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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

## 2006

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

### A For the 2006 calendar year, or tax year beginning , 2006, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Compassion Connection 47555 Manteca Ct Indio, CA 92201	<b>D</b> Employer identification number 20-1555570
			<b>E</b> Telephone number
			<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( 3 ) (insert no) 4947(a)(1) or 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 90,794.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	90,789.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
EXPENSES	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶)	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	90,794.
ASSETS	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	44.
	15	Printing, publications, postage, and shipping	15	392.
	16	Other expenses (describe ▶ See Statement 1)	16	67,574.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	68,010.
18	Excess or (deficit) for the year (line 9 less line 17)	18	22,784.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	6,225.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	29,009.	

### Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,225.	22 29,009.
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 <b>Total assets</b>	6,225.	25 29,009.
26 <b>Total liabilities</b> (describe ▶)	0.	26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,225.	27 29,009.

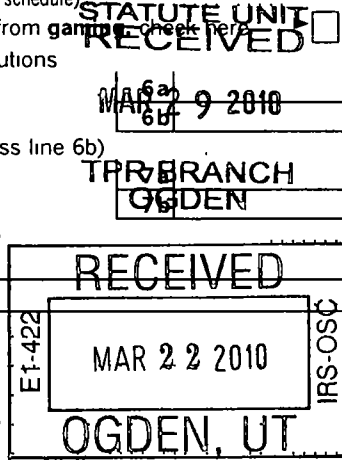
**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 01/19/07 Form 990-EZ (2006)

9/10-14 19

STATUTE CLEARED

SCANNED APR 29 2010



<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>See Statement 2</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Compassion Connections provided ministries in Mission Training, Short Term Missions, Training National Leaders and Church Planting.</u>		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	64,985.
29	-----		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	64,985.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Herb Neufeld 48755 Southview Pl Indio, CA 92201	President & CEO 0	0.	0.	0.
Steve Youngren 926 93rd St S.W Everett, WA 98204	CFO 0	0.	0.	0.
Paula Hatrak 79470 Calle Palmeto La Quinta, CA 92253	Secretary 0	0.	0.	0.
-----				
-----				

<b>Part V Other Information</b> (Note the statement requirement in the instructions)	See Statement 3	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

**Part V Other Information** (Note the statement requirement in the instructions) (Continued)

**40a 501(c)(3) organizations** Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

**b 501(c)(3) and (4) organizations** Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
<b>40b</b>		X
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

**e All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed ▶ CA

**42 a** The books are in care of ▶ Vickie Ingle Telephone no. ▶ 760-863-4610

Located at ▶ 47555 Manteca Ct, Indio Ca ZIP + 4 ▶ 92204

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ▶

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

**43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041** – Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

▶  N/A  
 N/A

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.

Please Sign Here

▶ Herb Neufeld

Signature of officer

3/16/2010

Date

▶ HERB NEUFELD

Type or print name and title.

BOARD DIRECTOR

Paid Preparer's Use Only

Preparer's signature ▶ [Signature]

Date 1/20/10

Check if self-employed ▶

Preparer's SSN or PTIN (See General Instruction X) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4  
 ▶ Oscar G. Armijo, CPA  
 ▶ 41-990 Cook St., Suite 501  
 ▶ Palm Desert, CA 92211

EIN ▶ N/A

Phone no ▶ (760)-773-4078

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2006**

Supplementary Information — (See separate instructions.)

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Compassion Connection

Employer identification number

20-555570

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	▶	0		

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶	0

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶	0

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	76,695.				76,695.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
<b>23</b> Total of lines 15 through 22	76,695.				76,695.
<b>24</b> Line 23 minus line 17	76,695.				76,695.
<b>25</b> Enter 1% of line 23	767.				

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	1,534.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	76,695.
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	76,695.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	100.00 %

<b>27 Organizations described on line 12:</b>	N/A			
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2005) _____	(2004) _____	(2003) _____	(2002) _____
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005) _____	(2004) _____	(2003) _____	(2002) _____
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____	<b>21</b> _____	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____			<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)			<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		<b>27f</b>		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>		%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>		%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement.) ----- ----- -----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		





Client 20-55557

Compassion Connection

20-555570

1/04/10

03.03PM

**Projected Support Schedule for 2007**

This worksheet projects if the organization will meet the support test for the tax year 2007 based on the data entered in screen 55 for the column 2006 .

Support Items	2006 (a)	2005 (b)	2004 (c)	2003 (d)	Total (e)
15. Gifts, grants, and contributions	86,003.	76,695.			162,698.
16. Membership fees received					0.
17. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable purpose					0.
18. Gross income from interest, dividends, samount received from payments on securities loans, rents, royalties, and unrelated business taxable income from businesses acquired by the organization after 6/30/1975	4,976.				4,976.
19. Net income from unrelated business activities not included in line 18					0.
20. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21. The value of services or facilities furished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22. Other income. Do not include gain (or loss) from sale of capital assets					0.
23. Total of lines 15 through 22	90,979.	76,695.	0.	0.	167,674.
24. Line 23 minus line 17	90,979.	76,695.	0.	0.	167,674.
25. Enter 1% of line 23	910.	767.	0.	0.	
<b>Organizations described on lines 10 or 11:</b>					
26a. 2% of amount in column (e), line 24					3,353.
26b. Total of all individual contributions that exceed the line 26a amount					0.
26c. Total support for section 509(a)(1) test (line 24, column (e))					167,674.
26d. Add the amounts from column (e) for lines 18, 19, 22, and 26b					4,976.
26e. Public support (line 26c minus line 26d)					162,698.
26f. Public support percentage (line 26e divided by line 26c)					97.03%

Client 20-55557

Compassion Connection

20-555570

1/04/10

03:03PM

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Bank Charges . . . . .	\$	330.
Book, subscriptions . . . . .		120.
Conferences, Conventions, And Meetings . . . . .		725.
Donated pro services-GAAP . . . . .		3.
Filing fees . . . . .		20.
Fuel . . . . .		460.
Insurances . . . . .		1,890.
misc . . . . .		8.
Missions . . . . .		33,998.
Non-personnel exp . . . . .		20,626.
other . . . . .		540.
Property fund exp . . . . .		1,226.
Supplies . . . . .		1,893.
Telephone . . . . .		393.
Travel . . . . .		5,342.
	Total \$	<u>67,574.</u>

**Statement 2**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

An International Christian Mission organization that focuses on reaching, training and disciplings God's people.

**Statement 3**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No