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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

SEE STATEMENT 4

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 5

b The form in which applications should be submitted and information and materials they should include.

SEE STATEMENT FOR LINE 2A

c Any submission deadlines.

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

SEE STATEMENT FOR LINE 2A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> GERARD DOPPERT 8501 W. UNIVERSITY AVE. APT. 2085 LAS VEGAS, NV 89147	NONE	INDVL	RENT PAYMENT FOR INDIVIDUAL STRUGGLING FINANCIALLY.	1,500.
Total				▶ 3a 1,500.
<i>b Approved for future payment</i>				
Total				▶ 3b

2010

FEDERAL STATEMENTS

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CLIENT COMPASS

COMPASSION NEVADA INC

27-4117781

9/26/11

04:45PM

STATEMENT 4
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

DUDLEY SONDEÑO
CYNTHIA J. SONDEÑO

CLIENT COMPASS

COMPASSION NEVADA INC

27-4117781

9/26/11

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**STATEMENT 5
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: CHARITABLE ASSISTANCE
NAME: COMPASSION NEVADA INC.
CARE OF:
STREET ADDRESS: PO BOX 81893
CITY, STATE, ZIP CODE: LAS VEGAS, NV 89180-1893
TELEPHONE: (702) 528-8857
FORM AND CONTENT: SEE ATTACHED REQUEST FOR SERVICES FORM.
SUBMISSION DEADLINES: NONE
RESTRICTIONS ON AWARDS: THE PURPOSE OF THE CORPORATION IS TO PROVIDE FAITH-BASED PHYSICAL AND SPIRITUAL CHARITABLE ASSISTANCE TO INDIVIDUALS AND IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, AND RELIGIOUS PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE), INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

ALL REQUESTS ARE EVALUATED BY THE COMPASSION BOARD FOR COMPLIANCE WITH COMPASSION'S EXEMPT PURPOSE AND THE NEEDS OF THE INDIVIDUAL OR ORGANIZATION BEFORE ANY SERVICES ARE RENDERED OR FUNDS GIVEN.