

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



RETROACTIVE REINSTATEMENT

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www. irs gov/form990 tax year beginning FEB 21, 2014 and ending SEP 30, 2014 For the 2013 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable COMPASSION CENTER OF NWA, INC. Name change 46-5137266 Doing Business As X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 479-751-4523 1709 JOHNSON ROAD 314,826. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-SPRINGDALE, AR 72762 H(a) is this a group return pending F Name and address of principal officer.BEN MAYES for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? < > Tax-exempt status: X 501(c)(3) ___ 501(c) () 🗲 (insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: WWW.COMPASSIONNWA.COM H(c) Group exemption number Other > Form of organization: X Corporation Trust Association L Year of formation: 2014 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities: COMPASSION NWA IS A NON-PROFIT Ш Governance ORGANIZATION COMMITTED TO CREATING LOCALLY SOURCED OPPORTUNITIES TO Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & ō Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 **2518** Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 $\overline{\mathfrak{o}}$. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 612. Contributions and grants (Part VIII, line 1h) Ō. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), line 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 5d) Bc, 9c, 19c, and 2017 $\overline{\mathfrak{o}}$. 10 285,696.286,308. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 48,949. Grants and similar amounts paid (Part IX, column (A) (mes) [-3]) Ο. Benefits paid to or for members (Part IX, column (A), line 4) 758. 145, Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 91,601. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 286.308. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 0. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 0. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Sign BEN MAYES, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid KENDAL POWERS KENDAL POWERS 06/28/17 ₽00876777 Preparer FROST, PLLC 71-0817652 Firm's name Firm's EIN Use Only Firm's address 4375 N VANTAGE DRIVE, SUITE 403 Phone no. 479-695-4300 FAYETTEVILLE, AR 72703 」 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2013) COMPASSION CENTER OF NWA, INC. 4	6-5137266	Page 2
_	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: COMPASSION NWA IS A NON-PROFIT ORGANIZATION COMMITTED TO	CREATING	
	LOCALLY SOURCED OPPORTUNITIES TO GIVE, SERVE, AND ENGAGE	A COMMINITY	<u>v</u>
	IN NEED WHILE BUILDING A SUSTAINABLE GRACE DRIVEN ORGANIZ		
	OFFERS HOPE TO THE HURTING.	MIION IIIII	
_			
2	Did the organization undertake any significant program services during the year which were not listed on	□ Voo	X No
	the prior Form 990 or 990-EZ?	L tes	LAL NO
_	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	Γ₹₹7 IAÔ
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	and
	revenue, if any, for each program service reported	295	696.)
4a	(Code) (Expenses \$ 286,308. including grants of \$ 48,949.) (Revenue \$ COMPASSION COMMUNITY SERVICES: THIS IS A PROGRAM THAT EXT		030.
			TNC
	FINANCIALLY TO THOSE IN NEED IN NORTHWEST ARKANSAS AND THE		ING
	THROUGH OUR COMMUNITY. ONCE APPROVED A PARTICIPANT MAY RE		
	ASSISTANCE WITH FUEL, CLOTHING, OR UTILITIES (WITH A SHUT		
	THEY MAY ALSO SIGN UP TO RECEIVE FOOD THROUGH OUR FEED TH		
	EACH PARTICIPANT IS ALLOWED TO VISIT THE COMPASSION COMMU	NITY SERVI	CES
	ONCE EVERY THREE (3) MONTHS.		
	 		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		RT TO COMBA	<u>.T</u>
		ERVE THOSE	WILLO
	ARKANSAS THROUGH OUR COMPASSION COMMUNITY SERVICES. WE SHARE FOOD INSECURE THROUGH A CHOICE PANTRY THAT ALLOWS THE		
	ONCE APPROVED TO SHOP AND CHOOSE FREE OF MONETARY COMMITM		
	FITS THEIR UNIQUE DIETARY, HEALTH, OR PERSONAL CIRCUMSTAN		IIAI
	BELIEVE THAT EXTENDING CHOICE TO A PARTICIPANT IS A WAY		ĈĒ.
	AND DIGNITY. A PARTICIPANT MAY VISIT THE PANTRY ONCE EVER		
	MONTHS.	ti iiitiii (3	'
	MONTHO:		
4c	(Code) (Expenses \$ Including grants of \$) (Revenue		
40	FREE-2-BE: THIS IS A PROGRAM THAT SEEKS TO PARTNER WITH I		
	ELEMENTARY SCHOOLS WITH A HIGH POVERTY RATE IN THE CHILD		
	EDUCATE TO PROVIDE HEALTH & HYGIENE ITEMS AND PEANUT FREI		
	SUPPLEMENT THE SCHOOLS NEED FOR THESE ITEMS. A REVIEW AND		
	OCCURS EVERY THIRTY DAYS DEPENDING ON THE NEED. WE BELIEVE	VE THAT	
	CHILDREN DO NOT CHOOSE POVERTY AND SHOULD HAVE THE FREEDO	OM TO BE KI	DS
	AND ENJOY THEIR CHILDHOOD WHILE NOT HAVING THEIR EDUCATION		
		WE BELIEVE	
	SCHOOL ADMINISTRATORS, COUNSELORS, NURSES, AND TEACHERS		
	THE FINANCIAL BURDEN OF SUPPLYING THESE ITEMS FROM THEIR		
	COMPENSATION.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 286,308.		
		Form	90 (2013)

Form 990 (2013) COMPASSION C
Part IV Checklist of Required Schedules

1 is the organization described in section 501(x)(3) or 4947(a)(1) (other than a private foundation)? 1		·		Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors? 3 Det the organization engage in direct or infrient political campage activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule P, Part II 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(c)(e) election in effect during the tax year? If "Pes," complete Schedule P, Part II 5 Is the organization as election \$01(c)(e)(s), or \$01(c)(e)(s), or \$01(c)(e)(s), or \$01(c)(e)(s), or \$01(c)(e)(s), or \$01(c)(e)(s), or \$01(e)(e)(s), or \$01(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(1	· · · · · · · · · · · · · · · · · · ·		Ţ	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 1'es; "complete Schedule C, Part I section 501(h) election in effect during the tax year? If 1'es; "complete Schedule C, Part II section 501(h) election in effect during the tax year? If 1'es; "complete Schedule C, Part II is the organization as extens 501(h) election in effect during the tax year? If 1'es; "complete Schedule G, Part II is the torganization are year of the control					
public office? If "Yes," complete Schedule C, Part I Section 50 16(3) organizations. Dut 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 III organization a section 501(h) effection or solid provided advised that a section 501(h) effection or 501(h) organization that receives membrarship dues, assessments, or similar amounts as definition in Revenue Procedule or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization report an amount for limiting a nellact organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land buildings, and equipment in Part X, line 10? If			_2		
Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(k)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(k)(4), 501(k)(5), 501(k)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 If "Yes," complete Schedule C, Part II Did the organization reverse any donor advised in those or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization created or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization membran collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization membran and protein a manuful rin Part X, line 21, for escrow or custodial account lability; serve as a custodian for amounts not lated in Part X, or provide credit considering, deliberation and the forganization services? If "Yes," complete Schedule D, Part II Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasis endowments? If "Yes," complete Schedule D, Part VI If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, XI, X, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 11? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or	3		۱ ۵		x
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section 50 (10%), 501(6)%, 601(6)%,			-		
s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised flunds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in funds or accounts for which donors have the right to provide advice on the distribution or investments of any such funds or accounts for which donors have the right to provide advice on the distribution or investments or such funds or accounts for the similar assests? If "Yes," complete Schedule D, Part II Did the organization interest or hard X, increased and account liability, serve as a custodian for amounts not listed in Part X, increased and organization, hold assets in temporarity restricted endowments, permanent endowments, or quasis endowments? If "Yes," complete Schedule D, Part VI If the organization sarver to any of the following questions is "Yes," then complete Schedule D, Part VI If the organization report an amount for investments of there is ecurities in Part X, line 10 If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments of the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, in 16 If If "Yes," complete Schedule D, Part XI Did the organization report an amount for oriver insibilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 If If "Yes," complete Schedule D, Part XI Did the organization report an amount for oriver insibilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 If If "Yes," complet	4		4		x
smilar amounts as defined in Revenue Procedure 99-19 // "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? // "It's," complete Schedule D, Part I II Did the organization maintain collections of works of art, historical treasures, or other smilar assets? // "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part IV Did the organization (freedly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quested moments? // "Yes," complete Schedule D, Part V III If the organization report an amount for limbility or the organization report an amount for limbility or through a sesting the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other ass	5				
bd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization reserve or holid a conservation easement, including asseriments to preserve open space, the environment, instonc land areas, or histonic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for section or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization did part of the following questions is "Yes," then complete Schedule D, Part V, viii If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, viii If the organization report an amount for investments of other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of fis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of fis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X	•		5		X
provide advice on the distribution or investment of amounts in such funds or accounts if I"Nes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures II"Nes," complete Schedule D, Part II To B the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not itseld in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV To Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV To Did the organization, quectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV To Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV To Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV To Did the organization report an amount for orther labilities in Part X, line 158 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X To Did the organization report an amount for orther labilities in Part X, line 158 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X To Did the organization report an amount for orther labilities in Part X, line 158 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," compl	6				
7 Note the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III 7 X X Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X X Did the organization amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed an Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, derectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part V III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V III If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III If the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part V III It X X III III III III III III III	_		6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI The Cold the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI The Cold the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VI The Cold the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI The Cold the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VI The Cold the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X The Did the organization obtain separate, independent audited financial statements for the tax year include a continuation of the schedule D, Part X A and XII to Did the organization assets in a section 170(b)(1)(A)(b)()? If "Yes," complete Schedule D, Part X and XII to Did the organization assorted in section 170(b)(1)(A)(b)()? If "Yes," complete Schedule E, Parts I and IV The Did the organization report on Part IX, column (A), line 3,	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, it the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, IV, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for unvestments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for unvestments - organization in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII It X 110 X 111 X 110 X 111 X 111 X 111 X 112 X 114 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII 115 X 116 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII 117 118 119 119 120 120 121 130 140 140 150		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes," complete Schedule D, Part V 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part SVI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII C Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII C Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization in Part X, line 16? If "Yes," complete Schedule D, Part X I Line 16? If "Yes," complete Schedule D, Part X I Line 16? If "Yes," complete Schedule D, Part X I Line 16? If Yes," complete Schedule D, Part X I Line 16? If Yes," complete Schedule D, Part X I Line 16? If Yes," complete Schedule D, Part X I Line 16? If Yes," complete Schedule D, Part X I Line 16? If Yes, I line 16? If Yes," complete Schedule D, Part X I Line 16? If Yes, I lin	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 Part X, line 16 Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 Part X, line 16 Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 Part X, line		Schedule D, Part III	8		<u> </u>
1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	1		
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 11c					77
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other habilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 Usas the organization asserted in asserting and the organization asserting and the organization asserting and the organization asserted "No" to line 12a, then completing Schedule D, Parts X and XII is optional is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individ		·	9		_X_
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization proprit an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other ilabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIIIIII XIIIIIIIIIIIIIIIIIIIIIIIIIIII	10				v
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 116		·	10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited Financial statements for the tax year? If "Yes," complete Schedule D, Part X lift b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional list to organization and school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E light b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E light b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E light b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E light b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E light b Was the organization have aggregate revenues or expenses of more than \$1,0,000 form grantmaking, fundraising, business, investment, and progran service activities on the analysis of the	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 The Tyres," complete Schedule D, Part X III 11 The Tyres," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11 The Tyres," complete Schedule D, Part X III 11 The Tyres," complete Schedule D, Part X III 11 The Tyres," complete Schedule D, Part X III III III III III III III III III	•	1.			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 11d X 11d X 12d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12b Uses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 12b Uses the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance t	a		11a		х
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 by Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asshood described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13	ь			_	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII is optional 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule Is and if the organization answered "No" to line 12a, then completing Schedule D, Part XI and XII is optional 13 Is the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals	_	· · · · · · · · · · · · · · · · · · ·	11b	'	Х
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 112 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 16 Tyes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 total of fundraisin	С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XI b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization and program service activities outside the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report more than \$15,000 of synesses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to li		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
the Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization bit liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X M and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X M and XII is optional 12a	d				
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this re					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a	_		11e		<u> </u>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 1a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines for and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	f				₩.
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 Is Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	10-		111		<u> </u>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	12a		120		x
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	h		120		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization defended in ancial statements to this return?	_		12b	х	
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	13				X
Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	14a		14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			}_
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			14b	<u> </u>	<u> </u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15				,,
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			_15		<u> </u>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16			Į	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	47	· · · · · · · · · · · · · · · · · · ·	16		<u> </u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17		17	ł	x
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18		''	 	
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		•	18		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X			19	L	
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_		

Part IV | Checklist of Required Schedules (continued)

governmen 22 Did the org column (A), 23 Did the org and former Schedule J 24a Did the org	anization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	21 22 23	Yes X X	No
governmen 22 Did the org column (A), 23 Did the org and former Schedule J 24a Did the org	ant on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Janization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, Janization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Janization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	22	X	
 22 Did the org column (A), 23 Did the org and former Schedule J 24a Did the org 	panization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, line 2? If "Yes," complete Schedule I, Parts I and III panization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete I panization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	22	X	
column (A), 23 Did the organd former Schedule J 24a Did the org	Inne 2? If "Yes," complete Schedule I, Parts I and III Idanization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete I lanization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
23 Did the organd formerSchedule J24a Did the organic	lanization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete I lanization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		х	
and former Schedule J 24a Did the org	officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete I anization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	23	x	1
Schedule J 24a Did the org	I anization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	23	X	i
24a Did the org	anization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
_	the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
last day of				1
	\(\text{If "No", go to line 25a} \)	24a		X
	panization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	anization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	empt bonds?	24c		
•	janization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 50	01(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	person during the year? If "Yes," complete Schedule L, Part I	25a		X
· ·	nization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the tra	insaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Schedule L		25b		Х
26 Did the org	anization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former office	cers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
complete S	Schedule L, Part II	26		X
27 Did the org	anization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contributor	r or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
of any of th	nese persons? If "Yes," complete Schedule L, Part III	27		X
28 Was the or	ganization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
	s for applicable filing thresholds, conditions, and exceptions)			
	or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	ember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	f which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠
	ustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
-	panization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
•	panization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠.
	ns? If "Yes," complete Schedule M	30		X
•	panization liquidate, terminate, or dissolve and cease operations?	۱		x
· ·	omplete Schedule N, Part I	31	<u> </u>	 ^
~	panization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
Schedule N		32	 	┢
_	panization own 100% of an entity disregarded as separate from the organization under Regulations		ł	x
	01.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I ganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	├	 ^
34 Was the or Part V, line		24	х	l
•	anization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-	x
-	line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	11(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	 	\vdash	\vdash
	implete Schedule R, Part V, line 2	36	l	x
	panization conduct more than 5% of its activities through an entity that is not a related organization	┌┷	<u> </u>	
=	treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	panization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u>ٿ</u>	<u> </u>	<u> </u>
_	orm 990 filers are required to complete Schedule O	38	х	
			990	(201

Form 990 (2013) COMPASSION CENTER OF NWA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?		I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	•	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anızatıon solicit			77
	any contributions that were not tax deductible as charitable contributions?			6a	 - -	X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	 -	<u>x</u> _
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	<u> </u>		X
_	to file Form 8282?	١	1	7c	ļ	
	If "Yes," Indicate the number of Forms 8282 filed during the year	7d_	-+0	-	l	х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ot r	7e 7f	_	$\frac{x}{x}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F		200 as required?	7g		 -
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			- ''' -		
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	İ	
9	Sponsoring organizations maintaining donor advised funds.	,	io daming the year.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?			9a		•
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]	ļ	l
1	Section 501(c)(12) organizations. Enter:			1		
а	Gross income from members or shareholders	11a	L			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b]	{	[
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		}		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			L	ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	Ì		1
	organization is licensed to issue qualified health plans	13b		1		
	Enter the amount of reserves on hand	13c	L			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	1	<u> </u>
				Forn	n 990)	(2013)

332005 10-29-13

Form 990 (2013) COMPASSION CENTER OF NWA, INC. 46-5137266 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	`		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	X	Ì
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			T -
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		1
	taxable entity during the year?	16a	l	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	ıd fınaı	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	-	
	BEN MAYES - 479-717-5662			
	1709 JOHNSON ROAD, SPRINGDALE, AR 72762			
22222	2 10 20 12	Form	, aan	/2012

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related							nsat					
(A)	(B)			((C)			(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos	more	than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot x/trus	han ˈ	compensation	compensation	amount of		
	week	├)	lu a u	I	Julus	(66)	from	from related	other		
	(list any	ec e	ŀ	1				the	organizations	compensation		
	hours for	[툴	[1		ted		organization	(W-2/1099-MISC)	from the		
	related	ge	ag ag	1	İ	BUSS		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	Institutional trustee	ł	Key employee	E S		}	}	and related		
	below	Ng.	텵	喜	E E	lest Soye	Former			organizations		
	line)	틸	Inst	Officer	ş	Highest compensated employee	For		<u></u>			
(1) DOUG SARVER	1.00	1	}									
VICE PRESIDENT	50.00	X	L	X	_			0.	90,826.	28,603.		
(2) BEN MAYES	1.00	j	1		ļ			_				
SECRETARY/ TREASURER	50.00	X		X				0.	126,461.	32,075.		
(3) ERIC VAUGHAN	50.00				,							
PRESIDENT	0.00			X			L	0.	0.	0.		
]	ŀ		1	}	ļ	}]		
	<u> </u>	├ -	<u> </u>	 	_	├-						
		┨		l		1	1	}		1		
	 	├-	╁╌	├	-	┼╌	 		 	 		
		1	f	(
	<u> </u>	L	<u> </u>	<u> </u>	_	L	<u> </u>		<u> </u>	<u> </u>		
		ł	}	ł						ł		
	 	t	十	† -	-	+-	-					
		1						<u> </u>		<u> </u>		
		Ţ										
	 	├ _	┼	└	┡	├	<u> </u>					
		┨			ł			}	:	ł		
			✝		一							
		1_	L		L							
		-	ŀ					}		ł		
	 	╁╌	╁	╁	-	+	_		 			
		1		1					1	<u> </u>		
		-	Γ									
	 	 —	╀	├	\vdash	┼-	_		 	 		
		$\left\{ \right.$						ł	}	}		
	 	十	\vdash	\vdash	I^-	t^-		 	 	 		
					L	L						
		_	_									

332007 10-29-13

(A) Name and title	(B) Average hours per week	box.	not c unle	Posr heck r ss per d a di	tion more son i	than i	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate lount o other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensa om the anizati i relate nizatio	e ion ed
			-										
												_	
		-											
		_	_				_		 	_			
lb Sub-total		1					<u> </u>	0.			6	0,6	
 Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n 			lieta	nd al			▶	0 a	217,2		6	0,6	78
compensation from the organization		1036	- 11310			C) W						Yes	N
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual					-					3		,
For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" со	mpl	ete S	Sche	edul	e J f	or such individual	-	[4	x	L
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com- ection B. Independent Contractors							elat	ed organization or indi-			5		
Complete this table for your five highest co the organization Report compensation for	•									npensa	ation f	rom	
(A) Name and business	address	N	ON	E		_	_	(B) Description of	services	C	ompe		n —
					_		-	<u> </u>					
							-						
<u> </u>													
													

rai	τVI	Check if Schedule O contain		or note to any line	in this Part VIII			
		Origon II Scriedule O conta	na a respunse C	indicato any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a		/			
ig i		Membership dues	1b					
S, E	c	Fundraising events	1c					
a i	o	Related organizations	1d					}
S,E		Government grants (contribution	ns) 1e					
i Sign		All other contributions, gifts, grants						
		similar amounts not included above	1 1	612.				
들	g	Noncash contributions included in lines 1	a-1f \$					ł
Contributions, Gifts, Grants and Other Similar Amounts	<u> </u>	Total. Add lines 1a-1f			612.			<u> </u>
			ļ	Business Code	l			
် င်	2 a		 }					
le g	b		}					
E E	C	. 						
Pa	C		 }					
Program Service Revenue	e f							
		Total. Add lines 2a-2f	ue L	•				
	3	Investment income (including o	lividends, intere	st, and				
Ì		other similar amounts)		▶ _				<u> </u>
- 1	4	Income from investment of tax-	exempt bond pr	roceeds 🕨 📗				
	5	Royalties		>				
		<u> </u>	(ı) Real	(II) Personal				
Į	6 a	Gross rents						1
	b	Less: rental expenses						
	•	` ′						
		Net rental income or (loss)						
	7 8	Gross amount from sales of	(ı) Secunties	(II) Other				}
		assets other than inventory						
	, t	Less. cost or other basis						}
		and sales expenses				·		
		Gain or (loss)						1
		_ ` `						
Jue	8 8	including \$	of	į				İ
λe		contributions reported on line						
Other Reven		Part IV, line 18	a	ĺ				
the		Less: direct expenses	ь					
0		Net income or (loss) from fundr	L	•				
		Gross income from gaming act						
		Part IV, line 19	а					
	Ł	Less direct expenses	ь					1
		Net income or (loss) from gami	ng activities					
	10 a	Gross sales of inventory, less r						
		and allowances	- ,	314,214.			'	
		Less: cost of goods sold	ьĮ	28,518.	005 606	005 606		
		Net income or (loss) from sales			285,696.	285,696.		<u> </u>
		Miscellaneous Revenue		Business Code		!		
	11 8					 		
	t							
	•					 		
			1					
	12	Total. Add lines 11a-11d Total revenue. See instructions.		? }	286,308.	285,696.	0	. 0.
33200		. Juli 10101100. Occ 1115ti uctivilis.					<u> </u>	- C 000 (0010)

Form 990 (2013) COMPASSION CENTER OF NWA, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)	(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	31,418.	31,418.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	17,531.	17,531.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	ļ			
	United States. See Part IV, lines 15 and 16		L		
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,758.	145,758.		
8	Pension plan accruals and contributions (include]			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	ļ		(
	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,384.	3,384.		
13	Office expenses	10,833.	10,833.		
14	Information technology	20,000,			
15	Royalties				
16	Occupancy	65,076.	65,076.		
17	Travel	3,557.	3,557.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	-		· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				l
	amount, list line 24e expenses on Schedule (i.)				
а	EQUIPMENT	3,818.	3,818.		
b	FOOD	2,919.	2,919.		
С	GENERAL EXPENSE	2,014.	2,014.		
d					
	All other expenses	206 206	206 200		ļ
25_	Total functional expenses. Add lines 1 through 24e	286,308.	286,308.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
23201	Check here if following SOP 98-2 (ASC 958-720) 0 10-29-13		L <u> </u>	<u> </u>	Form 990 (2013)
332U1	U 10-23-13				roun aau (2013)

		Observation Only and the Control of	- 1			
		Check if Schedule O contains a response or not	e to any line in this Part X	(A)		(B)
				(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	Г		2	
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net			4_	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees. Complete			
	•	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	fied persons (as defined under			
	ł	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş	1	employees' beneficiary organizations (see instr).	Complete Part il of Sch L		6	
Assets	7	Notes and loans receivable, net	Γ		7	
ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	ι ι			
		basis. Complete Part VI of Schedule D	10a			
'	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments other securities. See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	0.	16_	0.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons]	ļ
iab		Complete Part II of Schedule L	L		22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of		ĺ	
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and		ĺ	
es		complete lines 27 through 29, and lines 33 and	d 34.		l	ł
anc	27	Unrestricted net assets	Ļ		27	
Bal	28	Temporanly restricted net assets	ļ		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	_ }	_ 	29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ध्ये		1	
ğ		and complete lines 30 through 34.		•	ļ	
Sets	30	Capital stock or trust principal, or current funds	ļ.	<u> </u>		0.
As	31	Paid-in or capital surplus, or land, building, or ed	· ·	0.	31	0.
Zet	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	0.
_	33	Total net assets or fund balances	ļ	0.	33	0.
	34	Total liabilities and net assets/fund balances		<u> </u>	34	0.

	990 (2013) COMPASSION CENTER OF NWA, INC.	46-5137	266	Pag	_{1e} 12		
Pa	rt XI Reconciliation of Net Assets	_					
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1					
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	6,3			
3	Revenue less expenses. Subtract line 2 from line 1	3			0.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_		
	column (B))	10			0.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				بيا		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1 1		32		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		1 1				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			l		
	consolidated basis, or both:		1 1				
	Separate basis]]	- 1	ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 . 1	., l	l		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				ì		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			w		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt] _]				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000			
			Form	330 ((2013)		

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 46-5137266 COMPASSION CENTER OF NWA, INC. 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d ___ Type III - Non-functionally integrated a Type I b ____ Type II c ____ Type III - 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) 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 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, Yes No 11g(ı) the governing body of the supported organization? (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) Provide the following information about the supported organization(s). (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 COMPASSION CENTER OF NWA, INC. 46-5137266 Page 2

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 $\mbox{)}$

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	,		•		1	
	ınclude any "unusual grants.")					612.	<u>612.</u>
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to	!	1	ì	1	1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		ļ		ļ]	
	the organization without charge			L	<u> </u>		
4	Total. Add lines 1 through 3		L	<u> </u>		612.	612.
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly		1	l		1	
	supported organization) included					1	
	on line 1 that exceeds 2% of the			1	ľ	[
	amount shown on line 11,]	Į	ļ	, [
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>	l	<u>ll</u>	612.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				ļ	612.	612.
8	Gross income from interest,						
	dividends, payments received on			{		[
	securities loans, rents, royalties	ļ	,	·\]]	
	and income from similar sources					L	
9	Net income from unrelated business	!		1	İ	,	
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain		1		1	1	
	or loss from the sale of capital		1		1	1	
	assets (Explain in Part IV.)			_			
11	Total support. Add lines 7 through 10		L	L	<u> </u>	 	612.
12		•	•			12	314,214.
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	, ভি
Sec	organization, check this box and storection C. Computation of Publ		rcentage				▶ X
	Public support percentage for 2013 (:		column (fl)		14	_%
	Public support percentage from 2012		•			15	%
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies	•					ightharpoons
b	33 1/3% support test - 2012. If the		•		d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the organ	zation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2012. If the or	ganization did not	check a box on lır	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-cırcı	umstances" test, c	check this box and	d stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a pub	licly supported org	anızatıon	▶Ц⊒
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instructions	s ▶ ∟]
					Sch	edule A (Form 990	or 990-EZ) 2013

Support Schedule for O	nyanizations	Described iii	Section Sosta	// <i>~)</i>		
(Complete only if you checked	the box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II. If the organiz	ation fails to
qualify under the tests listed be	elow, please comp	olete Part II.)				
A. Public Support			-			
ar (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
rants, contributions, and						

sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received. (Do not				l	}	
	include any "unusual grants.")			i	<u></u>		
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 bus-	ı	1	•	1	1	
	iness under section 513	1					
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			 	 		
J	furnished by a governmental unit to the organization without charge	' '] 	
_	· · · · · · · · · · · · · · · · · · ·		 	 	 		
	Total. Add lines 1 through 5		 	 	 	 	
7 a	Amounts included on lines 1, 2, and	I	1	1	1		
b	3 received from disqualified persons 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						
С	Add lines 7a and 7b	<u> </u>					
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	<u> </u>	10/2010	1 (9/20)	 \	107	
	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					<u> </u>	L
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						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)		† 	1	 		
	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi:	zation.
	check this box and stop here	o.gameanon	, 0000ma, um	,	,	(-/(0/ 0.90/10	▶ □
Sec	etion C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2013 (I			column (f))		15	%
			-	Column (1))		16	% %
	Public support percentage from 2012 ction D. Computation of Investigation					1 101	
						147	
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne io, column (f))		17	%
	Investment income percentage from 2	-	•	144 . 11	45 4	18	%
ıya	33 1/3% support tests - 2013. If the	=					r is not
	more than 33 1/3%, check this box a		•				▶
D	33 1/3% support tests - 2012. If the	-					. —
~	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n gid not check a	Dox on line 14, 19	a, or 19b, check t	nis box and see ir	nstructions	<u>_</u>

332023 09-25-13

hedule A (Form 990 or Part IV Supplem	· 990·EZ) 2013 ental Infor	COMI mation	PASSION C Provide the exp	ENTER planations	OF requir	' NWA , II red by Part II, lir	NC • ne 10; Par	t II, line 17a	46 - 5 or 17b; and	13726 Deart III, lin	6 Рад е 12.
Also comple	ete this part fo	r any add	ditional information	on (See ins	structi	ions).					
ART IV											
XPLANATION:	ENTITY	WAS	INCORPOR	ATED	ON	FEBRUAR	<u> 21,</u>	2014.			
				_							
			- "	·	_						
	<u> </u>										
											
			·								
<u> </u>											
							<u></u>	<u> </u>	 		
			·	_							
		 -		<u> </u>							
			-					_	- -		
			·								
<u> </u>			·			<u> </u>	<u> </u>	-			
		-									
						·					
			- .							···	
			<u></u>							·	
							_ -				
									<u>. </u>		
				<u> </u>						. <u> </u>	
										_ 	
	 -		· <u>·</u>								
			-	-				···			
								<u>-</u>			

SCHEDULE	ı
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

nternal Revenue Service	▶ Informat	ion about Schedule I	(Form 990) and its	s instructions is a	t www.irs.gov/form99	0	Inspection
Name of the organization	N CENTER	OF NWA, INC			-		Employer identification number $46-5137266$
Part I General Information on Grants a	ind Assistance						
Does the organization maintain records criteria used to award the grants or assi		e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	tion Yes X No
Describe in Part IV the organization's pri		torna the use of grant	funds in the Linite	d States			
Part II Grants and Other Assistance to					anization answered "	(es" to Form 990. Part	IV. line 21, for any
recipient that received more than		-			ariization artoword		,
1 (a) Name and address of organization or government	(b) EIN			(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
CROSS CHURCH							
1709 JOHNSON ROAD							TO FURTHER THE CHURCH'S
SPRINGDALE, AR 72762	71-0496820	501(C)(3)	31,418.	0.			MINISTRIES
Enter total number of section 501(c)(3) Enter total number of other organization	•	-	ne line 1 table				1

Schedule I (Form 990) (2013) COMPASSION CE.	NTER OF NW	A, INC.		, 	46-5137266 Page 2
Part III Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is neede	United States, Con		ation answered "Yes	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
			,		
FUEL ASSISTANCE	128	1,920.		PRE-PAID VOUCHERS	<u> </u>
UTILITY ASSISTANCE	256	6,400.	. 0,	PRE-DETERMINED CASH AMOUNT APPLIED TO BILL	
RENTAL ASSISTANCE	128	6,400.	. 0.	PRE-DETERMINED CASH AMOUNT APPLIED TO BILL	
FOOD ASSISTANCE	112	0.	. 2,811.	COST OF FOOD ITEMS IN	GROCERY ITEMS IN A BAG DISTRIBUTED TO THOSE IN NEED
Part IV Supplemental Information. Provide the information	required in Part I, lii	ne 2, Part III, column	(b), and any other a	additional information	
					
		18			
332102 10-29-13		10			Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990.

2013

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COMPASSION CENTER OF NWA, INC.

Employer identification number 46-5137266

1 6	art Questions negarding Compensation		Yes	No			
4-	Check the annual to be ((a)) if the aureau training and of the fallowing to as fas a paragraph intend in Form 000		162	NO			
Ia	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			1			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use						
]]		l			
	Travel for companions Payments for business use of personal residence	1 1					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	L			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	L			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.			ĺ			
	X Compensation committee X Written employment contract						
	Independent compensation consultant Compensation survey or study			i			
	Form 990 of other organizations Approval by the board or compensation committee			1			
				1			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing]	,				
	organization or a related organization:						
a	Receive a severance payment or change-of-control payment?	4a		X_			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only continue 501/aV2) and 501/aV4) approximations where consulate lines 5.0						
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	}	l	ł			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ŀ			
_	contingent on the revenues of:	5a	ì	l x			
a	5	5b		X			
b	Any related organization?	30	 	+			
	If "Yes" to line 5a or 5b, describe in Part III.	ľ					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	[ĺ	1			
_	contingent on the net earnings of:	۔ ا]	x			
a	3	6a 6b	-	$\frac{x}{x}$			
b	,	60	-	 ^			
_	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	1	x			
_	not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_	ł	v			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_	├	X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_	1				
	Regulations section 53.4958-6(c)?	9					
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche	dule J (For	m 990	ıj 2013			

Schedule J (Form 990) 2013 COMPASSION CENTER OF NWA, INC. 46-5137266

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation	berients	(B)(I)-(U)	in prior Form 990
(1) DOUG SARVER	(1)	0.	0.	0.	0.	0.		0.
	(n)	90,826.	0.	0.	10,300.	18,303.	119,429.	0.
(2) BEN MAYES	(ı)	0.	0.	0.	0.	0.	0.	0.
	(n)	126,461.	0.	0.	18,750.	13,325.	158,536.	0.
	(1)							
	(n)							
	(1)							
	(11)							
	(1)							
	(II)							
	(1)							
	(11)							
	(1)							I
	(II)	-						
	(ı)							
	(n)							
	(1)							
	(11)							
	(1)							
	(n)							
	(ı)							
	(n)							
	(1)		_					
	(n)							```
	(1)							
	(II)						L	
	(1)							
	(11)							
	(ı)	_						
	(II)							
	(1)							
	(u)							

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 COMPASSION CENTER OF NWA, INC.	46-5137266	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete	e this part for any additional informa	ation
PART I, LINE 1A:		
EXPLANATION: MINISTER'S HOUSING ALLOWANCE		
		_
		<u> </u>
		<u>-</u>

. SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury

Name of the organization COMPASSION CENTER OF NWA, INC.	Employer identification number 46-5137266
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
GIVE, SERVE, AND ENGAGE A COMMUNITY IN NEED WHILE BUILDIN	IG A
SUSTAINABLE GRACE DRIVEN ORGANIZATION THAT OFFERS HOPE TO	THE HURTING.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: CPA FIRM SENDS DRAFT TO OFFICER FOR REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: AUDITED FINANCIAL STATEMENTS ARE AVAILABLE (JPON REQUEST.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at was

► See separate instructions.

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End of year assets

OMB No 1545-0047 2013

Open to Public Inspection

Name of the organization

Name, address, and EIN (if applicable)

of disregarded entity

COMPASSION CENTER OF NWA, INC.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(b)

Primary activity

Employer identification number 46-5137266

(f)

Direct controlling

entity

			1					
		_						
		4						
	·	1						
		1						
		-						
	Identification of Bullet of Tour French Course							
Part II	Identification of Related Tax-Exempt Organizations during the tax year	zations Complete if the organization a	inswered "Yes" on Form 990	J, Paπ IV, IIne 34 D	ecause it had one o	or more related tax exe	mpt	
	(a)	(b)	(c)	(d)	(e)	(f)	Section (g) 512(b)(13)
Name, address, and EIN of related organization		Pnmary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section	Direct controlling entity	cont	rolled tity?
			,,,		501(c)(3))		Yes	No
	TURCH - 71-0496820							
	INSON ROAD							l
SPRINGDA	LE , AR 72762	CHURCH	ARKANSAS	501(C)(3)	LINE 1		↓	X
		-4						
		-						
				<u> </u>			+	
		7						
		4						
		4						1

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(J)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V UBI	General o	Percentage	
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	ıncome	end-of year assets	allocations?		20 of Schedule	partner	ownership	
		foreign country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K 1 (Form 1065)	Yes No	<u></u>	
											i .	
]		ĺ				
		,								1 1		
									ļ	1		
					-					П		
			1					l				
			Ì			1	ĺ	l				
								l				
-							 		· ·			
				İ				ļ			İ	
		1						1]			
			Į.									
							\vdash	_		₩	 	
											l	
							1		1			
				<u> </u>					}			
	l		<u> </u>			1	<u> </u>				<u> </u>	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of year assets	(h) Percentage ownership	Sec 512(t contr ent	tion (13) colled ity?
		country)		0. 1.401,				Yes	No
									├ ─
				i					l
_	4								l
									├─
	-								
	· · · · · · · · · · · · · · · · · · ·		ļ				├	\vdash	
-	₹			[
	1	ł			!				
		 							_
	1								
	+						1	Ì	
		24		1	<u> </u>	C-b-	dula D. (Casa	- 000	2012

Part	V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34, 35b,	or 36						
Note	Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule									
	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to related organization(s)				1b	X				
С	Gift, grant, or capital contribution from related organization(s)				10		X			
d	d Loans or loan guarantees to or for related organization(s)									
Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				19	<u> </u>	X			
h	Purchase of assets from related organization(s)				<u>1h</u>	<u> </u>	Х			
1	Exchange of assets with related organization(s)				<u>1i</u>	Щ.	X			
j	Lease of facilities, equipment, or other assets to related organization(s)				11	L.	X			
					ì	1	x			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10	丄	X			
						1	x			
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses							Х			
						ì	x			
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	this line, including covered	relationships and transaction thresholds						
	(a)	(b)	(c)	, (d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved					
		type (a s)	ļ							
_	12.000 OTTO	1 _								
<u>(1) C</u>	ROSS_CHURCH	<u> B</u>	31,418.	CASH						
			}							
(2)										
		ł								
(3)										
(4)		 	 -	· · · · · · · · · · · · · · · · · · ·						
(E\										
(5)			-		_		_			
(E)		}	}							
(6)		25	<u> </u>							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e) Are a	\Box	(1)	(g)	(1	h)	(1)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a	III Sec	Share of	Share of	Dispi	ropor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity	.,,,	(state or foreign	(related, unrelated,	501(c)	(3)	total	end of year	tion	nate	amount in box 20	manag	ownership
•		country)	under section 512-514)	0103	Ή.	income	assets	akuta		(Form 1065)	V-1.	
		,,	diladi dodadii d iz d i i,	Yes	NO			Yes	NO	(10.11111000)	Yesir	-
	,									ļ		l.
												1
	,				- 1						1 1	
-				\vdash	\neg			<u> </u>	<u></u>	<u> </u>	\vdash	+
					- 1			l		.	1 1	
					1			1		ì	1 1	
											Г	
·								1				1
· ,								1				
											1 1	
				\perp	_				╙		\vdash	<u> </u>
									l			
				1					l			
									l			i i
				il					i		i I	
				\vdash	-			-	⊢		\vdash	+
									l			
									l			
									l			
									l			
				\vdash				\vdash	\vdash	-	\vdash	+
				il					l			1
						1			l			1
		,							l			
									l			
									l	!		
									l	1	1 1	1
									l	1		
				Ш					$oxed{oxed}$		oxdot	
									1		LΓ	
									l	1		1
									l			1
									l			1
				Ш				<u> </u>		L		

Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	COMPASSION	CENTER	OF NWA,	INC.		<u>46-5137266</u>	Page 5
Part VII	(Form 990) 2013 Supplemental Infor	mation	 					
	December additional referen)_b_d_d_D (
	Provide additional informa	ation for responses to c	uestions on S	cnedule H (see	instructions).			
								
		· · · · · · · · · · · · · · · · · · ·						
					_ _			
	<u>-</u>							
				··				
								
						<u> </u>		
								
								
		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
						<u> </u>		
								
		·					- 	
		<u> </u>						
		<u> </u>		<u> </u>				