u> </u>
	the supported organization(s).	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	······································		Yes	No
Secti	on C. Type II Supporting Organizations	-		<u> </u>
	supervised, or controlled the supporting organization.	2		
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
			Yes	No
Secti	on B. Type I Supporting Organizations	110		L
С	provide detail in Part VI.	11c		
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	dit		
	11c below, the governing body of a supported organization?	11a 11b		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
•	Has the organization accepted a gift or contribution from any of the following persons?			
11	Has the organization accorded a gift or contribution from any of the following persons?			

Schedule A (Form 990) 2023 Honduras Compassion Partners Inc Part IV Supporting Organizations (continued) Inc <td

46-2201623

Page 5

Yes No

Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sec	tions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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-functional	ally i	ntegrated Type III suppo	orting organization
	(see instructions).			

Honduras Compassion Partners Inc

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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-	e A (Form 990) 2023 Honduras Compassion Partn			2201	623 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orgar	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is res	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) 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 - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	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, <i>explain in Part VI</i> . 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				
EEA					Schedule A (Form 990) 2023
				•	

line 17e er 1

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

Internal Revenue Service

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.

2023

OMB No. 1545-0047

Open to Public

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

tion. Inspection

Name o	f the organization			Employer identification number
Hondu	ras Compassion Partners Inc			46-2201623
Pa		Funds or Other Si	milar Funds or Ac	
	Complete if the organization answered "Yes"			
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) • • • •			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advise	d
	funds are the organization's property, subject to the organiz	ation's exclusive legal of	control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds can be u	sed
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, c	or for any other purpo	se
	conferring impermissible private benefit?			Yes 🗌 No
Par	t II Conservation Easements			
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that app	ly).	
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation cont	ribution in the form 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			
b	Total acreage restricted by conservation easements $\ \ldots$			2b
С	Number of conservation easements on a certified historic st	tructure included on line	e 2a	· · 2c
d	Number of conservation easements included on line 2c, acc	quired after July 25, 200	06, and not	
	on a historic structure listed in the National Register $\ \cdot \ \cdot$			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the	organization during the
	tax year			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations,	and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and	enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva		•	
	sheet, and include, if applicable, the text of the footnote to the	he organization's financ	cial statements that d	escribes the
Dor	organization's accounting for conservation easements t III Organizations Maintaining Collections	of Art Historias	Tropouros or	Other Similar Accets
Par	Complete if the organization answered "Yes"			Other Similar Assets
				d balance aboat warks
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			
h	service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 9			
b	.	•		
	art, historical treasures, or other similar assets held for publ			
	provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Accete included in Form 900, Part X			
n	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tr following amounts required to be reported under FASB ASC			yanı, provide tile
-	Revenue included on Form 990, Part VIII, line 1	-		\$
a b	Assets included in Form 990, Part X			
~				¥

-	le D (Form 990) 2023 Honduras Compas				_		46-220		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	Freasures	, or O	ther Similar .	Assets (C	ontinued)
3	Using the organization's acquisition, access	sion, and other record	ds, check a	any of the f	ollowing that	make si	gnificant use of i	ts	
	collection items (check all that apply):								
а	Public exhibition		d	🗌 Loan or	· exchange p	rogram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	in how they	/ further the	e organizatio	n's exen	npt purpose in Pa	art	
	XIII.				-				
5	During the year, did the organization solicit	or receive donations	of art, hist	orical treas	ures, or othe	er similar			
	assets to be sold to raise funds rather than							🗌 Yes	s 🗌 No
Par	t IV Escrow and Custodial Arra		•						
	Complete if the organization	answered "Yes'	" on Forr	n 990, P	art IV, line	9, or i	reported an a	mount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for co	ontributions	or other ass	ets not			
	included on Form 990, Part X?							Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	ollowing tak	ole.					
			0				A	mount	
с	Beginning balance					. 1c	:		
d	Additions during the year								
е	Distributions during the year						•		
f	Ending balance								
2a	Did the organization include an amount on							🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII						•		=
Par									
	Complete if the organization	answered "Yes'	" on Forr	n 990, P	art IV, line	10.			
	1 5	(a) Current year	(b) Prie		(c) Two years		(d) Three years bad	k (e) Four	years back
1a	Beginning of year balance	(u) canon you	(2)	or your	(0) 110 jour	buon	(4) 11100 youro but		Jouro Buon
b									
c	Net investment earnings, gains, and								
•									
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ŭ	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	rrent vear end balan	l ce (line 1a	column (a)) held as:				
-	Board designated or quasi-endowment	,	oo (iirio rg,	oolulliin (u	// 11010 00.				
b	Permanent endowment %								
c	Term endowment %								
U	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%							
3a	Are there endowment funds not in the poss		vation that r	are held an	d administer	ed for th	0		
vu	organization by:							[Yes No
	(i) Unrelated organizations?							3a(i)	163 110
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organiz							3b	
4	Describe in Part XIII the intended uses of th	•							
	t VI Land, Buildings, and Equi		ownentia	103.					
	Complete if the organization	•	" on Forr	n 990 P	art IV line	11a S	See Form 99) Part X	line 10
	Description of property	(a) Cost or oth			other basis		Accumulated	(d) Bool	
	Description of property	(investme			other)	• •	epreciation	(u) Boor	value
1a	Land			,	45,849			1	45,849
b	Buildings								
с С	Leasehold improvements			4	154,458			4	54,458
d	Equipment				52 010		14 736		27 074
	Other				52,010		14,736		37,274
0 Total	Add lines 1a through 1e. (Column (d) must e		X line 100	column /E	13,280		13,280		27 F01
i otal.	nua intes la unough le. (Columni (u) must e	yuan onn 330, Fdil		, coiuiiiii (E	<i>י</i> ,			6	537,581

Schedule D (For		Honduras Compassion Partner	s Inc	46-2201623	Page 3
Part VII		s - Other Securities			
	Complete if	the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11b. See Form 990, Part 2	X, line 12.
		escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1) Financial	derivatives				
(2) Closely-he	eld equity interests	;			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	n (b) must equal F	orm 990, Part X, line 12, col.(B))			
Part VIII	Investment	s - Program Related the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11c. See Form 990, Part 2	X, line 13.
	(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1)				·	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	Other Asse	orm 990, Part X, line 13, col. (B)) • • • • • • • • • • • • • • • • • •			
		the organization answered "Yes" on Fo	rm 990. Part IV. line	e 11d. See Form 990. Part 3	X. line 15.
	- 1	(a) Description	, ,		ook value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal F Other Liabi	orm 990, Part X, line 15 col. (B)) ••••••			
FaitA		the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11e or 11f. See Form 990	, Part X,
1.	(a) Description	n of liability (b) Book	value		
-	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		990, Part X, line 25 col. (B)) • •			
-		itions. In Part XIII, provide the text of the footnote t	-		_
organization's	liability for uncerta	ain tax positions under FASB ASC 740. Check her	e if the text of the footnot	e has been provided in Part XIII -	x

		46-2201623	Page 4
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	407,862
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	45,918
3	Subtract line 2e from line 1	3	361,944
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	361,944
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	405,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	45,918
3	Subtract line 2e from line 1	3	359,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	359,181
Part	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues not included on Form 990 (Part XI, line 2d)

Shared services were reported under revenue \$45,918 on the audited financial statements. Other

salaries and wages on line 7 of Part IX were presented net of the shared services.

Page 5

Shared services were reported under revenue \$45,918 on the audited financial statements. Other

salaries and wages on line 7 of Part IX were presented net of the shared services.

03. Footnote for uncertain tax position under FIN 48 (Part X)

HCP follows the Financial Accounting Standards Board Accounting Standards Codification (FASE ASC), which provides guidance on accounting for uncertainty in income taxes recognized in HCP's financial statements. As of year end, HCP had no unrecognized tax benefits related to uncertain tax positions in its tax return that would qualify for either recognition or disclosure in its financial statements.

HCP's policy would be to recognize interest and penalties on tax positions related to its uunrecognized tax benefits in income tax expense in the financial statements. For the year then

ended, there were no matters that would have resulted in an accrual for interest and/or penalties.

SCHEDULE L (Form 990)

Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service										o Public				
Name of the organization								Employ	ver iden	tificati				
Honduras Compass:								46-2						
			•					section 501(c)(2	, -					
		<u> </u>					ne 25	a or 25b, or For			Part	/, line		
1 (a) Name of disqua	alified perso	n	(b) Relationship be	tween disq ganization		on and		(c) Description of	of transa	ction			(d) Cori Yes	No
				5									103	NO
(1)														
(2)														
(2)														
(3) 2 Enter the amount o	f tax incu	rred by the o	rganization man	aders of	r disqualif	ied persons	l durina	the vear						
under section 4958		-	-	-			-	-			\$			
3 Enter the amount of	f tax, if ar	ny, on line 2,	above, reimburs	ed by th	e organiz	ation					\$			
Devit II														
			rested Persor		form 000	E7 Part	/ lina	38a, or Form 99	00 D/	art IV	line ()6. or	if the	
			ount on Form					50a, or i onn 9.	50,1 6	art iv,		.0, 01	n uie	
(a) Name of interested pers) Relationship	(c) Purpose of	-	pan to or	(e) Origin		(f) Balance due	(a) In c	default?	(h) An	proved	(i) W	ritten
(a) Name of interested person (b) relationship with organizatio		, .	loan fro		m the	principal am			(9)	iolaan.	by boa		agreement?	
					nization?						comm	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(4) (1)						125,000 1		100 050						
(1) Chesapeake Cl	hurdhai	filiate	Property	X		125,	000	100,358		X	x		X	
(2)														
(3)												 		
(1)														
(4)					+									
(5)														
Total							\$	100,358		1				
			fiting Interes											
		rganization	answered "Ye	es" on F			ne 27	•						
(a) Name of interested per	son	()	nship between intere n and the organizatio	I	.,	mount of istance		(d) Type of assistance			(e) Purp	ose of a	issistanc	e
		poroor	ana aro organizado											
(1)														
(2)														
(2)														
(3)														
(4)														
		1								i –				

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

Schedule L (Form 990) 2023

EEA

(5)

chedule L (Form 990) 2023 Honduras C Part IV Business Transactions In	Compassion Partners In volving Interested Persons	c	46-2201623		Page
	n answered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4)					
(1)					1
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information			· · · · · · · · · · · · · · · · · · ·	I	
Provide additional informati	on for responses to questions	on Schedule L. Se	e instructions.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Honduras Compassion Partners Inc

Employer identification number 46-2201623

01. Form 990 governing body review (Part VI, line 11)

The 990 is reviewed in detail with the CPA preparer prior to its filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Potential conflicts are brought to the attention of the President. Individuals with

potential conflicts are excluded from deliberation and voting on the potential conflict.

03. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available upon request.