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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

**2011****Open to Public Inspection**

**A** For the 2011 calendar year, or tax year beginning **07/01**, 2011, and ending **06/30**, 20 **12**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**The Compassion Foundation**  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO Box 270**  
City or town, state or country, and ZIP + 4  
**Aurora, IL 60507-0270**

**D** Employer identification number  
**36-3637443**

**E** Telephone number  
**(630)892-2371**

**F** Group Exemption Number ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

**I** Website: ► **www.compassionfoundation.org**

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	2,736
	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 (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	80,631	
c	Less: direct expenses from gaming and fundraising events	6c	25,411	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	55,220	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,956	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	24,363
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	28,425
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	8,051
	16	Other expenses (describe in Schedule O)	16	4,799
	17	<b>Total expenses.</b> Add lines 10 through 16	17	65,638
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,682
	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	305,133
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-11,206
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	301,609

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	304,944	<b>22</b> 301,609
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	189	<b>24</b>
<b>25</b> Total assets . . . . .		<b>25</b>
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	305,133	<b>27</b> 301,609

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Assistance to needy people locally and around the world

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

<b>28</b> The Compassion Foundation raises funds to provide grants and contributions to groups and individuals who administer programs to help needy people and children, especially programs that empower people to help themselves. 15 grants (\$20,363) were given in Illinois and 3 grants(\$4,000) to overseas institutions. (Grants \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>28a</b>	24,363
<b>29</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	24,363

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tim Brennan 409 San Souci, Aurora, IL 60506	President	0		
Steve Andras 25831 Meadowview, Batavia, IL 60510	Vice-President	0		
Br James Miller, MSC 305 S. Lake St, Aurora, IL 60506	Treasurer	0		
Cheryl Ahers 1334 Manning Ave, Montgomery, IL 60538	Secretary	0		
Gary Ahasic 541 W Sullivan, Aurora, IL 60506		0		
Lisa Coffey 5 W Merchants Dr, Oswego, IL 60543		0		
Brad & Joan Scott 45 W 619 Wheeler, Sugar Grove, IL 60554		0		
Brian Tonner 541 W Sullivan, Aurora, IL		0		
Marci Haas 255 Stone Manor, Batavia, IL 60510		0		
Scott Bastian 25218 Williams Rd, Warrenville, IL 60555		0		
Gary Busse H-502 Chestnut, Oswego, IL 60543		0		
Jody Contorno 742 Highview Ct, Elburn, IL 60119		0		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	✓
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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 outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	✓
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>Illinois</b>		
<b>42a</b> The organization's books are in care of ▶ <b>Br James Miller, MSC</b> Telephone no. ▶ <b>(630)892-2371</b> Located at ▶ <b>305 S Lake St, Aurora, IL</b> ZIP + 4 ▶ <b>60507-0270</b>		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	✓
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 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 . . . . .

	Yes	No
47		✓

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		✓
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- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		✓
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- b If "Yes," was the related organization a section 527 organization? . . . . .

49b		
-----	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

- f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

- d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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.

Sign Here	Signature of officer <i>James Miller, MSc</i>	Date <i>10/19/12</i>
	Type or print name and title <i>James Miller, MSc</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

The Compassion Foundation

Employer identification number

36-3637443

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	46,585	55,520	67,870	62,837	80,631	313,443
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	46,585	55,520	67,870	62,837	80,631	313,443
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	46,585	55,520	67,870	62,837	80,631	313,443
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	9,271	10,239	8,443	6,428	2,736	37,117
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						350,560
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

The Compassion Foundation  
#36-3637443  
Schedule of Other Expenses  
Line 16  
July 2011 through June 2012

6180-00 Conferences & Meetings	595.19
6900-00 Licenses and Permits	170.00
7240-00 Depreciation Expense	188.94
7320-00 Insurance Expenses	2,189.00
7350-00 Annual Report Fees	15.00
7490-00 Office Expenses	677.29
7491-00 Computer & Internet Expenses	205.00
7520-00 Merchant Services	538.94
7610-00 Outside Services	120.00
7950-00 Miscellaneous	100.00
<b>TOTAL</b>	<b>4,799.36</b>

Line 20 explanation: Variance (-11,206) due to changes in market value of investments held.

# The Compassion Foundation

## Profit & Loss

July 2011 through June 2012

	Jul '11 - Jun 12
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
4060-10 · Dividends Reinvested	2,736 32
4100-00 · General Public Contributions	
4130-00 · Appeals	1,600 00
4180-00 · Major donors	3,125 00
<b>Total 4100-00 · General Public Contributions</b>	<b>4,725 00</b>
4200-00 · Program Fundraising Events	
4201-00 · Golf Event	
4000-10 · Auctions	5,010 00
4000-20 · Dinners	700 00
4000-30 · General Donations-Golf	4,870 00
4000-50 · Players	17,400 00
4000-60 · Raffle	5,450 00
4000-70 · Sponsors	5,700 00
<b>Total 4201-00 · Golf Event</b>	<b>39,130 00</b>
4204-00 · Community Champions Event	
4204-10 · CC Ads	2,675 00
4204-20 · CC Event	6,700 00
4204-30 · CC Donations/Challenge	11,650 63
4204-70 · Sponsors	15,750 00
<b>Total 4204-00 · Community Champions Event</b>	<b>36,775 63</b>
<b>Total 4200-00 · Program Fundraising Events</b>	<b>75,905 63</b>
<b>Total Income</b>	<b>83,366 95</b>
<b>Expense</b>	
6010-00 · Program Events	
6015-00 · Golf Outing	
6015-10 · Auction	1,005 00
6015-30 · Course fees and Dinner	13,172 84
6015-60 · Gifts for Players	1,591 58
6015-80 · Miscellaneous	0 00
6015-90 · Postage	446 64
6015-91 · Printing and Publications	2,991 70
6015-94 · Signs	266 00
<b>Total 6015-00 · Golf Outing</b>	<b>19,473 76</b>
<b>Total 6010-00 · Program Events</b>	<b>19,473 76</b>
6016-00 · Community Champions Event	
6016-10 · CC- Venue and Caterer	5,022 50
6016-20 · CC- Prizes and Awards	1,970 60
6016-30 · CC- Decorations	504 95
6016-40 · CC- Entertainment	1,500 00
6016-50 · CC- Printing and Publications	3,931 00
6016-90 · CC- Postage	414 41
6016-00 · Community Champions Event - Other	377 37
<b>Total 6016-00 · Community Champions Event</b>	<b>13,720 83</b>
6180-00 · Conferences and Meetings	595 19
6220-00 · Grants Disbursed	24,362 50
6600-00 · Wages	28,425 00
6650-00 · Postage and Delivery	125 04
6651-00 · Printing and Reproduction	142 03
6900-00 · Licenses and Permits	170 00
7240-00 · Depreciation Expense	188 94
7320-00 · Insurance Expense	2,189 00
7350-00 · Annual Report Fees	15 00
7490-00 · Office Expense	677 29

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Accrual Basis

**The Compassion Foundation**  
**Profit & Loss**  
**July 2011 through June 2012**

	Jul '11 - Jun 12
7491-00 · Computer and Internet Expenses	
7491-01 · Internet and web site services	205 00
Total 7491-00 · Computer and Internet Expenses	205 00
7520-00 · Merchant Services	538 94
7610-00 · Outside Services	120 00
7950-00 · Miscellaneous TCF	100 00
Total Expense	91,048 52
Net Ordinary Income	-7,681 57
Net Income	-7,681.57

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Accrual Basis

**The Compassion Foundation**  
**Balance Sheet**  
As of June 30, 2012

	Jun 30, 12
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
1000-20 · Old Second Bank	25,909 78
Total Checking/Savings	25,909 78
Total Current Assets	25,909 78
Fixed Assets	
1520-00 · Equipment	554 94
1610-00 · Accumulated Depreciation	-554 94
Total Fixed Assets	0 00
Other Assets	
1800-00 · Long Term Investments	
1801-00 · Christian Brothers Investments	
1801-11 · CUIT Core EQ Index fund c / a	52,914 49
1801-13 · REG COMM Trust Flex Cash Funs	0 04
1801-14 · RCT Interem Div Bond Fund Cl A	74,158 12
1801-15 · RCT Short Bond Fund	72,199 85
1801-16 · CUIT Growth Fund c/a	26,330 16
1801-18 · CUIT INT'L EQ Fund C /a	24,773 78
1802-19 · CUIT Short Bond Fund - Reserve	25,322 80
Total 1801-00 · Christian Brothers Investments	275,699 24
Total 1800-00 · Long Term Investments	275,699 24
Total Other Assets	275,699 24
<b>TOTAL ASSETS</b>	<b>301,609.02</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
3200-00 · Unrestricted Net Assets	342,703 88
3250-00 · Investments - Market Changes	
3251-00 · Christian Brothers Investments	
3251-01 · CORE EQW GAIN OR LOSS	-3,962 95
3251-02 · VAL EQUITY GAIN OR LOSS	-42,035 47
3251-03 · RCT Flex Cash Fun Gain or Loss	-16,681 77
3251-04 · INTERN DIVERSIFIED BOND GAIN OR	46,075 52
3251-05 · SHORT BOND GAIN OR LOSS	31,684 02
3251-06 · CUIT GROWTH FUND CL A Gain/loss	-19,200 47
3251-07 · CUIT SMALLCAPEQIND FUND G/L	-10,921 82
3251-08 · CUIT INT'L EQ FUND CL A G/L	-18,645 62
3251-09 · CUIT Short Bond G/L - Reserve	275 27
Total 3251-00 · Christian Brothers Investments	-33,413 29
Total 3250-00 · Investments - Market Changes	-33,413 29
Net Income	-7,681 57
Total Equity	301,609 02
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>301,609.02</b>

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10/19/12

Accrual Basis

# The Compassion Foundation Transaction Detail By Account July 2011 through June 2012

*Grants Given*

Type	Date	Num	Name	Amount	Balance
<b>6220-00 - Grants Disbursed</b>					
Check	8/30/2011	3105	Rich Harvest Farms	1,362 50	1,362 50
Check	12/5/2011	3117	Aurora Interfaith Food Pantry	2,500 00	3,862 50
Check	12/5/2011	3118	Aurora Childrens Dental Center	1,000 00	4,862 50
Check	12/5/2011	3119	Multipurpose Service-Diocese of Cuddapah	1,000 00	5,862 50
Check	12/5/2011	3120	Daughters of Our Lady of Sacred Heart	2,000 00	7,862 50
Check	12/5/2011	3121	Day One Network	1,000 00	8,862 50
Check	12/5/2011	3122	Fox Valley Hospice	1,000 00	9,862 50
Check	12/5/2011	3123	Hesed House TLC	2,000 00	11,862 50
Check	12/5/2011	3124	Mutual Ground	2,000 00	13,862 50
Check	12/5/2011	3125	Rebuilding Aurora Together	1,500 00	15,362 50
Check	12/5/2011	3127	St Vincent DePaul - St Therese Chapter	1,000 00	16,362 50
Check	12/5/2011	3128	Wayside Cross	1,000 00	17,362 50
Check	12/5/2011	3129	Well Child Conference of Elgin	500 00	17,862 50
Check	12/5/2011	3130	YMCA Metro Chgo - Fry Family YMCA	500 00	18,362 50
Check	12/5/2011	3133	CASA Kendall County	1,500 00	19,862 50
Check	12/5/2011	3126	St Joseph Training Center	1,000 00	20,862 50
Check	12/5/2011	33132	ST Peter's School	2,500 00	23,362 50
Check	5/16/2012	3164	Special Olympics - Illinois	1,000 00	24,362 50
Total 6220-00 Grants Disbursed				24,362 50	24,362 50
<b>TOTAL</b>				<b>24,362.50</b>	<b>24,362.50</b>