CREATING NEW PATHWAYS FORWARD
Every day, millions of Americans approach death unprepared and face a healthcare system that does not offer the options, resources and information they need to have an end of life that reflects their values, priorities and beliefs.

**We’re on a mission to change that.**

We are using our voice and influence — with supporters, community leaders, lawmakers and allies by our side — to bring greater compassion to life’s end.

---

**OUR NETWORK:**

450,000 SUPPORTERS took 26,060 ACTIONS

85 EVENTS had 15,000 ATTENDEES

---

**OUR REACH:**

2,600 ARTICLES

104,153 FOLLOWERS
MESSAGE FROM THE PRESIDENT AND CEO

As the COVID-19 pandemic continued to ravage our nation, we witnessed a time of uncertainty and tragedy. We also saw people at their very best. With our community, our partners and our allies, we rose to meet the year’s challenges, taking decisive and transformative action to build new pathways to advance our mission.

We seek high-impact, high-reward solutions that focus on the essential elements of patient-directed care. We rallied with our supporters, collaborators, lawmakers and the public to bring medical aid-in-dying authorization to New Mexico and to protect it in Montana, California and New Jersey. We made important strides to empower people from diverse communities to advocate for the care they desire at the end of life — nothing less and nothing more. And we continued our work to transform how people die with dementia.

Reflecting back on our progress reminds us of our strength and the impact of our work on our nation. It offers us hope for what remains to be done.

None of this would have been possible without the people who commit to bringing about change every day in every community. You are a vital part of our work to advance agency at the end of life. On behalf of Compassion & Choices and the people whose lives you’ve touched, I thank you for your support.

As we look to the future, we are eager to work together with you to make an even greater impact on care at the end of life — to ensure everyone has meaningful access to the full range of options, free from shame and stigma.

With gratitude,

Kim Callinan
NEW MEXICO MAKES HISTORY
AUTHORIZING END-OF-LIFE OPTION

Compassion & Choices, the Compassion & Choices Action Network and the New Mexico End-of-Life Options Coalition made history with passage of the Elizabeth Whitefield End-of-Life Options Act. Despite obstacles created by the COVID-19 public health crisis, or perhaps because of them, lawmakers responded to the voices of the majority of New Mexico residents by passing legislation to give eligible terminally ill adults the option of medical aid in dying. Gov. Michelle Lujan Grisham signed the bill into law on April 8. New Mexicans were able to access this compassionate option on June 18, 2021.

A Unified Effort With Voices of the Community

Lawmakers listened to the voices of the people and responded to the momentum of our movement to bring this compassionate option to New Mexicans. We began the journey in 2016, when a formidable and diverse group of local leaders came together to establish the New Mexico End-of-Life Options Coalition. Compassion & Choices, a national advisor and member of the coalition, has been the primary source of funding, including direct resources and staff support, since the coalition’s inception.

With this strong foundation, we started the 2021 legislative session with an intensified, robust bilingual campaign that included:

» Providing an on-the-ground organizer, rural outreach coordinator, regional campaign outreach manager, and policy and communications staff, all funded by Compassion & Choices and the Compassion & Choices Action Network.

» Engaging our 4,000 volunteers and supporters and training hundreds of volunteer advocates, many of whom shared their stories of support with lawmakers through emails, phone calls and testimony at four hearings.

» Organizing 35 events; placing paid, earned and social media; and inspiring strong grassroots efforts.

» Extending our reach to diverse Latino and rural communities, and engaging New Mexico native and civil rights icon Dolores Huerta, who advocated throughout the state and recorded videos in English and Spanish to urge fellow residents to support the bill.

» Putting a human face on the issue by flooding news outlets with stories of terminally ill residents who don’t have the luxury of time and need the relief that this law affords them now. More than 400 media outlets ran close to 500 stories on the issue.
A Turning Point in the Movement

The New Mexico law is a momentous achievement for terminally ill residents and a significant turning point for aid-in-dying legislation. For the first time since the Oregon Death With Dignity Act was passed in 1994, extraordinary bill champions, including Rep. Deborah A. Armstrong and Sen. Elizabeth “Liz” Stefanics, recognized the need for a more appropriate balance between safeguards and access. The law also represents a new chapter for the end-of-life options movement.

This victory continues the trend of authorizing medical aid in dying in an average of one new state per year. Ten states plus Washington, D.C., now authorize medical aid in dying.

WHAT MAKES THE NEW MEXICO LAW SO DIFFERENT

More people will be able to access medical aid in dying because of three important differences from other bills:

1. Advanced practice registered nurses and physician assistants can practice in addition to physicians.
2. Arbitrary delays are significantly reduced.
3. Just one physician is required to certify eligibility if the person is enrolled in hospice care.

Terminally ill health law attorney Erin Armstrong, daughter of New Mexico Rep. Deborah A. Armstrong, advocated for medical aid in dying so that she and others can choose this compassionate option.

“This bill is smart. It is careful. It is conservative and the kind of thoughtful legislation that this topic and the people of New Mexico deserve. It will bring me immeasurable peace as I move forward in my own journey to live and eventually to die. I’m so thankful for the work Compassion & Choices has done to ensure this option is available to us.”

Erin Armstrong
THE LEGISLATURE: MEDICAL AID IN DYING

We launched grassroots campaigns coast to coast with the objective of shaping the dialogue within our legislatures to bring the compassionate option of medical aid in dying to more terminally ill Americans. We organized, mobilized and engaged the public, medical professionals, legal advocates and policy experts to bring their collective voices — through phone calls, emails, visits and testimony — to influence elected officials, shape policies and advance legislation.

Monona Yin cared for her mother, Fay Hoh Yin, who was afraid of suffering needlessly.

“After my mom was diagnosed with incurable lymphoma six years ago, she endured every treatment because she wanted so much to live. Finally, she asked me if we could move from New York to New Jersey so she could access medical aid in dying. Unfortunately, it was too late, so Mom did suffer at the end. I’m grateful that Compassion & Choices is fighting to make this option available to everyone who wants it.”
STATES introduced medical aid-in-dying legislation

with

SPONSORS/COSPONSORS

4 STATES introduced bills to improve medical aid in dying

450 LEGISLATIVE VISITS

20 COMMITTEE HEARINGS

19 HEARINGS in 9 STATES

100 ACTION TEAMS

822 TRAINED VOLUNTEERS

42 million U.S. ADULTS have access to medical aid in dying
ADVANCING END-OF-LIFE EMPOWERMENT ACROSS THE NATION

Compassion & Choices and the Compassion & Choices Action Network mobilize volunteers and supporters to advance aid-in-dying legislation and implementation, address disparities in end-of-life care, and empower people to assert their right to document their preferences in advance of a dementia diagnosis.

CA Compassion & Choices and the Compassion & Choices Action Network spearhead the efforts and provide resources for the bill to improve the California End of Life Option Act, which will reduce the waiting period and remove other roadblocks that prevent terminally ill individuals from accessing this peaceful option. Our access work continues as we educate and provide technical assistance to healthcare systems and hospitals across the state.

CO Our outreach continues as we educate patients and providers and encourage health systems to adopt supportive policies. We also engage lawmakers to ensure support should any legislative challenges arise.

CT Our campaign made history when President and CEO Kim Callinan and 50+ volunteer advocates testified in support of the aid-in-dying bill during a marathon 15-hour legislative hearing, advancing the bill out of committee for the first time ever.

FL Compassion & Choices Action Team Leaders in Sarasota and the Space Coast hosted a series of workshops on advance care planning and Our Dementia Values and Priorities Tool.

HI Our Hawai`i team educated the public and provided technical assistance to providers and healthcare systems, including a six-part webinar series for continuing education credits, and supported a bill that would make crucial amendments to the Our Care, Our Choice Act.

IL The Illinois team hosted multiple virtual workshops and presentations, including quarterly Train the Presenter Advocacy Trainings with the ACLU of Illinois. The team also presented Dementia in the Age of COVID-19 workshops hosted by the Illinois Chapter of the National Association of Social Workers.

MA With substantial support from the Compassion & Choices Action Network, the End of Life Options Act amassed a record 92 sponsors and advanced out of the Massachusetts Joint Committee on Public Health for the first time ever. In yet another landmark first, The Boston Globe endorsed the act.

MN Lawmakers introduced the End-of-Life Options Act in March. President Emerita/Senior

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

Supported in part by the Compassion & Choices Action Network.

**MT** Through testimony, emails, calls and visits, Compassion & Choices and its advocates successfully halted a bill in the Senate that would criminalize medical aid in dying. The 25-to-25 vote leaves intact this compassionate end-of-life option.

**NV** The End of Life Options Act was introduced in March and quickly passed through one committee, where President and CEO Kim Callinan and National Medical Director Dr. David Grube served as lead witnesses. Time ran out, but not before acquiring several state organization supporters, including ACLU of Nevada and Nevada Association of Health Plans.

**NJ** We continued our education campaign to raise awareness of medical aid in dying. Through our ongoing work with clinicians, we learned about the barriers patients who change doctors face and successfully urged the state to update guidance on its website to clarify that the mandatory 14-day waiting period begins when a patient makes their first request to a doctor.

**NY** Compassion & Choices kicked off its 2021 campaign to pass New York’s Medical Aid in Dying Act with a virtual rally drawing hundreds to hear bill sponsors and Kim Callinan. We relaunched our campaign to give lawmakers a reason every day they were in session to pass the bill; aired three television ads; hosted a virtual Advocacy Day with guest Diane Rehm; and shared stories with lawmakers through emails, calls and virtual meetings.

**OR** As part of a coalition of organizations, Compassion & Choices Action Network successfully pushed for passage of the Equal Access to Care Act, which requires that all proposed hospital mergers or acquisitions be evaluated for their impact on care, including the full range of end-of-life options.

**VA** We held training sessions on best practices for reaching diverse communities with our action teams across the state and presented at meetings, including the National Organization of Black Elected Legislative Women (NOBEL Women).

**WA** Compassion & Choices Action Network worked hand-in-hand with End of Life Washington to advance a bill that would have expanded access to medical aid in dying for Washingtonians.

We partner with countless community leaders and advocates across the nation, including civil rights activist Dolores Huerta, actors Mauricio Ochmann and Anna Camp, psychologist Dr. Jeff Gardere, Rev. Dr. Carolyn Gilmore, and podcast host and author Diane Rehm, who lend their voices to advocate for and encourage individual empowerment at the end of life.
COMPASSION & CHOICES AND OUR VOLUNTEERS ORGANIZED EFFORTS TO ADVANCE END-OF-LIFE AUTONOMY IN EVERY STATE.
Medical aid in dying authorized

Medical aid-in-dying legislation introduced during 2019/2020 legislative session

Compassion & Choices volunteer groups

Compassion & Choices storytellers

Individuals accessed our Spanish-language tools

Individuals called our end-of-life care consultants
CHAMPIONING EQUITY IN END-OF-LIFE PLANNING AND CARE

The recent increased awareness of racial injustices and alarming disparities in end-of-life care brought a heightened urgency to our work to empower all people to advocate for an end-of-life experience where they are treated with respect and dignity.

Our leadership councils — African American, Latino, and the newly launched Asian American, Native Hawaiian and Pacific Islander — are guiding us to maximize our reach and create new opportunities for substantial connections with communities that have traditionally been disenfranchised and disempowered by the healthcare system.

» We are leveraging the voices of community leaders including Dr. Jeff Gardere, Rev. Madison T. Shockley II, Dolores Huerta and others to spread our message of change and broaden our reach.

» Our collaboration with Ventanillas de Salud (VDS), a program of the Mexican Consulate’s Secretary of Foreign Affairs and the Mexico Secretary of Health, resulted in presentations to more than 30 organizations across the U.S. and garnered nearly 4,000 touchpoints on social media.

» We are guiding national organizations to educate, empower and advocate for end-of-life experiences that reflect one’s values, including the National Organization of Black Elected Legislative Women (NOBEL Women), the National Black Caucus of State Legislators (NBCSL) and the African American Mayors Association (AAMA).

This led to our collaboration with Minnesota Rep. Rena Moran and declaration of April 16 as Healthcare Decisions Day by St. Paul Mayor Melvin Carter.

» Through regional partnerships, we trained Spanish- and English-speaking community health workers and hosted events with thousands of residents to educate people on advance care planning.

» We disseminated tens of thousands of copies of our educational materials in both English and Spanish; reached millions of readers with our ads in print media, including 16 million through USA Today; and gained hundreds of followers on Facebook, Instagram and Twitter.
African American Leadership Council member Jason Gaulden, an esteemed author and CEO of the Untapped Potential Project in Colorado, seeks to change the nature of education-to-workforce pathways.

"Compassion & Choices is leading the charge to educate, empower and engage the Black community on charting their end-of-life journey. Through the work and commitment of Compassion & Choices, families are now better equipped to talk about this topic in healthy ways, embedding this conversation as natural and necessary in the normal course of caring for each other."

OUR IMPACT:

- 16M PEOPLE reached through ads
- 11,000 MATERIALS disseminated to local community groups
- 187 COMMUNITY HEALTH WORKERS in 3 select regions trained on advance care planning
- 9,787 PEOPLE educated on advance care planning
TRANSFORMING HOW WE DIE
WITH DEMENTIA

One in three older adults will die with some form of dementia. Compassion & Choices is working to transform a historically paternalistic approach to dementia, which too often disregards the wishes and rights of those who live with the disease, into one that puts people in charge of their own decision-making.

We are expanding our national campaign to ignite this discussion among individuals and families, and to create a national conversation on the importance of clarifying and respecting the wishes of those facing a dementia diagnosis.

» We experienced a major breakthrough in FY21, as one of the nation’s largest and most respected providers confirmed that they would honor dementia-specific advance directives. We are now working with them to provide education to other hospices and to the facilities that they contract.

» We are cultivating connections with leading organizations to amplify our message — including with the American Society on Aging, US Against Alzheimer’s, End Well and Howard Brown Health — to participate in webinars, podcasts and discussions about ways to empower people to choose their own dementia journey.

» We continue to create a steady stream of media coverage, last year reaching over 200 media outlets including newspapers and radio programs, to remind people of the importance of this issue and to use our dementia planning tools.

» We conducted over 35 virtual workshops with local, regional and state groups across the country and with national audiences to inspire, motivate and energize providers, care communities, hospices and individuals to adopt our end-of-life dementia directive.
After observing his father’s horrific 13-year decline from Alzheimer’s disease, Dan Winter vowed never to suffer the same fate. Dan chose to voluntarily stop eating and drinking in February, dying at home with his loved ones by his side.

“At 59, I received a dementia diagnosis myself. Early-stage, they called it. Likely to become full-blown Alzheimer’s, they said. With the new tools from Compassion & Choices, I developed the emotional skills to address my end-of-life options. There is nothing else out there like this. To me, it’s a godsend, and I now have choices I didn’t know were possible.”
INTEGRATING END-OF-LIFE OPTIONS IN STANDARD MEDICAL CARE

We broke new ground this year, forging alliances with clinicians, hospitals, hospices and medical associations to provide best-practices guidance on end-of-life care and choice to create a meaningful presence in what was once a closed medical community. This was achieved under the guidance of our expert Healthcare Advisory Council and in collaboration with the City of Hope cancer center and Medscape.

» We trained thousands of providers on standard care practices for medical aid in dying through a partnership with Medscape, a leading medical resource for clinicians.

» We widened our reach across the medical community through our ongoing collaboration with City of Hope with a series of nine humanities-focused continuing medical education (CME) webinars to help providers understand the complexities of the shift from treatment and cure to comfort and care for patients nearing the end of life.

» We deepened our reach to the medical community with 44 presentations, webinars and workshops with state and national organizations, including the American Academy of Family Physicians, the California Hospice and Palliative Medicine Association (after years of being denied the opportunity) and the New Jersey Association of Osteopathic Physicians. For the first time, we produced a CME that satisfied the physicians’ yearly requirement for CME on palliative care.

» We persuaded healthcare systems to adopt new policies that support patient choice for medical aid in dying, educating doctors and other medical professionals, and recruiting medical providers to become advocates within their networks.

» We sought high-value opportunities to partner and collaborate with medical societies, health organizations and health systems to invest in the power of education in end-of-life care to respond to the needs of terminally ill patients. A sampling includes the Student National Medical Association, the Association for Death Education and Counseling, Optum Pharmacy (the largest mail-order pharmacy in the U.S.) and National End-of-Life Doula Alliance, reaching hundreds of end-of-life professionals.
Our impact:

Medscape CME:

3,913 physician learners

City of Hope CME series:

1,722 physician certificates issued

932 physician certificates issued

Dr. David Plimpton has cared for many patients at the end of life. He understands the need for medical aid in dying as an end-of-life option and is committed to making it legally available in Minnesota.

“Through the community of physicians formed by Compassion & Choices, not only are we better equipped to educate patients and the public about the range of options at the end of life but, through collaboration with Compassion & Choices, we are working to reduce end-of-life disparities among communities of color.”
PROTECTING AND DEFENDING
PATIENT-DIRECTED CARE

Pregnancy Exclusions Defeated in Idaho

In many states, an advance directive is automatically invalidated if someone is pregnant — an exemption commonly referred to as a pregnancy exclusion clause. This clause undermines the decisions a person has made should the advance directive be triggered while they are pregnant.

Compassion & Choices, along with Legal Voice, If/When/How: Lawyering for Reproductive Justice and Perkins Coie LLP, filed suit on behalf of four Idaho women of child-bearing age (Almerico et al. v. Denney et al.) challenging Idaho’s pregnancy exclusion clause.

On April 6, 2021, the Federal District Court of Idaho issued a landmark ruling — the court held that the state’s interpretation of the pregnancy exclusion violates the plaintiffs’ First, Fifth and Fourteenth Amendment rights: “Women do not lose these rights because they are pregnant when they fall into a coma …”

The ruling is a significant milestone for the advancement of patient-directed care and has the potential to have an impact on pregnancy exclusions in over 30 states. As expected, the state has filed an appeal, and we have responded vigorously to advance this important legal right for individuals capable of becoming pregnant.

Hannah Sharp of Boise, Idaho, was one of the plaintiffs in Almerico et al. v. Denney et al. She was pregnant when the lawsuit was filed in May 2018.

“This decision is a victory for tens of thousands of women of child-bearing age in Idaho. I am so appreciative of the work of the litigation team, including Compassion & Choices, and so thankful to now have the peace of mind that my directive will be valid and enforceable.”

CHALLENGING DENIAL OF CARE

This year we supported several states — California, Colorado, New York, Oregon and Washington — as they introduced legislation to increase transparency and monitor hospital consolidations and mergers that could restrict end-of-life care. With collaborative support from local organizations as well as Compassion & Choices, Oregon successfully passed its bill that creates an oversight process for proposed healthcare transactions.
Thanking Our Professional Colleagues for Donated Services

Compassion & Choices thanks the law firms and their attorneys and staff that provided pro bono legal assistance and generously gave their time and expertise this year. Collectively, these law firms contributed thousands of hours of service valued at more than $1,046,000 (July 1, 2020–June 30, 2021).

**Hanson Bridgett LLP**
Josephine Mason Petrick
Adam Hofmann

**Law Office of Jon B. Eisenberg**
Jon B. Eisenberg

**Morgan Lewis**
Jonathan M. Albano
Nathaniel P. Bruhn

**O’Melveny**
John Kappos
Bo Moon
Jason A. Orr
Mark A. Hayden
Meng Xu
Kristin Godfrey
Heide-Marie Bliss
John Paolo Dalog
Amanda Hoffman

**Perkins Coie LLP**
Rick Boardman
Katie Page
Alan Howard
Evelyn Pang
Emily Cooper

**Stoel Rives LLP**
Maggie Dalton

**WilmerHale**
David Bassett
Sanaz Payandeh
Kelsey Quigley
Karen Rutherford
Brian Boynton
Bruce S. Manheim Jr.
**Combined Statement of Financial Position**  
**June 30, 2021**

### Assets

#### Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents:</td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>2,200,653</td>
</tr>
<tr>
<td>Investments</td>
<td>2,313,978</td>
</tr>
<tr>
<td>Pledges receivable-current portion</td>
<td>435,000</td>
</tr>
<tr>
<td>Investments</td>
<td>42,452,509</td>
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<tr>
<td>Prepaid expenses</td>
<td>305,972</td>
</tr>
<tr>
<td>Beneficial interest in charitable remainder trusts</td>
<td>121,863</td>
</tr>
<tr>
<td>Other receivables</td>
<td>82,679</td>
</tr>
<tr>
<td>Other current assets</td>
<td>409</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>47,913,063</td>
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#### Property, Equipment and Improvements, at Cost

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture, fixtures and equipment</td>
<td>356,540</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>11,695</td>
</tr>
<tr>
<td><strong>Total property, equipment and improvements, at cost</strong></td>
<td><strong>368,235</strong></td>
</tr>
<tr>
<td>Less accumulated depreciation and amortization</td>
<td>359,052</td>
</tr>
<tr>
<td><strong>Net property, equipment and improvements, at cost</strong></td>
<td><strong>9,183</strong></td>
</tr>
</tbody>
</table>

#### Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pledges receivable net of current portion</td>
<td>260,000</td>
</tr>
<tr>
<td>Intangible assets, net</td>
<td>8,417</td>
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<tr>
<td>Investment, partnership interest</td>
<td>238,841</td>
</tr>
<tr>
<td>Deposits</td>
<td>20,039</td>
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<tr>
<td><strong>Total other assets</strong></td>
<td>527,297</td>
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</tbody>
</table>

**TOTAL ASSETS**

### Liabilities and Net Assets

#### Current Liabilities

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<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>503,533</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>806,916</td>
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<tr>
<td>Deferred revenue</td>
<td>3,680,000</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>4,990,449</strong></td>
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</table>

#### Long-Term Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred revenue, net of current portion</td>
<td>19,000,000</td>
</tr>
<tr>
<td>Gift annuity payments due</td>
<td>415,705</td>
</tr>
<tr>
<td><strong>Total long-term liabilities</strong></td>
<td><strong>19,415,705</strong></td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES**

### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without donor restrictions:</td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>23,189,206</td>
</tr>
<tr>
<td>Net investment in property, equipment and improvements</td>
<td>9,183</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>845,000</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>24,043,389</strong></td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES AND NET ASSETS**

* Please note that the assets and liabilities noted above include a $25 million dollar *conditional* gift to Compassion & Choices and the Compassion & Choices Action Network. A portion of the funds will be released for use twice annually through December 31, 2027, *dependent on our ability to raise the required matching funds.*
Combined Statement of Activities and Changes in Net Assets*

For the Year Ended June 30, 2021

Revenue and Other Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>18,707,948</td>
</tr>
<tr>
<td>Donated services</td>
<td>1,046,469</td>
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<tr>
<td>Membership fees</td>
<td>52,229</td>
</tr>
<tr>
<td>Investment income, net of expenses</td>
<td>556,864</td>
</tr>
<tr>
<td>Realized and unrealized gain on investments</td>
<td>2,838,989</td>
</tr>
<tr>
<td>Gain on sale of asset</td>
<td>556,864</td>
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<tr>
<td>Other income</td>
<td>12,167</td>
</tr>
<tr>
<td><strong>Total revenue and other support</strong></td>
<td><strong>23,214,666</strong></td>
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</table>

Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
<td>15,296,667</td>
</tr>
<tr>
<td>General and administrative</td>
<td>1,635,309</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,442,164</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>18,374,140</strong></td>
</tr>
</tbody>
</table>

Increase in net assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in net assets</strong></td>
<td><strong>4,840,526</strong></td>
</tr>
</tbody>
</table>

Net Assets, Beginning

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning</td>
<td>19,202,863</td>
</tr>
<tr>
<td><strong>NET ASSETS, ENDING</strong></td>
<td><strong>24,043,389</strong></td>
</tr>
</tbody>
</table>

All Costs*

For the Year Ended June 30, 2021
Of the total budget, 83% is spent directly on our programs.

* Compassion & Choices and Compassion & Choices Action Network
Program Expenses and Ratios*
For the Year Ended June 30, 2021

This pie chart and table offer a detailed look at how Compassion & Choices’ expenses are distributed by program area.

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Compassion &amp; Choices</th>
<th>Compassion &amp; Choices Action Network</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Education</td>
<td>5,651,582</td>
<td>86,062</td>
<td>5,737,644</td>
</tr>
<tr>
<td>Advocacy</td>
<td>3,567,939</td>
<td>491,319</td>
<td>4,059,258</td>
</tr>
<tr>
<td>Policy and Litigation</td>
<td>2,248,328</td>
<td>798</td>
<td>2,249,126</td>
</tr>
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<td>Medical Outreach and Dementia Programs</td>
<td>1,363,953</td>
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<td>1,363,953</td>
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<td>Community Engagement</td>
<td>1,232,152</td>
<td>–</td>
<td>1,232,152</td>
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<td>Direct Lobbying</td>
<td>332,496</td>
<td>108,094</td>
<td>440,590</td>
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<td>Grassroots Lobbying</td>
<td>213,944</td>
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<td>213,944</td>
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<td><strong>TOTAL</strong></td>
<td><strong>14,610,394</strong></td>
<td><strong>686,273</strong></td>
<td><strong>15,296,667</strong></td>
</tr>
</tbody>
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What you do is high on my list of the ways the world needs to improve. You can tell your team how grateful I am that they make it easy for me to contribute to the effort. In my last days, I will be able to say, “I helped.” And that means a very great deal to me. So you’re not just advancing your cause. You’re also adding meaning and fulfillment to the lives of your donors.

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Compassion & Choices won the prestigious 2020 Sharecare Award in the Caregiving/End-of-Life category for a video featuring the pioneering LGBTQ filmmaker Barbara Hammer who, living with cancer, urged New York lawmakers to pass the Medical Aid in Dying Act. Longtime TV journalist Katie Couric congratulated Compassion & Choices for winning the award.