



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013**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) ▶**I** Website: ▶ **www.compassionfoundation.org****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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	2,378
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	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	95,248
	c	Less: direct expenses from gaming and fundraising events	6c	30,748
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	64,500
	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6a, 7c, and 8 ▶	9	66,878
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	33,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	29,725
	13	Professional fees and other payments to independent contractors	13	3,736
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,319
	16	Other expenses (describe in Schedule O)	16	2,985
17	Total expenses. Add lines 10 through 16 ▶	17	73,765	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,887)
	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	301,609
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	16,400
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	318,009

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

99 23

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
22 Cash, savings, and investments	301,609	22 318,009
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	301,609	27 318,009

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.)

28 <u>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. 26 grants (\$30,000) were given in Illinois and 3 grants (\$3,000) to overseas institutions.</u> (Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	33,000
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 (describe in Schedule O) _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	33,000

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 title	(b) 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
<u>Dr Gary Ahasic</u> 541 W Sullivan, Aurora, IL 60506	President			
<u>Beth Goncher</u> 127 Hamilton, Geneva, IL 60234	Secretary			
<u>Br James Miller, MSC</u> 305 S Lake St, Aurora, IL 60506	Treasurer			
<u>Steve Andras</u> 2 S 831 Meadowview, Batavia, IL 60510				
<u>Scott Bastian</u> 2S218 Williams Rd, Warrenville, IL 60555				
<u>Tim Brennan</u> 409 San Souci, Aurora, IL 60506				
<u>Gary Busse</u> H-502 Chestnut, Oswego, IL 60543				
<u>Lisa Coffey</u> 5 S Merchants Dr, Oswego, IL 60543				
<u>Michael Engelhardt</u> H-265 Chatsworth Ave, Sugar Grove, IL 60554				
<u>Marcy Haas</u> 555 Redwood Dr, Aurora, IL 60506				
<u>Brad & Joan Scott</u> 45 W 619 Wheeler, Sugar Grove, IL 60554				
<u>Brian Tonner</u> 541 W Sullivan, Aurora, IL 60506				

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
33 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	33	✓
34 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)	34	✓
35a 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)?	35a	✓
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	35b	
c 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	35c	✓
36 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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
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 outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
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	40b	✓
c 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ►		
Located at ► ZIP + 4 ►		
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)?	42b	✓
If "Yes," enter the name of the foreign country: ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	43	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
-----------	--	-------------------------------------

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

49a		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

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 title of each employee paid more than \$100,000	(b) 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 James Miller, MSC Date 10/08/13
 ▶ James Miller, MSC - Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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

2012

**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—Non-functionally integrated
- 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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,520	67,870	62,837	80,631	95,248	362,106
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	55,520	67,870	62,837	80,631	95,248	362,106
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	55,520	67,870	62,837	80,631	95,248	362,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,239	8,443	6,428	2,736	2,378	30,224
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						392,330
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	92 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	89 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. 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 stop here. 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 10%-facts-and-circumstances test—2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2011. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 2012 through June 2013

6130-00 Promotional	124.95
6180-00 Conferences & Meetings	502.68
6230-00 Donation	500.00
6250-00 Dues and Subscriptions	15.00
6900-00 Licenses and Permits	10.00
7320-00 Insurance Expenses	389.00
7490-00 Office Expenses	257.33
7491-00 Computer & Internet Expenses	313.97
7520-00 Merchant Services	872.16
TOTAL	2,985.09

Line 20 explanation: Variance (+16,400) due to changes in market value of investments held.

Part IV Additional members of the Board:

Maureen McKanna
37W756 Cigrand Ct, Batavia, IL 60510

Kathy Swigart
3079 Woodside Dr, Joliet, IL 60431

Melissa Taylor
H880 Longview Ct, Sugar Grove, IL 60554

Carol Arliskas
248 Heritage Dr, Aurora, IL 60506

7:59 PM
10/07/13
Accrual Basis

The Compassion Foundation

Profit & Loss

July 2012 through June 2013

	Jul '12 - Jun 13
Ordinary Income/Expense	
Income	
4060-10 · Dividends Reinvested	2,378 01
4100-00 · General Public Contributions	
4180-00 · Major donors	6,500 00
4100-00 · General Public Contributions - Other	200 00
Total 4100-00 · General Public Contributions	6,700 00
4200-00 · Program Fundraising Events	
4201-00 · Golf Event	
4000-10 · Auctions	7,223 19
4000-20 · Dinners	1,500 00
4000-30 · General Donations-Golf	2,925 00
4000-50 · Players	16,500 00
4000-60 · Raffle	6,200 00
4000-70 · Sponsors	6,289 35
Total 4201-00 · Golf Event	40,637 54
4204-00 · Community Champions Event	
4204-10 · CC Ads	2,250 00
4204-20 · CC Event	8,420 00
4204-30 · CC Donations/Challenge	11,240 77
4204-70 · CC Sponsors	26,000 00
Total 4204-00 · Community Champions Event	47,910 77
Total 4200-00 · Program Fundraising Events	88,548 31
Total Income	97,626 32
Expense	
6010-00 · Program Events	
6015-00 · Golf Outing	
6015-10 · Auction	2,895 00
6015-30 · Course fees and Dinner	11,992 50
6015-80 · Miscellaneous	180 52
6015-91 · Printing and Publications	1,271 78
6015-92 · Prizes and Awards	2,291 00
6015-94 · Signs	211 00
Total 6015-00 · Golf Outing	18,841 80
Total 6010-00 · Program Events	18,841 80
6016-00 · Community Champions Event	
6016-10 · CC- Venue and Caterer	5,590 00
6016-20 · CC- Prizes and Awards	1,851 55
6016-30 · CC- Decorations	458 95
6016-50 · CC- Printing and Publications	2,995 65
6016-60 · CC- Shooting Stars	3,000 00
6016-70 · CC- Photography	1,100 00
6016-80 · CC- Auctioneer	500 00
6016-00 · Community Champions Event - Other	677 50
Total 6016-00 · Community Champions Event	16,173 65
6130-00 · Promotional	124 95
6180-00 · Conferences and Meetings	502 68
6220-00 · Grants Disbursed	33,000 00
6230-00 · Donation	500 00
6250-00 · Dues and Subscriptions	15 00
6600-00 · Wages	29,725 00
6650-00 · Postage and Delivery	51 98
6900-00 · Licenses and Permits	10 00
7320-00 · Insurance Expense	389 00
7490-00 · Office Expense	257 33

7:59 PM

10/07/13

Accrual Basis

The Compassion Foundation

Profit & Loss

July 2012 through June 2013

	Jul '12 - Jun 13
7491-00 · Computer and Internet Expenses	
7491-01 · Internet and web site services	313 97
Total 7491-00 · Computer and Internet Expenses	313 97
7520-00 · Merchant Services	872 16
7610-00 · Outside Services	3,736 00
Total Expense	104,513 52
Net Ordinary Income	-6,887 20
Net Income	-6,887.20

7:59 PM
10/07/13
Accrual Basis

The Compassion Foundation
Balance Sheet
As of June 30, 2013

	Jun 30, 13
ASSETS	
Current Assets	
Checking/Savings	
1000-20 · Old Second Bank	35,644 57
Total Checking/Savings	35,644 57
Total Current Assets	35,644 57
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	82,768 87
1801-13 · REG COMM Trust Flex Cash Funs	0 04
1801-14 · RCT Interem Div Bond Fund CI A	26,550 20
1801-15 · RCT Short Bond Fund	40,619 86
1801-16 · CUIT Growth Fund c/a	27,824 97
1801-18 · CUIT INT'L EQ Fund C /a	26,454 43
1801-20 · CUIT Opportunistic Bond	67,460 94
1802-19 · CUIT Short Bond Fund - Reserve	10,684 63
Total 1801-00 · Christian Brothers Investments	282,363 94
Total 1800-00 · Long Term Investments	282,363 94
Total Other Assets	282,363 94
TOTAL ASSETS	318,008.51
LIABILITIES & EQUITY	
Equity	
3200-00 · Unrestricted Net Assets	340,200 75
3250-00 · Investments - Market Changes	
3251-00 · Christian Brothers Investments	
3251-01 · CORE EQW GAIN OR LOSS	5,983 31
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	46,609 07
3251-05 · SHORT BOND GAIN OR LOSS	31,657 27
3251-06 · CUIT GROWTH FUND CL A Gain/loss	-14,899 87
3251-07 · CUIT SMALLCAPEQIND FUND G/L	-10,921 82
3251-08 · CUIT INT'L EQ FUND CL A G/L	-14,495 42
3251-09 · CUIT Short Bond G/L - Reserve	263 48
3251-10 · CUIT Opportunistic Bond	-783 82
Total 3251-00 · Christian Brothers Investments	-15,305 04
Total 3250-00 · Investments - Market Changes	-15,305 04
Net Income	-6,887 20
Total Equity	318,008 51
TOTAL LIABILITIES & EQUITY	318,008.51