Form

990

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.



A	For the 2012	calendar year, or tax year beginning , and ending			
в	Check if applicable:	C Name of organization		D Emplo	yer identification number
	Address change	OPERATION COMPASSION		23	
	Name change	Doing Business As	1	62-	1697490
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
-		114 STUART RD NE		423	-728-4803
	Terminated	City, town or post office, state, and ZIP code			120 1000
	Amended return	CLEVELAND TN 37312-4803		G Gross rec	eipts\$ 142,690,71
Π.	Application pending	F Name and address of principal officer:	And Andrewson and Andrewson	0 01000 100	
		DAVID LORENCY, PRESIDENT	H(a) Is this a g	roup return for	affiliates? Yes X
		114 STUART RD NE	H(b) Are all at	filiates includ	ed? Yes
		CLEVELAND TN 37312	lf "No	o," attach a lis	t. (see instructions)
1	Tax-exempt status:				
J	Website: 🕨 W	ww.operationcompassion.org	H(c) Group ex	cemption num	ber
к	Form of organization		ear of formation: 1		M State of legal domicile: 1
P	art I Su	Immary			in otato or logar domicilo.
-		escribe the organization's mission or most significant activities:			
DCe	TO M	OBILIZE CHURCHES, INDIVIDUALS AND COMMUNITY GROU	PS TO PRO	VIDE I	FOOD AND
nai	BASI	C NECESSITIES TO THE POOR AND NEEDY AROUND THE W	ORLD.		
Activities & Governance		••••••••• <u>•••</u> ••••••••••••••••••••••••			**********
8	2 Check thi	is box  if the organization discontinued its operations or disposed of more than	25% of its net a	issets.	*******************
ø	3 Number of	of voting members of the governing body (Part VI, line 1a)		3	9
ties	4 Number of	of independent voting members of the governing body (Part VI, line 1b)		4	9
tivi	5 Total nun	nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	19
Act	6 I otal nun	nber of volunteers (estimate if necessary)		6	0
234	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	
_	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	
			Prior Yea		Current Year
Revenue	8 Contribut	ions and grants (Part VIII, line 1h)	182,319		142,669,47
/en		service revenue (Part VIII, line 2g)	2,206		
Re	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-5	5,003	-13,63
	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20,83
-	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,520	,688	142,676,67
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	214,594	1,685	159,355,30
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)			
ses	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	848	3,042	896,70
Expenses	16aProfessio	nal fundraising fees (Part IX, column (A), line 11e)			
X	b lotal fund	draising expenses (Part IX, column (D), line 25) ► 224,600			
-	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,879,78
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	215,442		162,131,80
58	19 Revenue	less expenses. Subtract line 18 from line 12	-30,922		-19,455,13
Net Assets or Fund Balances	20 Total acc	ets (Part X, line 16)	Beginning of Cur		End of Year
Asse	20 Total ass	ets (Part X, line 16)	64,650		45,207,76
Net	22 Net secot	ilities (Part X, line 26)	EA CEC	0	12,20
CONTRACTOR OF STREET, STRE	COPULIER COPUSAT		04,050	, 693	45,195,56
A COLUMN	and the second		V2 050 02	S WA SH ON A	
P	art II Sig	ts or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and stat pomplete. Declaration of preparer (other than officer) is based on all information of which prepare	64,650 ements, and to the rer has any know	<b>, 693</b>	45,195,5

Sign Here		VII	icer D LORENCY me and title	PRES	IDENT		Date		
Paid Preparer			nell, E.A.	Preparer's signature Larry A. Mitchell, E.A.	Date 11/3		Check self-employ		
Use Only	Firm's name	,	416 Erin Dr Knoxville,			Firm's E		<u>62-148</u> 65-522	
				vn above? (see instructions)				Yes	

$\mathbf{p}$	<u>1 990 (201)</u> 1 <b>rt    </b>	Statome	t of Dec			62-1697490	Pag
		Check if S	Schedulo O	m Service Acc	complishments		
1	Briefly de	scribe the cr	ganization's mis	contains a resp	onse to any que	stion in this Part III	
т	O MOE	SCIDE DE OR	CHIRCHE				
B	ASIC	NECESS	TTTES TO	S, INDIVI	DUALS AND	COMMUNITY GROUPS	TO PROVIDE FOOD
	••••••••••••••••••••••••••••••••••••••	MACESS	11169 10	J THE POOL	R AND NEED	AROUND THE WORL	LD.
	• • • • • • • • • •		*****	• • • • • • • • • • • • • • • • • • • •			
	Did the or	manization ur	dottako opu el	an if a said			
	prior Form	n 990 or 990-	F72	gnincant program s	services during the ye	ear which were not listed on the	
	If "Yes." d	lescribe these	P new services	on Schedule O.	·····	an which were not listed on the	Yes X N
						conducts, any program	
	services?						
	If "Yes," d	lescribe these	e changes on S	chedule O			Yes X N
	Describe t	the organizat	ion's program s	ervice accomplish	ments for each of its	three largest program services, as	
	expenses.	. Section 501	(c)(3) and 501(	c)(4) organizations	are required to repo	t the amount of grants and alloca	s measured by
	the total e	xpenses, and	revenue, if an	v. for each program	n service reported.	it the amount of grants and alloca	itions to others,
				, i si susi program	in service reported.		
а	(Code:	) (Exp	penses \$ 16	1.528.956	including grants of	\$ 159,355,307 ) (R	
01	PERAT	ION CON	PASSTON	FIDNTCHE		\$ 139,355,307 ) (R	evenue \$
SI	UPPLT	ES TO	THOSE IN	NEED ACT	S FOOD, CI	OTHING, HOUSEHOL	D AND MEDICAL
			LUOSE IN	NEED ACF	COSS THE UN	ITED STATES AND	AROUND THE WORLD.
3	• • • • • • • • • • • •	******	••••••		••••••		•••••
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3	• • • • • • • • • • • •		•••••			••••••••••	
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12							
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	Code:	) (Exp	enses \$				· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	Code:	) (Exp ) am services.			including grants of		

#### Form 990 (2012) OPERATION COMPASSION Part IV Checklist of Required Schedules

62-1697490

1	Is the organization described in section 501/o/(2) or 4047/o/(4) (cition in	_	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		122020	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	bid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4) 501(c)(5) as 501(c)(0)	4		X
•	Is 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 98-19? If "Yes," complete Schedule C,			
	Part III		1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	6	<u> </u>	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."	+	-	<b>^</b>
	complete Schedule D, Part III	8		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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а				
	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	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	100000		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	_	X
	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	11c		<u>x</u>
	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX	114		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-
	the organization's hability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes" complete Schedule D. Dott Y	11f		x
12a	bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
14a	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F	13		X
b	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,	14a		X
	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 Did the organization report on Part IX, solvers (A) line 2, more than 25,000.		_	
15	and any organization report on Fall IX. Column (A), line 3 more than \$5 000 of grants or assistance to any	14b	X	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45	v	
16	big the organization report on Part IX, column (A) line 3 more than \$5,000 of addregate grapts or assistance	15	x	
	to individuals located outside the United States? If "Yes," complete Schedule F. Parts III and IV	16		x
17	and the organization report a total of more manages for protectional fundrations continues and	10	-	<u>A</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	and organization report more than \$15,000 total of fundraising event gross income and contributions on		-	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	big the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a2			
20a	If "Yes," complete Schedule G, Part III	19		х
h	Did the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206	T	

P	art IV Checklist of Required Schedules (continued) 62–1697490			Page
24			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		163	
2	in the Onled States on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts Land II	21	x	
-	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
3	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
°.	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
4a	Did the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a tax exercise to a diversity of the organization have a diversity of the organizat	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the ways that way is an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			
b	Did the organization invest any proceede of tax average band of tax	24a		X
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a metodia	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		-
a	Section 501(C)(3) and 501(C)(4) organizations. Did the organization engage in an excess benefit transaction	240		-
	with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	208		^
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900 F72			
	If Yes, complete Schedule L, Part I	25b		x
	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	250		-
	disqualined person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26	x	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee	20	-	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			6
	enuty or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule I			-
	Fail iv instructions for applicable filing thresholds, conditions, and exceptions):			
l.	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	x	
	was all officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Det IV		-	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	-
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	x	_
	conservation contributions? If "Yes," complete Schedule M			12/12/
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
	Part I			
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	Sections 301 / /01-2 and 301 7701-32 if "Ves" complete Schedule D. D. + I			
	Was the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule P. Parte II. III	33		X
	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)2	34		х
		35a		X
	to the odd, did the oldalization receive any havment from or engage in ony transaction with			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	sector of (c) of ganzations, bid the organization make any transfers to an exempt non-charitable			
	elated organization? If "Yes," complete Schedule R, Part V, line 2	36		х
	the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
	signification complete ochedule o and provide explanations in Schedule () for Part VI lines 11h and			
	9? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2012)

P	m 990 (2012) OPERATION COMPASSION 62-169749	0		F	Page
0.00000	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				F
				Yes	
1a		1		Tes	N
b	The number of Forms W-2G included in line 1a. Enter -0- if not applicable				
C	bid the organization comply with backup withholding rules for reportable payments to vendors and				
<b>.</b> .	reportable gaming (gambling) winnings to prize winners?		10		3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.	\$?	2b	x	2000-0002
20	required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	an a	3
b 4a	res, has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O		3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other finan account)?	thority			
b	If "Yes," enter the name of the foreign country:	******	4a		X
2	See instructions for filing requirements for Form TD F 00 00 4 Device 67	••••••			
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active Was the organization a party to a prohibited tax sholtes transmission	counts.			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it use as is a part of the tax year?		5a		X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	n?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?				-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions?	•••••	6a		X
	gifts were not tax deductible?	or			
	Organizations that may receive deductible contributions under section 170(c).	••••••	6b	01-4/10/00/0000-0	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	580 F			
	and services provided to the payor?	ods			
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7b		_
	required to file Form 8282?				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	r	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	root2			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	actr	7e		X
g	If the organization received a contribution of gualified intellectual property did the organization file Form	9900 oo manina d0	7f	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	obse as required?	7g		X
	oponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Tille a Form 1098-C?	7h		X
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?				1
	Sponsoring organizations maintaining donor advised funds.	••••••	8		
а	Did the organization make any taxable distributions under section 4966?				i inte
b	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••	9a 9b	-	
. I.	Section 501(c)(7) organizations. Enter:		30		Sec.
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1		
	Section 501(c)(12) organizations. Enter:		-		
a	Gross income from members or shareholders11a				
C	Gross income from other sources (Do not net amounts due or paid to other sources				
21	against amounts due or received from them.)				
-	for the organization filing Form 990 in lieu of Form 10	041?	12a	dennja Skola se os	
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	************			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
3	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans 13b				
	Little the amount of reserves on hand				
a I D I	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

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For	m 990 (2012) OPERATION COMPASSION 62-1697490					
	Governance, Management, and Disclosure For each "Ves" response to line 2 th	buah	7b below	and	for a '	Page
					instra	iction
0				. 000	11500	
Sec	ction A. Governing Body and Management				<u></u>	X
1a	Enter the number of voting more than a fill		1000		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	1		
	in there are material differences in voting rights among members of the governing body or			C		
	If the governing body delegated broad authority to an executive committee or similar	- 1				
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent		9			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1b	9			
	any other officer, director, trustee, or key employee?				1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			2	-	X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its assessing de			3	-	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed Did the organization become aware during the vegs of a significant discussion.	?		4		X
6	Did the organization become members as the left of a significant diversion of the organization's assets?			5		X
a	station nare members of stockholders?			6		X
u	and organization have members, stockholders, or other persons who had the power to elect or appoint					
	one of more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				-	
	stockholders, or persons other than the governing body?			76		x
3	and organization contemporateously document the meetings held or written actions undertaken during the ve	ar hu	the follow		1	
	Storming body:	al Dy	the follow			
b	det on benan of the governing body?			8a	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at		• • • • • • • • • • •	8b	X	-
	the organization's mailing address? If "Yes," provide the names and addresses in Schodule O			1.000		
ec	tion B. Policies (This Section B requests information about policies not required by the Int			9		X
	a questo internación about polícies not required by the int	erna	al Reven	ue Co	de.)	
Da	Did the organization have local chapters, branches, or affiliates?				Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10a		X
	affiliates, and branches to ansure while poincies and procedures governing the activities of such chapters,					
a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the t	form?	11a		X
120	- second and believe of the process, if any, used by the organization to review this Form 990					
4	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	toc	onflicts?	12b		
•	Did the organization regularly and consistently monitor and enforce compliance with the network with		· · ·			
	describe in Schedule O how this was done			12c		
3	Did the organization have a written whistleblower policy?				-	х
6 1	Did the organization have a written document retention and destruction policy?	• • • • • •	•••••	13		_
	Did the process for determining compensation of the following persons include a review and approval by		•••••	14		X
8	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a						
b	Other officers or key employees of the organization			15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	X	
a	Did the organization invest in contribute access to as participate in structions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					
h	If "Yes," did the organization follow a written policy of proceeding of the second s			16a	A LETTER D	X
	and 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	Contraction of the local sector	
	ion c. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed None			-		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3)	()s only)	•••••		***
	available for public inspection. Indicate how you made these available. Check all that apply.	1-110	, o o(iiy)			
-	X Own website Another's website Upon request Other (explain in Schedule O)					
0	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of intere	ot	lieu			
2	and financial statements available to the public during the tax year.	st po	iicy,			
5	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person					
	organization: OPERATION COMPASSION 114 STUART ROAD	ne				
LI	EVEL AND		212.71			
v	TN 37312		423	-728	3-39	932

Part VII	12) OPERATIO	on of Officer	rs, C	)ire	cto	rs.	True	ste	62-16	9/490	Page 7 ated Employees, and
											ated Employees, and
-	Check if Sche	dule O conta	ains	a re	esp	ons	e to	an	y question in this Pa	rt VII	
Section A.	onicers, Directi	JIS, ITUSLEES.	vev i	-mo	IOV	200	and	Hia	hoet Companyated From	1	
	tax year.	sons required to	) be li	isted	. Re	port	com	oen	sation for the calendar yea	ar ending with or within the	
									ner individuals or organiza s paid		unt of
<ul> <li>List all of</li> </ul>	the organization's	current key em	volar	ees	if an	V S	ee in	etru	tions for definition of Iller	employee."	
who received r organization a	reportable compens nd any related orga	ation (Box 5 of nizations.	Form	W-2	ated 2 an	emp d/or	Box 1	es ( 7 of	other than an officer, direc Form 1099-MISC) of more	tor, trustee, or key emplo e than \$100,000 from the	5.1 1.000 0 U
<ul> <li>List all of \$100,000 of re</li> </ul>	f the organization's teportable compensation	former officers,	, key rgani	emp zatio	loye n ar	es, a nd ar	and h	ighe	est compensated employe	es who received more that	an
organization, n List persons in	nore than \$10,000 c	former directo of reportable con individual trust	mper	trus	stee	s tha	at rec	eive	ed, in the capacity as a for ization and any related or al trustees; officers; key e	mer director or trustee of ganizations. mployees; highest	the
Check this	box if neither the or	ganization nor	any r	elate	d or	gani	zatio	ns c	compensated any current of	officer, director, or trustee	
	(A)	(B)	T			(C)			(D)	-30 W	
Nan	ne and Title	Average hours per	10	0 not	Po	sition	e than	0.00	Reportable	(E) Reportable	(F) Estimated
		week (list any	bo	x, uni	ess p	erson	is bot	n an	compensation from	compensation from related	amount of other
		hours for	-	11111 C	Constant State	1	or/trus	10.00	the organization	organizations (W-2/1099-MISC)	compensation
		related organizations	r dire	Istitu	Officer	ey e	mplo	Former	(W-2/1099-MISC)	(11 2 1000 11100)	from the organization
		below dotted line)	ctor t	tiona	1	Key employee	yee yee	¥.			and related organizations
			or director	Institutional trustee		yee	Highest compensated employee				
(1) KELVII	N PAGE		+	-		-	8	-			
		1.00									
(2) TOM M	DDEN	0.00	X	-					0	0	0
(2) 1014 144	ADDEN	1 00									<u> </u>
DIRECTOR		1.00	x								
(3) TIM H1	LL	0.00	1		-	-		-	0	0	0
·····		1.00									
DIRECTOR		0.00	X						0	0	0
(4) JOHN	FREGORY	1 00									V
DIRECTOR	•••••••	1.00	x								
	E SIBLEY	0.00	1					-	0	0	0
		1.00									
DIRECTOR		0.00	X						0	0	0
(6) JACKIE	WALKER	1 00									<u>v</u>
DIRECTOR	•••••••	1.00	x							1993	
(7) KEVIN	BROOKS	0.00	•				-	-	0	0	0
		1.00									
DIRECTOR		0.00	X						0	0	0
(8) DAN MO	ORE									0	0
IRECTOR		1.00	_								
	LORENCY	0.00	x	-	_		-	$\rightarrow$	0	0	0
		40.00									
RESIDENT	••••••	0.00			x				34,013	00 640	00 000
0)DONNIE	SMITH							+	54,013	88,648	23,000
		5.00									
HAIRMAN		0.00			X				0	0	0

. . . . . . . . . . . . . . . .

0

0

(11)

P	art VII Section A. Officer	s, Directors, T	rust	tees,	Ke	y En	nplo	yees	62-169 and Highest Compense	ated Employees (continue	Page
	(A) Name and title	(B) Average hours per week (list any hours for	(B) (C) Average Position hours per (do not check more tha week box, unless person is b (list any officer and a director/tru				e than	(D) Reportable compensation ooth an from ustee) the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12			-	0	-	+	ed				
(13)			-			-		_			
(14)											
(14)											
(15)											
(16)			-		_	-		-			
(17)							_	-			
· · · · ·											
(4.0)				_							
(18)											
5 114		*****					_				
(19)											
		•••••									
1b	Sub-total						. 1		34,013	88,648	23,000
c d	Total from continuation she Total (add lines 1b and 1c)								24 012		
2	Total number of individuals (in	cluding but not	limite	ed to	thos	se lis	sted a	abov	e) who received more than	88,648	23,000
	reportable compensation from	the organization	n Þ (	0							
3	Did the organization list any fo	rmer officer, dir	recto	r, or	trus	tee,	key (	empl	oyee, or highest compensation	ated	Yes No
4	employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum	of re	port	able	COR	nen	satio	n and other compensation	frame the	
	individual	izations greater	thai	n \$15	50,0	00?	If "Ye	es," o	complete Schedule J for su	ich	
5	Did any person listed on line 1	a receive or acc	crue (	com	nens	atio	n fro	man	v unrelated organization a	r individual	former and the second s
Sect	for services rendered to the orgion B. Independent Contractor	janization / IT 1	es,"	com	plet	e Sc	hedu	ile J	for such person		. 5 X
1	Complete this table for your five	e highest comp	ensa	ited i	inde	penc	dent	contr	actors that received more	than \$100,000 of	
	compensation nom the organiz	A) usiness address	ompe	ensa	tion	for t	he ci	alend	far year ending with or with	nin the organization's tax y	
	Haine and D	0311635 2001655		-	-		+		Descriptiòr	3) n of services	(C) Compensation
			-	_	_		_				
						-	-				
-					_		_	-			-

2	Total number of independent contractors (including but not limited to those listed above) who	1000	0.05500
	received more than \$100,000 of compensation from the organization >		

For P	m 9 art	90 (2012) OPER VIII Stateme	nt of Rev	enue			62-1697490		Page
		Check if	Schedule	O contair	ns a respon	se to any question	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue Contributions, Gifts, Grants	1:	a Federated campa	aigns	1a			revenue		512, 513, or 514
5 P	t	Membership due	s	1b	-				
LAR L	0	Fundraising even		1c					
0 e		d Related organiza		1d					
Sin	e	Government grants (con		1e					
le ti		f All other contributions, g and similar amounts not	ifts, grants, included above						
Ξđ	c			1f 14:	2,669,47 9,943,83				
and	F	Total. Add lines		-11: \$ 13:	9,943,83				
m		rotal. Add lines	ia-11			142,669,470			
ver	2a	terrane en. en.			Busn. Code				
e Re	b			••••••					
vic	c			******					
Sei	d	1		••••••					
am	e								
log	f	All other program	service reve	nue					
9		Total. Add lines 2	2a-2f						
	3	Investment incom	e (including o	dividends, ir	nterest,				
		and other similar	amounts)		►	410	410		
	4	Income from invest	stment of tax-	exempt bor	nd proceed				
	5	Royalties							
			(i) Real		(ii) Personal				
		Gross rents							
	b								
	c d		an (lana)						
		Gross amount from	(i) Securities	<u></u>	(E) Other		- A Contractor and Additional Contractor of the second		
		sales of assets other than inventory	(i) decunites		(ii) Other				
	b	Less: cost or other							
	-	basis & sales exps.			14,042				
	C	Gain or (loss)			-14,042				
		Net gain or (loss)			/	-14,042	-14,042		
e	8a	Gross income from fu	undraising ever	nts		/042	-14,042		
Other Revenue		(not including \$							
š		of contributions report	ted on line 1c).						
e l		See Part IV, line 18		а					
ŝ		Less: direct expen		b					
-		Net income or (los			ts 🕨				
	9a	Gross income from g	aming activities	i.					
		See Part IV, line 19		a					
		Less: direct expen		P[	100				
	102	Net income or (los Gross sales of inve	s) from gami	ng activities	🕨				
	, va	returns and allowa	nces						
	þ	Less: cost of good	s sold	a					
		Net income or (los		of inventor	v •				
			ous Revenue	of inventory	Busn. Code				
	11a	Miscellaneou	S			20,834	20,834		
	b					10,034	20,034		
	С								
	d	All other revenue							
		Total. Add lines 11			•	20,834			
	12	Total revenue. Se				142,676,672	7,202	0	0

Form 990 (2012)

### Form 990 (2012) OPERATION COMPASSION

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX

71	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and enter decision to governments and				expenses
•	organizations in the U.S. See Part IV, line 21	44,868,976	44,868,976		
2	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22				
5	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV lines 15 and 10	114 406 004			
4	U.S. See Part IV, lines 15 and 16	114,486,331	114,486,331		
5	Benefits paid to or for members 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	670 761	151 551		
8	Pension plan accruals and contributions (include	670,761	454,556	136,009	80,196
	section 401(k) and 403(b) employer contributions)	E2 021	26.425		
9	Other employee benefits	53,831	36,491	10,908	6,432
10	Payroll taxes	120,768 51,348	76,508	26,794	17,466
11	Fees for services (non-employees):	51,348	34,808	10,405	6,135
а					
b	Management Legal	417			
c	Legal Accounting			417	
d	Accounting	9,000		9,000	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	_			
12	Advertising and promotion				
13	Office expenses	47 150			
4	Office expenses	47,158	41,770	4,640	748
5	Information technology				
6	Royalties	460.000	11.0.01.1		
7	Occupancy Travel	469,008	416,814	44,955	7,239
8	Travel Payments of travel or entertainment expenses	79,828	54,114	16,176	9,538
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	0.001			
		9,091	6,163	1,842	1,086
1	Interest Payments to affiliates				
2	Depreciation, depletion, and amortization	14 750			
	Incurance	14,750	13,064	1,452	234
	Other expenses. Itemize expenses not covered	19,564	17,380	1,881	303
-					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O.)				
b	Agency Fees	444,483	444,483		
c	Care Division	391,564	391,564		
d	Global Child Network	88,648	30,140	29,254	29,254
	All other expenses	80,000	1.8.5	40,000	40,000
		226,278	155,794	44,515	25,969
5 6	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	162,131,804	161,528,956	378,248	224,600
	Juint COSIS. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

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62-1697490

# Form 990 (2012) OPERATION COMPASSION Part X Balance Sheet

### **Balance Sheet**

		(A)	1	(B)
1	Cash—non-interest bearing	Beginning of year	-	End of year
	Savings and temporary cash investments	714,92	5 1	529,19
3	Savings and temporary cash investments Pledges and grants receivable net		2	130,57
4	Pledges and grants receivable, net Accounts receivable, net		3	
5		162,855	5 4	193,85
	trustees, key employees, and highest compensated employees.		1	
	Complete Part II of Schedule L			
6		51,042	5	42,04
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	O[OaniZations (see instructions) Complete Det II - ( O - L - L - L			
7	Notes and loans receivable net		6	
8	Notes and loans receivable, net		7	
9	Inventories for sale or use Prepaid expenses and deferred charges	63,660,027	8	44,279,05
10	a Land, buildings, and equipment: cost or		9	
1				
	other basis. Complete Part VI of Schedule D     10a     260,860       b Less: accumulated depreciation     10b     227,808			
11	Investments—publicly traded securities	61,844	1 2010	33,05
12	Investments—other securities. See Part IV, line 11		11	
13	Investments—program-related. See Part IV, line 11		12	
14	Intangible assets		13	
15	Other prototo See Dad N/ Kan dd		14	
16		64 650 600	15	
17	Accounts payable and accrued expenses	64,650,693		45,207,76
18	Grants payable		17	12,20
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and			
	disgualified persons. Complete Part II of Schedule I			
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D			
26	Total liabilities. Add lines 17 through 25	0	25	10.00
	Organizations that follow SFAS 117 (ASC 958), check here X and		26	12,20
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	64,650,693	27	45 105 FC
28	remporantly restricted net assets	01,000,095	28	45,195,56
29	i officiently restricted fiel assets		20	
	organizations that do not follow SFAS 117 (ASC 958), check here and		29	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
22	Total net assets or fund balances	64,650,693		45,195,56
33 34	Total liabilities and net assets/fund balances			

62-1697490

Form 990 (2012)

Page 11

D	990 (2012) OPERATION COMPASSION 62-1697490			F	age 1
					ugo II
1	Check if Schedule O contains a response to any question in this Part XI				
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1	142	,676	,672
3		2	162	,131	,804
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	3		,455	
5	Net unrealized gains (losses) on investments	4	64	,650	, 693
6	Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	5			
7	Investment expenses	6			
8	Prior period adjustments	7			
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 2 the	8			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
	<u>33, column (B))</u>	10	46	105	F.C.1
Pa	rt XII Financial Statements and Reporting			195	, 201
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other			Ye	s No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			2a	x
	Separate basis Consolidated basis Both consolidated and separate basis		and a second		
b	Were the organization's financial statements audited by an independent accountants				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			2b	X
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ENTRE:		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year explain in			2c	
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		120E		
Ba					1
	ne Single Audit Act and OMB Circular A-133?			12	v
b	he Single Audit Act and OMB Circular A-133? f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			a	X

Form 990 (2012)

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

1	OMB No. 1545-0047
Г	2012
1	2012
211	<b>Open to Public</b>
	Inspection

	tl Rea	OPERATION	COMPASSION					100	-169	1 1 1 0	-	er	
	Kea	son for Public Cha	rity Status (All organiza	tions mu	st comp	plete th	nis par	t.) Se	e instru	uction	S.		
ine or	gamedion is n	ior a private roundation be	cause it is: (For lines 1 through	h 11. check	only one	hox )							
1	A church, c	convention of churches, or	association of churches desc	ribed in sec	tion 170	(b)(1)(A	)(i).						
2	A school de	escribed in section 170(b	)(1)(A)(ii). (Attach Schedule E	.)									
3	A hospital o	or a cooperative hospital s	ervice organization described	in section	170(b)(1)	(A)(iii).							
4	city, and sta	esearch organization operate:	rated in conjunction with a hos	pital descri	bed in se	ction 17	70(Ь)(1)				oital's n	iame,	
5	Section 17	o(b)(I)(A)(IV). (Complete	efit of a college or university or Part II.)					l unit d	escribed	l in	•••••		
6	A federal, s	tate, or local government	or governmental unit describe	d in section	170(b)(*	1)(A)(v)							
7	described i	1 Section 170(D)(1)(A)(VI	s a substantial part of its supp ). (Complete Part II.)		overnme	ntal uni	t or from	the ge	neral pu	ıblic			
8	A communi	ty trust described in section	on 170(b)(1)(A)(vi). (Complete	Part II.)									
9 X	An organiza	ation that normally receive	s: (1) more than 33 1/3% of its	support fro	om contrit	outions,	membe	rship fe	es, and	gross			
	receipts inti	in activities related to its e	xempt functions—subject to ce	ertain excer	tions, an	d (2) no	more th	an 33	1/30/ of	its			
	acquired by	the organization after Jun	e and unrelated business taxa	ble income	(less sec	tion 511	tax) fro	m busi	nesses				
10	An organiza	tion organized and operat	ne 30, 1975. See section 509(	a)(2). (Com	plete Par	rt III.)							
11	An organiza	tion organized and operat	ted exclusively to test for public	c safety. Se	esection	n 509(a)	)(4).						
	purposes of	one or more publicly supr	ted exclusively for the benefit of	of, to perfor	m the fun	ctions o	f, or to c	arry ou	it the				
	509(a)(3). C	heck the box that describe	ported organizations described es the type of supporting organ	in section	509(a)(1)	or sect	ion 509(	a)(2). §	Seesect	ion			
	а 🗌 Тур	el b Type II		nization and	complet								
e			c Type III-Funct	ionally integ	grated	d	Тур	be III-N	lon-func	tionally	integra	ated	
- L	other than fo	oundation managers and c	organization is not controlled	directly or in	ndirectly b	y one c	r more o	licoupli	e .				
			that than and as means	en an real de la real real de la r	Contractor Contract (B) Same	Sale and incom		Insqual	fied per	sons			
	or section 50	09(a)(2)	other than one or more publicly	supported	organiza	tions de	escribed	in sect	itied per ion 509(	sons (a)(1)			
f	or section 5	<b>U9(a)(Z)</b> .	other than one or more publicly	/ supported	organiza	tions de	escribed	in sect	ion 509(	sons (a)(1)			
f	If the organi	zation received a written d	other than one or more publicly letermination from the IRS tha	/ supported	organiza	tions de	escribed	in sect	ion 509(	sons (a)(1)			
	If the organization	zation received a written d , check this box	other than one or more publicly	v supported t it is a Type	organiza e I, Type	itions de II, or Ty	escribed	in sect	ion 509(	a)(1)			
f g	If the organization organization Since Augus	zation received a written d , check this box st 17, 2006, has the organ	other than one or more publicly	v supported t it is a Type	organiza e I, Type	itions de II, or Ty	escribed	in sect	ion 509(	sons (a)(1)			
	If the organi organization Since Augus following pe	zation received a written d , check this box at 17, 2006, has the organ ersons?	other than one or more publicly letermination from the IRS that ization accepted any gift or co	r supported t it is a Type ntribution fr	organiza e I, Type  om any o	itions de II, or Ty of the	escribed pe III su	in sect	ion 509(	sons (a)(1)		***	
	If the organization organization Since Augus following pe (i) A perso	zation received a written d , check this box st 17, 2006, has the organ ersons? n who directly or indirectly	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co v controls, either alone or toget	v supported t it is a Type ntribution fr ther with pe	organiza e I, Type om any o	itions de II, or Ty of the scribed	escribed pe III su	in sect pportin	ion 509( g	a)(1)		Yes	No
	If the organization organization Since Augus following pe (i) A perso (ii) belo	zation received a written d , check this box st 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of f	Inter than one or more publicly letermination from the IRS that ization accepted any gift or co v controls, either alone or toget the supported organization?	v supported t it is a Type ntribution fr ther with pe	organiza e I, Type om any o	itions de II, or Ty of the scribed	escribed pe III su	in sect pportin	ion 509( g	a)(1)	11g(i)	Yes	No
	If the organization organization Since Augus following pe (i) A perso (iii) belo (ii) A family	zation received a written d , check this box st 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of f rember of a person design	Inter than one or more publicly letermination from the IRS that ization accepted any gift or co controls, either alone or toget the supported organization? cribed in (i) above?	v supported t it is a Type ntribution fr ther with pe	organiza e I, Type om any o	itions de II, or Ty of the scribed	escribed pe III su	in sect pportin	ion 509( g	a)(1)	<u>11g(i)</u> 11g(ii)	Yes	No
9	if the organization organization Since Augus following pe (i) A perso (iii) belo (ii) A family (iii) A 35% of	zation received a written d b, check this box st 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of f member of a person desic controlled entity of a person	Inter than one or more publicly letermination from the IRS that ization accepted any gift or co controls, either alone or toget the supported organization? cribed in (i) above?	v supported t it is a Type ntribution fr ther with pe	organiza e I, Type om any o rsons de	itions de II, or Ty of the scribed	escribed pe III su in (ii) an	in sect pportin d	ion 509( g	a)(1)	11g(ii)	Yes	No
g h	if the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o Provide the	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly letermination from the IRS that ization accepted any gift or co controls, either alone or toget the supported organization? cribed in (i) above?	v supported t it is a Type ntribution fr ther with pe ? s).	organiza e I, Type om any o rsons de	itions de II, or Ty of the scribed	escribed pe III su in (ii) an	in sect pportin d	ion 509( g	a)(1)		Yes	No
g h (i) Nam	if the organization organization Since Augus following pe (i) A perso (iii) belo (ii) A family (iii) A 35% of	zation received a written d b, check this box st 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of f member of a person desic controlled entity of a person	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ? s). (iv) is the in col. (i) i	organiza e I, Type om any o rsons de	II, or Ty II, or Ty of the scribed (v) Did the orga col. (i)	pe III su in (ii) an you notify nization in of your	in sect pportin d (vi) organizal (i) organi	ion 509( g Is the ion in col. zed in the	·a)(1)	11g(ii)	f mone	
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g (i) Nam or	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	
g h (i) Nan or A) B)	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	
g (i) Nan or A) 3) C)	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	
g (i) Nan or A) B) C)	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	
9 (i) Nan or A) B) C)	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	
g h (i) Nam	If the organi organization Since Augus following pe (i) A perso (ii) belo (ii) A family (iii) A 35% o <u>Provide the</u> ne of supported	as(a)(2). zation received a written d , check this box at 17, 2006, has the organ ersons? In who directly or indirectly w, the governing body of a member of a person desi controlled entity of a perso following information about	Inter than one or more publicly Intermination from the IRS that ization accepted any gift or co ( controls, either alone or toget the supported organization? cribed in (i) above? on described in (i) or (ii) above? (iii) Type of organization (described on lines 1–9 above or IRC section	v supported t it is a Type ntribution fr ther with pe ther with pe (iv) Is the governing	organiza e I, Type om any o rsons de: organization sted in your document?	tions de II, or Ty of the scribed (v) Did the orga col. (i) sup	pe III su in (ii) an you notify nization in of your port?	in sect pportin d (i) organizal (i) organizal U.	ion 509( g Is the ion in col. ized in the S.?	·a)(1)	11g(ii) 11g(iii) mount o	f mone	

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

Schedule A (Form 990 or 990-EZ) 2012

## Schedule A (Form 990 or 990-EZ) 2012 OPERATION COMPASSION

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 Page 2

 Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)
 Page 2

Cale	endar year (or fiscal year beginning in)	(-) 2000						
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20°	12	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support					A CONTRACTOR OF A CONTRACTOR A	100.04	
Cale	ndar year (or fiscal year beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Amounts from line 4				(4/2011	(0) 201	-	(1) 10tal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	(see instructions)					12	
13		organization 5 III	st, second, third,	fourth, or fifth tax	/ear as a section !	501(c)(3)	12	
Sac	organization, check this box and stop her	e.					<b>.</b>	
14	tion C. Computation of Public S	upport Perce	ntane					
15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch	, column (f) divide	ed by line 11, colu	mn (f))			14	%
	server percentage non 2011 Sch	euule A. Part II. III	1e 14				15	%
ou	to no no ouppoint tost - to it. If the organ	ization did not ch	eck the box on lin	e 13, and line 14 i	s 33 1/3% or more	e, check this		
h	box and stop here. The organization qual	fies as a publicly	supported organi	zation				►
-	33 1/3% support test-2011. If the organ	lization did not ch	eck a box on line	13 or 16a, and line	e 15 is 33 1/3% or	more,		
7a	check this box and stop here. The organi	zation qualifies as	a publicly suppo	rted organization				►E
	10%-facts-and-circumstances test-20	12. If the organiza	ation did not check	k a box on line 13,	16a, or 16b, and	line 14 is		
	10% or more, and if the organization meet	s the Tacts-and-c	ircumstances" tes	t, check this box a	and stop here. Ex	plain in		
	Part IV how the organization meets the "fa organization							
		4.4. 16.4						🕨 🗌
- 1900 - J	20	11. II the organiza	ition ala not checi	a box on line 13	16a 16b or 17a	and line		
	15 is 10% or more, and if the organization Explain in Part IV how the organization me	neets the "facts and	and-circumstance	s" test, check this	box and stop her	e.		
	Explain in Part IV how the organization me supported organization							
8	Private foundation. If the organization did	I NOL CHECK a DOX	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this hav and	000		
_	instructions	******	*****			***********		▶□

Schedule A (Form 990 or 990-EZ) 2012

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# Schedule A (Form 990 or 990-EZ) 2012 OPERATION COMPASSION Part III Support Schedule for Organizations Described in

62-1697490

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	189,728,821	163,036,741	237.549.779		142,669,470	(1
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			201/040/119	102,519,176	21,244	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
6	Total. Add lines 1 through 5	189,728,821	163,036,741	237,549,779	182,319,176	142,690,714	915,325,231
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					142,050,714	915,325,231
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						915,325,231
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	189,728,821	163,036,741	237,549,779		142,690,714	915,325,231
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,937	2,960			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			2,500		410	6,307
С	Add lines 10a and 10b		2,937	2,960		410	6,307
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	189,728,821	163,039,678	237,552,739	182,319,176	142,691,124	015 331 530
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	915,331,538
	organization, check this box and stop ner	e					▶□
	tion C. Computation of Public S	upport Perce	ntage				
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colur	nn (f))		15	100.00%
16 5001	T dolle support percentage from 2011 Sch	edule A. Part III. II	ne 15	<u></u>	<u></u>	16	100.00%
Sec	tion D. Computation of Investme	ent Income Pe	ercentage				
17	Investment income percentage for 2012 (li	ine 10c, column (f	) divided by line 1:	3, column (f))		17	%
	and obtained in come percentage nom 2011	Schedule A, Part	III, line 17			10	%
	to no no ouppoint tosto-2012. Il tile olga	mization did not cr	neck the box on lir	e 14, and line 15	is more than 33 1.	13% and line	
b	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a pub	licly supported org	anization	▶ 🗙
0	33 1/3% support tests—2011. If the orga	inization did not ch	neck a box on line	14 or line 19a, an	id line 16 is more t	han 33 1/3%, and	
20	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	🕨 🔲
	Private foundation. If the organization die	a not check a box	on line 14, 19a, o	19b, check this b	ox and see instru	ctions	

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (F Part IV	Form 990 or 990-EZ) 2012         OPERATION         COMPASSION         62-1697490         Page 4           Supplemental Information.         Complete this part to provide the explanations required by Part II, line 10;         Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

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	Inspe	ctio	n

Employer identification number

	PERATION COMPASSION		62-1697490
F	art I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part	t IV, line 6.	
	Total number of and of	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
-	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
5	Aggregate value at end of year		
3	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised	
6	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
1	Did the organization inform all grantees, donors, and donor advisors i	in writing that grant funds can be use	d
	only for charitable purposes and not for the benefit of the donor or do conferring impermissible private benefit?	nor advisor, or for any other purpose	
P	art II Conservation Easements. Complete if the org		Yes No
1	Purpose(s) of conservation easements held by the organization (check	anization answered "Yes" to	Form 990, Part IV, line 7.
66	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat		y important land area
	Preservation of open space	Preservation of a certified his	storic structure
2	Complete lines 2a through 2d if the organization held a qualified const easement on the last day of the tax year		
	easement on the last day of the tax year.	ervation contribution in the form of a	conservation
	n na senan an an ann an an ann an ann an ann an a		
а	Total number of conservation easements		Held at the End of the Tax Yea
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17	V/06, and not on a	2c
	historic structure listed in the National Pagiatas		24
3	Number of conservation easements modified, transferred, released, ex	xtinguished or terminated by the ora	2d
	tax year 🕨		anization during the
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mor	nitoring inspection bandling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the	vear
12	••		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4	-)(B)
•	(i) and section 170(h)(4)(B)(ii)?		
9	and the second of the organization reports conservation easem	lents in its roughly and average stat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization's financial statements t	hat describes the
Pa	rt III Organizations Maintaining Collections of Art		
	rt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	Form 990 Bort IV line 9	ther Similar Assets.
1a	If the organization elected as permitted under SEAS 116 (ASC organization	to the second is "	
2005	If the organization elected, as permitted under SFAS 116 (ASC 958), n works of art, historical treasures, or other similar assets held for public	or to report in its revenue statement	and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financi	exhibition, education, or research in	furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement	ems.
	works of art, historical treasures, or other similar assets held for public	exhibition education externet and	Dalance sheet
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		•
	(ii) Assets included in Form 990, Part X		····· <b>}</b>
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial acti	► \$
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.	i, provide the
а	Revenues included in Form 990, Part VIII, line 1	to these items.	•
b	Assets included in Form 990, Part X	*****	<b>)</b> \$

D	edule D (Form 990) 2012 OPERATIO	N COMPASSION			62-1	169749	0			Pag
	Using the organization's acquisition	ng Collections of A	rt, Historical	Treasu		AL 01		Assets	(conti	nue
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records, cl	neck any of the f	following th	nat are a si	gnificant us	se of it	s	teona	nu
а	Public exhibition	d Loan	or exchange pro	arame						
b	Scholarly research									
С	-		***********	•••••		••••••••	•••			
4	Provide a description of the organization's o	collections and ovalain has			51 - 15					
	XIII.	conections and explain no	w they further th	e organiza	tion's exer	npt purpos	e in Pa	art		
5	During the year, did the organization solicit	or roccive denotions of			a na					
	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as set	t, nistorical treas	sures, or of	ther similar	ř			1	
Pa	assets to be sold to raise funds rather than art IV Escrow and Custodial Au	rangemente Comp	of the organizatio	on's collect	tion?	<u></u>		L	Yes	
100	Ine 9, or reported an amou	int on Form 900 Bar	t X line 21	janizatio	n answe	red "Yes	" to F	orm 990	), Part	: 1\
1a	Is the organization an agent, trustee, custoo	tion or other intermedia	L A, line 21.							
								_		
b	If "Yes," explain the arrangement in Part XII	l and complete the full.						Ll	Yes	
1922		and complete the followi	ng table:							
c	Beginning balance							Amo	ount	
4	Beginning balance Additions during the year					L	IC			
							ld			
1.0	- is a second during the year						le			_
							f			-
	and the organization include an amount on r	orm 990, Part X, line 21?							Yes	T
-	in roo; explain the analigement in Fait All	I. Check here if the explan	ation has been	provided in	Doct VIII				103	-
a	rt V Endowment Funds. Com	plete if the organizati	on answered	"Yes" to	Form 9	90. Part	IV lir	ne 10		-
1		(a) Current year	(b) Prior year	(c) Two ye		(d) Three	222		our years	e ha
a	Beginning of year balance								our years	, De
b	Contributions									_
С	Net investment earnings, gains, and						- 0			_
	losses									
d	Grants or scholarships									_
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses						-			
g	End of year balance						-			
,	Provide the estimated paragetage of the			010 00 50						
2	Provide the estimated percentage of the curr Board designated or guesi and are supplied by the curry	rent year end balance (line	e 1g, column (a)	) held as:						
h	Board designated or quasi-endowment	%								
~	Permanent endowment > %									
5	Temporarily restricted endowment	%								
211	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
a	Are there endowment funds not in the posse	ssion of the organization t	hat are held and	administe	red for the					
	organization by:								Yes	T
	(i) unrelated organizations (ii) related organizations							3a(i	_	ť
	(ii) related organizations			••••••			•••••	3a(i		⊢
b	in res to sa(ii), are the related organizations	s listed as required on Sch	nedule R?		••••••		•••••	26		⊢
_	become in that Am the interfued uses of the	organization's endowment	nt funds		•••••••		•••••	<u>3b</u>		L
a	t VI Land, Buildings, and Equi	pment. See Form 9	90. Part X. lin	ne 10						_
	Description of property	(a) Cost or other basis	(b) Cost or oth		(c) Ac	cumulated	_	(d) D	to contract in	_
		(investment)	(other)	Procession (		preciation		(d) Boo	ok value	
_	Land		,	the second second	Coh		-		_	_
a										_
a	Buildings									
D	Buildings						$\rightarrow$			_
C	Leasehold improvements		0.00	0.000						
c d	Buildings		26	0,860		227,8	08		33,0	05

Schedule D (Form 990) 2012

Part VII	Investments—Other Securities. See Fo (a) Description of security or category		
	(including name of security)	(b) Book value	(c) Method of valuation:
(1) Financial d			Cost or end-of-year market value
2) Closely-he	erivatives		
=/ closely lie	id equity interests		
0) Oulei	*****		
	*******		
(B)	•••••		
(C)		***	
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
(I)	<u></u>		
Dart VIII	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments-Program Related. See Fo	rm 990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
5)			
6)			
7)			
(9)			
(8) (9) 10)			
(9) 0) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	•	
(9) 0) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line	▶ 15.	
9) 0) Dtal. (Column Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) <b>Other Assets.</b> See Form 990, Part X, line (a) Description	15.	
9) 0) otal. (Column <b>Part IX</b> 1)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>otal.</b> (Column <b>Part IX</b> 1)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) Dtal. (Column Part IX 1) 2)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>btal.</b> (Column <b>Part IX</b> 1) 2) 3)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) Dotal. (Column Part IX 1) 2) 3) 4)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>btal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 5) 7)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>Dtal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 5) 7) 3)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>Dtal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 6) 7) 3) 9)	Other Assets. See Form 990, Part X, line	15.	(b) Book value
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 6) 7) 8) 9) 0)	Other Assets. See Form 990, Part X, line (a) Description	15.	
(9) 0) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) otal. (Column (	b) must equal Form 990, Part X, col. (B) line 15.)	15.	(b) Book value
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) <b>Datal.</b> (Column (	b) must equal Form 990, Part X, col. (B) line 15.) Dther Liabilities. See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 0 0 1) 2) 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) 0 1 1 2) 3) 4) 5) 6) 7) 8) 9) 0) 0 1 1 2) 2) 3) 4) 5) 6) 7) 1 2) 2) 3) 4) 5) 6) 7) 1 2) 2) 2) 3) 4) 5) 6) 7) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15.	
9) 0) 0) 0 0) 0 11. (Column (Co	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 tal. (Column Part IX 1) 2) 3) 4) 5) 5) 5) 5) 6) 7) 3) 9) 0) tal. (Column ( Part X ( 0) Federal incomestion ( 2)	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 tal. (Column Part IX 1) 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 tal. (Column Part IX 1) 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 9) 0) 0 0 0 1 1 2 1 1 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 7) 8) 9) 1) <b>Federal incolumn</b> () <b>Federal incolumn</b> 2) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) <b>Datal.</b> (Column <b>Part IX</b> 1) 2) 3) 4) 5) 5) 5) 5) 7) 3) 5) 5) 7) 3) 6) 7) 5) 5) 7) 5) 7) 5) 7) 5) 7) 5) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 9) 0) 0) 0 10 11 2) 3) 4) 5) 5) 5) 5) 6) 7) 8) 9) 0) 1) Federal ince 2) 3) 1) Federal ince 3) 3) 1) Federal ince 3) 3) 1) Federal ince 3) 3) 1) Federal ince 3) 3) 3) 3) 3) 3) 3) 3) 3) 3)	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 tal. (Column Part IX 1) 2) 3) 4) 5) 5) 5) 5) 5) 6) 7) 1) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	
9) 0) 0) 0 tal. (Column Part IX 1) 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	b) must equal Form 990, Part X, col. (B) line 15.) <b>Other Liabilities.</b> See Form 990, Part X, col. (B) line 15.)	15. ne 25.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

1 Total revenue, gains, and other support per audited financial statements       1         2 Amounts included on line 1 but not on Form 980, Part VIII, line 12:       1         3 Not the included on line 1 but not on Form 980, Part VIII, line 12:       2a         4 Other (Describe in Part XIII)       2d         3 Subtract line 2a form 18:       2a         4 Amounts included on line 1       3         4 Amounts included on Form 980, Part VIII, line 12; but not on line 1:       3         4 Amounts included on Form 980, Part VIII, line 7b       4a         4 D Other (Describe in Part XIII)       4c         5 Total revenue, Add lines 3 and 4c. (This must equal Form 980, Part VIII, line 12;       4c         4 Total sciences and tosses per audited financial statements       2a         2 Amounts included on Ine 1 but not on Form 980, Part VIII, line 25;       1         3 Onardd services and use of facilities       2a         4 Other (Describe in Part XIII)       2d         4 Other (Describe in Part XIII)       2d         4 Other (Describe in Part XIII)       2d         5 Subtract line 2 form line 1       3         4 Amounts included on Form 980, Part XIII, line 25;       2a         2 Other (Describe in Part XIII)       2d         4 Amounts included on Form 980, Part XII, line 7b       4a         4 Diver	Schedule D (Form 990) 2012 OPERATION COMPASSION Part XI Reconciliation of Revenue per Audited Financi Total revenue gains and other support and outline for an intervenue gains.	al Statemente With Po	-1697490	Pa
2       Amounts included on line 1 but not on form 990, Part VIII, Ine 12:       2a         1       Donated services and use of facilities       2a         2       Calconated services and use of facilities       2a         3       Calconated services and use of facilities       2a         4       Amounts included on Form 990, Part VIII, Ine 7D       4a         4       Differ (Describe in Part XIII)       4b       4b         5       Fort Nume Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on ine 1 but not on Form 990, Part IX, Ine 25:       2a         2       Calconated services and use of facilities       2a         2       Calconated services and use of facilities       2a         4       Calconated services and use of facilities       3         5       Fort year setures       1         6       Calconated services and use of facilities       2a         2       2a	support per audited financial statements			
a Met unrealized gains on investments       2a         b Donated services and use of facilities       2b         2c       2c         2d       2c         2d       2c         2d       2c         3 Subtract line 2 from 18e 1       3         4 Amounts included on Form 90, Part VIII, line 12, but not on line 1:       3         a Investment expenses not included on Form 90, Part VIII, line 7b       4a         b Other (Describe in Part XIII)       4c         c Add lines 2 and 4c. (This must equal Form 990, Part I, line 12.)       4c         Fart XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2 Amounts included on Form 990, Part IX, line 25:       1         2 Amounts included on Form 990, Part IX, line 25:       2a         3 Subtract line 2 form line 1       2a         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         3 Subtract line 2 form line 1       2a         4 Amounts included on Form 990, Part VII, line 7b       4a         4 Amounts included on Form 990, Part XII, line 25, but not on line 1:       3         4 Amo	2 Amounts included on line 1 but not on Form 990. Part VIII line 12:			
Description       Image: Stress and Use of Pacifies       Image: Stress and Use of Pac	a Net unrealized gains on investments	22		
a controls of prior prior and prime in the second secon	bonated services and use of facilities	26		
e       Add lines 2 at hrough 2d       2e         3       Subtract line 2a from line 4       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII)       4c         c       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         1       Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)       1         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         1       Total expenses and losses per audited financial statements       1         2       Amounts included on ine 1 but not on Form 990, Part X, line 25:       1         3       Dentated services and use of ficilities       2e         4       2d       2e         3       Subtract line 2a from line 1       3         4       Amounts included on Form 990, Part X, line 25, but not on line 1:       3         4       4       4a       4a         5       Charles and 4b       4b       4a         6       Charles and 4b       4c       5         7 </td <td>e necovenes of phot year grants</td> <td>20</td> <td></td> <td></td>	e necovenes of phot year grants	20		
3       Subtract line 26 from line 1       2e         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a       Investment express not included on Form 990, Part VIII, line 7D       4a         b       Other (Describe in Part XIII.)       4c         c       Statistic expression of control of Expenses per Audited Financial Statements with Expenses per Return         1       Total expenses and losses per audited financial statements         2       Amounts included on Ine 1 but not on Form 990, Part IX, line 25:         2       Donated services and use of finalities         2       Donated services and use of finalities         4       dother (Describe in Part XIII.)       2a         2       2d       2a         3       Subtract line 26 from line 1       2a         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         3       Subtract line 26 from line 1       3         4       Amounts included on Form 990, Part IXII, line 7D       4a         4       Amounts included on Form 990, Part IXII, line 7D       4a         4       Amounts included on Form 990, Part IXII, line 7D       4a         5       S       S         7       Dother (Describe in Part XIII.)       <	d Other (Describe in Part XIII.)	20		
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4       4b       4c         5       Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)       4c         7       Total expenses and losses per audited financial statements       4c         8       4c       5         9       Amounts included on Ine 10 moses per Audited Financial Statements With Expenses per Return         1       Total expenses and losses per audited financial statements       1         2       4d       2a         2       Amounts included on Ine 10 mose 00, Part XI, line 25:       1         2       2a       2a         4       4d       2a         2       2a       2a         3       4d       2a         4       4d       2a         4       4d       2a         5       4d       2a         4       4d       4d         5       4d       4d         4       4d       4d         5       4d       4d         6       0ther (Describe in Part XIII)       4d         6       10       4d	e Add lines 2a through 2d	20		
a Investment expenses not included on Form 990, Part VIII, Iline 7D. b Other (Describe in Part XIII.) c Add lines 4 and 4b. 5 Total revenue. Add lines 4 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on Ine 1 but not on Form 990, Part IX, line 25: 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part XII, be 25: 2 Add lines 2 athrough 2d 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 Investment expenses not located on Form 990, Part IV, line 7b. 4 Add lines 2 athrough 2d 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 7b. 4 Add lines 4 and 4b. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 7b. 4 Add lines 4 and 4b. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 13, 5, and 9; Part III, line 3, 15, and 9; Part IV, line 8; band 2b; art V, line 4; Part X, line 2; Part XI, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional formation. Total expenses Add lines 2 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional formation.	3 Subtract line 2e from line 1		<u>2e</u>	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Other (Describe in ParX XIII)       4b         4dd lines 4 and 4b       4c         5 Total revenue, Add lines 4 and 4b;       4c         1 Total expenses and losses per audited financial statements.       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         2 Other (Describe in ParX XIII)       2a         2 Add lines 4 at https://doi.org/10.1000/000000000000000000000000000000	a Investment expenses not included on Form 990. Part VIII, line 7b			
2 Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       4c         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       4c         5 Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         1 Total revenues and losses per audited financial statements.       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2 Dhrior year adjustments.       2a         2 Other (Describe in Part XIII.)       2c         2 Add lines 2 at through 2d       3         3 Subtract line 26 from line 1       4a         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         4 Amounts included on Form 990, Part XIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)       4c         5 Total expenses. Add lines 2 and 4b; and Part XII, lines 2 and 4b. Also complete this part to provide the descriptions required for Part II, lines 3, 6, and 9; Part III, lines 1b and 2b; trt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ormation.	b Other (Describe in Part XIII )	4a		
5       Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       40         5       Total expenses and losses per Audited Financial Statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2       Donated services and use of facilities       2         b       Prior year adjustments       2         2       Colter losses       2         2       Colter losses       2         4       Colter losses on tine 1       3         4       Amounts included on Form 990, Part IX, line 25; but not on line 1:       3         4       Amounts included on Form 990, Part IX, line 25; but not on line 1:       3         4       Amounts included on Form 990, Part IX, line 25; but not on line 1:       3         4       Amounts included on Form 990, Part IX, line 25; but not on line 1:       3         5       Total expenses not included on Form 990, Part IX, line 7b       4a         4       4b       4c       4c         5       Total expenses A and Ab       5       5         6       Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       4c         5       Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1 and 4; Part IV, lines 1 ban 2b; rot	c Add lines 4a and 4b	40		
Catching       Reconciliation of Expenses per Audited Financial statements         1       Total expenses and loses per audited financial statements       1         2       abounts included on line 1 but not on Form 990, Part IX, line 25;       1         a       Diversity of the inset of the inse	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part L line		4c	
A mounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part XII Reconciliation of Expenses per Audited Einanc	ial Statements 18/34 F		
Donated services and use of facilities     Derive ar adjustments     Za     Za	1 Total expenses and losses per audited financial statements	ial Statements with Ex	penses per Return	
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2c         a Mounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b.       4a         b Other (Describe in Part XIII.)       4c         c Add lines 24 and 4b       4c         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       4c         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       5         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       5         c Total expenses. Add lines 3 and 4b.       5         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       5         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       4c         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, line 1b and 2b;       1         r V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ormation.       2	2 Amounts included on line 1 but not on Form 990. Bart IX line 25:			
2b       2b         2c       2c         d Other (Describe in Part XIII.)       2c         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       2e         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       2e         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4c         c Add lines 4 and 4b       4c         a Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       4c         art XIII       Supplemental Information         mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;         rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional symatron.	a Donated services and use of facilities			
d) Other (Describe in Part XIII.)       20         a       Add lines 2a through 2d         3       3         Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       1         b       Other (Describe in Part XIII.)       4a         c       4d         b       Other (Describe in Part XIII.)       4a         c       4d       4b         c       4d       4b         c       4d       4b         c       5       5         c       7       7         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         c       5       5       5         c       7       7       7       7         c       Add lines 2 and 4b; and Part XII, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;       7         ctt       Y. line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional straited	b Prior year adjustments			
e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       2a         4       Amounts included on Form 990, Part X, line 25, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII)       4b         c       Add lines 4a and 4b       4c         s       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         Part XIII       Supplemental Information       5         Part XIII       Supplemental Information       5         Part XIII       Supplemental Information       5         mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ormation.	c Other losses			
3 Subtract line 2a from line 1       2a         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4a         c Add lines 4 and 4b       4c         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         Part XIII       Supplemental Information         mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;         rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional somation.	d Other (Describe in Part XIII.)			
A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4 and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) <b>Part XIII</b> Supplemental Information mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional stration.	e Add lines 2a through 2d	[2d]		
Amounts included on Form 990, Part IX, line 25, but not on line 1:     a Investment expenses not included on Form 990, Part VIII, line 7b     b Other (Describe in Part XIII.)     c Add lines 4a and 4b     Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)     Part XIII Supplemental Information mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional matters.	3 Subtract line 2e from line 1	•••••••		
a Investment expenses not included on Form 990, Part VIII, line 7b.			3	
b Other (Describe in Part XIII.)       4b         c Add lines 4 and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         5 Total expenses. Add lines 2 and 4b. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ormation.         ormation.       5	a Investment expenses not included on Form 900. Bot Ville inc. 7h			
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c         Sart XIII       Supplemental Information         mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional surmation.	b Other (Describe in Part XIII.)			
5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       46         3       3       5         3       art XIII       Supplemental Information         mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional         ormation.       90				
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ormation.	Total expenses Add lines 3 and 4c. (This must equal Form 000, Det Line		4c	
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional formation.	Part YIII Supplemental Information	e 10.)	5	
	ciniation.			
		•••••••••••••••••••••••••••••••••••••••		
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Schedule D (Form 990) 2012 OPERATION COMPASSION Part XIII Supplemental Information (continued)	62-1697490 Page 5
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SCHEDULE F (Form 990)	Sta	litement of A	ctivities Outsid	e the United	States	OMB No. 1545-0047
122		Complete	if the organization answere Part IV, line 14b, 15, or	d "Yes" to Form 990		2012
Department of the Treas Internal Revenue Servic	sury	► Atta	ch to Form 990. ► See sepa	rate instructions.		Open to Public
Name of the organization		ION COMPAS	STON		Employer identif	
Part I Ge	eneral Informatio	on on Activities	Outside the United St	aton Complete if the	62-1697	490
10	111 990, Fait IV, III	le 140.				answered "Yes" to
1 For grantma	akers. Does the organ	nization maintain reco	ords to substantiate the amount	nt of its grants and other		
assistance, ti	ne grantees' eligibility	for the grants or ass	istance, and the selection crite	eria used to award the		
grants or ass		•••••••••••••••••••••••••••••••••••••••				Yes X No
2 For grantma assistance of	akers. Describe in Pa utside the United Stat	irt V the organization's tes.	s procedures for monitoring th	e use of its grants and o	ther	
3 Activities per	Region. (The following	ng Part I, line 3 table	can be duplicated if additional	space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients	(e) If activity lis	service, cific type of	(f) Total expenditures for and investments in region
CENTRAL AM	ERICA		located in the region)			
			PROGRAM SERVICE	DELIVERY C	F GOODS	105,420,858
AFRICA						
(2) ASIA			PROGRAM SERVICE	DELIVERY O	F GOODS	655,200
(3)			PROGRAM SERVICE	DELIVERY O	F COODS	8 410 075
(4)				DELIVERI O	E GOODS	8,410,273
_(4)					_	
_(5)				_		_
_(6)				_		
(7)						
(8)						
(9)						
(10)						
(11)			_			
(12)						
(13)						
(14)						
(15)						
(16)					—	
(17)						
3a Sub-total						114,486,331
b Total from continuation sheets to Part I						111,400,331
c Totals (add lines 3a and 3b)						114,486,331

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

114,486,331 Schedule F (Form 990) 2012

Schedule F (Form 990) 201 Part II Grants a	and Other Assist	ance to Orga	anizations or Entities Oute	62-1697490	tan Comulate	96 AL		Page
- 17 C		ipient who re	eceived more than \$5,000. P	art II can be duplica	tes.Complete ated if addition	if the organization al space is needed	answered "Ye I.	s" to Form 99
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal,
(1)			HUMANITARIAN			108,286,214		other)
(2)			HUMANITARIAN			3,854,136		
(3)			HUMANITARIAN			1,893,284		
(4)			HUMANITARIAN					
(5)						452,697		
(6)								
(7)								
(8)			_					
(9)								1
(10)								
(11)								
(12)								
(13)								
(14)		-			_			
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

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	edule F (Form 990) 2012 OPERATION COMPASSION 62-1697490		Page 4
	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 OPERATION COMPASSION	62-1697490	Page
Part V Supplemental Information Complete this part to provide the information required I (accounting method; amounts of investments vs. exper (accounting method); and Part III, column (c) (estimate provide any additional information (see instructions).	Dat II line 4 (	line 3, column (f)
Part I, Line 3 - Activities per Regio	n	
Region	Expenditures Inves	tments
CENTRAL AMERICA	\$ 105,420,858 \$	0
AFRICA	\$ 655,200 \$	0
ASIA	\$ 8,410,273 \$	0
······		
• • • • • • • • • • • • • • • • • • • •		
		•••••
	*****	

SCHEDULE I (Form 990)	Grants a	and Oth	er Assistance	to Organizat	tions,		OMB No. 1545-0047
	Governme	ents, an	d Individuals	in the United	States		2012
Department of the Treasury Internal Revenue Service	Complete if the o	organizatio	n answered "Yes" to		line 21 or 22.		Open to Public
Name of the organization			Attach to Form 9	190.			Inspection
OPERATION (	COMPASSION						Employer identification number
Part I General Information of	on Grants and Assistanc	0				(	52-1697490
<ol> <li>Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's pro- part in the organization of t</li></ol>	to substantiate the amount of th	e grants or	assistance, the grante	es' eligibility for the g	rants or assistanc	xe, and	
Part II Grants and Other Ass Part IV, line 21, for any	istance to Governments recipient that received mo	and Ore	anizations in the	Inited States	0		
or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
1) American Bible Society 1865 Broadway New York NY 1		5		6,165	ouner)	DVDS/CLO	HUMANITARIAN
2) Appalachian Dream Center PO Box 476	*************					DVD3/CLO.	HUMANITARIAN
Logan WV 2	5625 31-1554733	3 3	30,500	148,934		HOUSEHOLI	
3) Blackshear Church of God 411 W. Carter Ave Blackshear GA 3	*****			70,706			HUMANITARIAN
4) Christ Central 159 Church Street Wagner SC 2	9164					FOOD/CLO	HUMANITARIAN
5) Christian Appalachia Pro 441 KY Hwy 2417 Corbin KY 44	ject			97,155		BLANKETS/	FOOD/H HUMANITARIAN
5) Church of God Intl Offic 2490 Keith Street PO Box	es	3		23,251,342		FOOD/BOOP	S/HOUS
Cleveland TN 3 7) Community Outreach				43,796		WATER/CAN	HUMANITARIAN TAY
7428 Old Lee Highway Cleveland TN 3	7311			111,878		FOOD	HUMANITARIAN
3) Compassion Atlanta 1300 Joseph E. Boone Blv Atlanta GA 30		3		59,789		CLEANING	HUMANITARIAN
) Compassion Cincinnati 3220 Central Parkway Sincinnati OH 4	5225 74-3126408						HUMANITARIAN
<ol> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organizations</li> </ol>	nd government organizations list	ted in the lir		51,099		FOOD/HOUS	\$HOLD/ ▶ 54

SCHEDULE I (Form 990)	Governme	nts, an	d Individuals	e to Organizat in the United	States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the or	rganizatio	n answered "Yes" to Attach to Form 9	o Form 990, Part IV, 990	line 21 or 22.		Open to Public
Name of the organization		-	P Autor to Form :	550.			Inspection
OPERATION COMPAS	SION						mployer identification number 2-1697490
Part I         General Information on Grants           1         Does the organization maintain records to substant the selection criteria used to award the grants or as 2           2         Describe in Part IV the organization's procedures for grants and Other Assistance the Part IV. Jine 21, for any recipient	tiate the amount of the ssistance?	grants or	de in the United Stat			**************	Yes 🗌 No
Part IV, line 21, for any recipient	that received more	re than \$	5,000. Part II car	be duplicated if	complete if the	e organizatior	answered "Yes" to Form 99
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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
) Disabled Veterans National Fdt 1634 Eye Street, Ste 750 Washington DC 20006			-	1,941,386		CLOTHING/	HUMANITARIAN
2) Disaster Relief Hurricane Isa 1433 Sharp Lane Baton Rouge LA 70815	212			359,191		DISASTER	HUMANITARIAN
) Disaster Relief Hurricane Sand 147 Lower Main Street Matawan NJ 7747	-			244,477		DISASTER	HUMANITARIAN
) Disaster Relief Hurricane Sand 409E 95th Street Frooklyn NY 11201				123,999		DISASTER	HUMANITARIAN
) Disaster Relief KY Tornado - 1 5555 Rockwill Rd Inchester KY 40391	Host			221,509			HUMANITARIAN
) Disaster Relief KY Tornado - H 172 US 467W parta KY 41086	lost			28,417		DISASTER	HUMANITARIAN
) Disaster Relief TN - c/o Salvat 435 Inman Street leveland TN 37323	22-2406433						HUMANITARIAN
) Disaster Relief-Hurricane Sandy 142-82 Rockaway Blvd. amaica NY 11436	7/NY			2 726 147		FOOD/HOUSI	HUMANITARIAN
)Essential2Life				2,726,147		DISASTER I	ELIEF
PO Box 620053 tlanta GA 30362	58-2168468			17,202		BIBLES	HUMANITARIAN
<ol> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the</li> </ol>	nent organizations liste	ed in the lir	ne 1 table				•

SCHEDULE I (Form 990)	Grants a Governme	nd Oth nts, an	er Assistance Id Individuals	e to Organizat in the United	tions, States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the o	rganizatio	n answered "Yes" t	o Form 990, Part IV,	line 21 or 22.		Open to Public
Name of the organization			Attach to Form	990.			Inspection
OPERATION COMPASS	TON						mployer identification number
Part I General Information on Grants	and Assistance					6	2-1697490
Does the organization maintain records to substantia the selection criteria used to award the grants or assi 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to	te the amount of the stance? monitoring the use Governments	e grants or of grant fur	nds in the United State	es.		•••••••••••••••••	
Part IV, line 21, for any recipient th (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash arant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) Family Worship Center/Earthen Ve PO Box 396 Kings Mtn NC 28086	9 <b>\$</b> Se	if applicable	gran	cash assistance	other)	non-cash assistance	or assistance
Kings Mtn NC 28086 (2) Farm Share				90,022		FOOD/HOUS	BHOLD
14125 SW 320th Street Homestead FL 33033	65-0342192	3		724,954		CLOTHING	HUMANITARIAN
(3) Fashion Delivers 1359 Broadway 18th Floor New York NY 10018	20-3506135					CLOTHING	HUMANITARIAN
(4) Feed the Children	20-3506135			70,767		SHOES	
PO Box 36 Oklahoma City OK 73101	73-6108657	3		22,988		FURNITURE	HUMANITARIAN
5) First American Dream Center PMB 216, 1300 W. 1-40 Frontage Gallup NM 87301	31-1554733	2					HUMANITARIAN
6) Gleaning for the World	51-1554733	3		265,132		WATER/HOU	SEHOLD
PO Box 645 Concord VA 24538	54-1930105			279,595		WATER	HUMANITARIAN
7) Gods Pit Crew 2499 Main Street Danville VA 24541	E4 1074070		-				HUMANITARIAN
8) Hope Charitable Services	54-1974979	3		523,331		FOOD/HOUSI	HOLD
3516 Winchester Drive Portsmouth VA 23707	75-3189102			193,451		SHOES/CLO	HUMANITARIAN
9) Hope for Philadelphia 15TH Street & Fairmont Ave Philadelphia PA 19115				39,779			HUMANITARIAN
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the For Paperwork Reduction Act Notice, see the Instruction	ine 1 table		ie 1 table				

Por Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I (Form 990)		Grants a	nd Oth	er Assistance	e to Organizat	ions		OMB No. 1545-0047
		Governme	nts, an	d Individuals	in the United	States		2012
Department of the Treasury		Complete if the o	rganizatio	n answered "Yes" t	o Form 990, Part IV,	line 21 or 22		2012
Internal Revenue Service				Attach to Form				Open to Public Inspection
Name of the organization								Employer identification number
Part   General In	RATION COMPASS	ION						62-1697490
1 Does the organization m	formation on Grants a	nd Assistance	)					
2 Describe in Part IV the c	naintain records to substantiat d to award the grants or assis organization's procedures for r	nonitoring the use	of grant fur	ds in the I Inited Stat	·····			Yes No
Part II Grants and	Other Assistance to 21, for any recipient th	Governments	and Oro	anizations in th	a United States	Complete if the	e organizatio	on answered "Yes" to Form 99
(a) Name and add	ress of organization emment	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o	(h) Purpose of grant
1) Indian Ministri						outery	Invit-valari daalatdir	UI destisiditide
911 Keith St. N Cleveland	**********************************							HUMANITARIAN
2) Iris Vest Widow	TN 37311	73-1659743	3		11,607		FOOD	
509 Park Road	s ministry							
Sevierville	TN 37862				00 505			HUMANITARIAN
3) Jezreel Interna	tional		-		20,525		FOOD/HOU	SEHOLD
10 Interstate A	venue							HUMANITARIAN
Albany	NY 12205				194,161		CLOTHING	
4) KIDS							oborning	/ LOOSEN
New York	treet Suite 1133							HUMANITARIAN
5) Network of Prom	NY 10120	13-3300271			139,152		DISASTER	
4626 Keene Road								
Plant City	FL 33565	33-1120513	3		10 000 000			HUMANITARIAN
) North Carolina	Home for Children	55 1120515	5		10,827,730		CANDY/CL	EANING
3485 Orphanage	Circle							IN DAMAGE DE LA CALLA
Concord	NC 28027				33,570		INDUSTRI	HUMANITARIAN
) North Cleveland	Church of God						INDUDINI	1000
335 11th Street	***************************************							HUMANITARIAN
) Park West Church	TN 37311				258,148		WATER/FO	
7635 Middlebrool								
Cnoxville	TN 37909				(1			HUMANITARIAN
) People for Care	and Learning				61,235		HOUSEHOLI	
4235 TL Rogers	ST NE							
leveland	TN 37312	62-1852946			159,786		DIAPERS/I	HUMANITARIAN
2 Enter total number of sec	tion 501(c)(3) and government	t organizations list	ed in the lin	le 1 table	200,100		DIMPERS/1	byons
3 Enter total number of oth	er organizations listed in the li	no 1 toblo	0.526661709761362					

(Form 990)	Governme	nts, an	er Assistance d Individuals	in the United	States		OMB No. 1545-0047
Internal Revenue Service	eemplete il die e	ganizauo	Attach to Form		line 21 or 22.		Open to Public
Name of the organization						E	mployer identification number
OPERATION COMPASS Part I General Information on Grants a	TON Dd Accistone						2-1697490
<ol> <li>Does the organization maintain records to substantial the selection criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's procedures for</li> </ol>	te the amount of the stance?	e grants or				***************	Yes No
Part IV, line 21, for any recipient th	Governments	and Org	anizatione in the	Ilmited Cteter	Complete if the additional spa	e organizatior ce is needed.	answered "Yes" to Form 99
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
1) Praise Ministries PO Box 200781 Cartersville GA 30120 Ded Back Partiet (D				226,215		SHOES/BIB	HUMANITARIAN
2) Red Bank Baptist/Dr. Reynolds 4000 Dayton Blvd Chattanooga TN 37415				11,633		FOOD	HUMANITARIAN
3) River Church 9660 Ethridge Lane Coltewah TN 37363							HUMANITARIAN
4) Seed Sowers		-		51,032		HOUSEHOLD	
6780 N. Socrum Loop Rd Lakeland FL 33809	8			398,646		FOOD	HUMANITARIAN
5) Smoky Mtn Childrens Home PO Box 4391 Sevierville TN 37862	23-7110635	3		106,098		E000 (83 55	HUMANITARIAN
6) Starland 59917 236th Street Sibbon MN 55335	41-2019533	3		403,407		FOOD/PAPE	HUMANITARIAN
7) The Salvation Army 4104 Ringgold Rd. Chattanooga TN 37413	22-2406433			19,049			HUMANITARIAN
) Voice of Evangelism 3959 Michigan Ave Cleveland TN 37323	58-1652931	3		41,989		USED CLOT	HUMANITARIAN
3)		-		41,989		HOUSEHOLD,	WATER
2 Enter total number of section 501(c)(3) and governmen							

DAA

Schedule I	(Form 990) (2012) OPERATION C	OMPASSION		62-1697490		Page 2
	Grants and Other Assistance Part III can be duplicated if add	to individuals in th	e United States.C	complete if the organi	zation 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
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Co information.	omplete this part to pr	ovide the informat	ion required in Part I,	line 2, Part III, column (b)	), and any other additional
			********	•••••		********
			•••••••••••••••••••••			
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Schedule I (Form 990) (2012)

DAA

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. rm 990 or Form 990-EZ. See sepa

Attach to Form 990 or Form 990-EZ. ..... .....

OMB No.	1545-0047
20	)12
Open T	o Public

Name of the orga								Emple	oyer id	lentific	ation n	umber		
Part	OPERATION COMPASSIO	ON (accellant	044 146	1202425				62-3	1697	490				
CONTRACTOR OF CONTRACTOR	Excess Benefit Transactio Complete if the organization answe	red "Yes" on I	001(C)(3) and s	ectio	n 50	1(c)(4) orga	nizat	ions only).		1.0				
1		(b) Relati	onship between dis	soualif	ied ne	rson and	DI FO	rm 990-EZ, Part	V, lir	ne 40	b	1	100-07	
	(a) Name of disqualified person		organizati					(c) Description of tr	ansact	ion		(d) Ye	Corre	1.1
(1)									-			Te	5	No
(2)												-	-	
(3)												-		
(4) (5)														
(6)					_									_
	e amount of tax incurred by the organ				_		_							
under se 3 Enter th	ection 4958 e amount of tax, if any, on line 2, abov	/e, reimbursed	d by the organ	izatio	pers n	ons during ti	ne ye	ar		\$ \$			_	
Part II	Loans to and/or From Inter				-		-					_		
Construction and a sound states	Complete if the organization answer	ed "Yes" on F	orm 990-F7	Part \	/ lin	e 38a or Eor								
	organization reported an amount on	Form 990, Pa	art X. line 5. 6.	or 2	2	C 304 01 1 01	111 95	o, Part IV, line 2	:0; or	if the				
(a) Name of inter	rested person	(b) Relationship with organization	(c) Purpose of	(d) L	oan to			(f) Balance due	(g) In	default	? (h) Ap	proved	(i) V	Vritter
		mui organization	loan		om the g.?	principal amo	unt				by bo	ard or	agree	emen
00 -				To	From				Yes	No	Yes	No	Yes	N
OC TRUCH		OWNED BY	PRESIDENT											
	PURCHASE OF EQU	IPMENT		-	X	81,	000	42,042		X		X		X
(2)														
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(7)					_		_							
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otal						•	5	42,042				1000		
Part III	Grants or Assistance Benef Complete if the organization answere	fiting Inter	ested Pers	ons V, lin	e 27						- Charles and the			
	(a) Name of interested person	(b) Relations	hip between intere nd the organizatior	sted			(0	) Type of assistance		(e) F	ourpose	of assis	tance	
1)							-		-				_	_
2)									1		-			
3)														
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5) 6)				$ \rightarrow $										_
7)				$\rightarrow$	_									
8)		-		+	-						-			
9)		-					1		1					

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apenwork Reduction Act Nation and the In-		

(10)

# Schedule L (Form 990 or 990-EZ) 2012 Part IV Business Transac

# Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	of	haring org. nues?
(1) OC TRUCKING	OWNED BY PRES.	40.000		Yes	No
(2)	CHILD DI INDO.	40,000	TRAILER LEASING	_	X
(3)				-	-
(4)				_	$\vdash$
(5)				-	
(6)				-	
(7)					-
(8)				-	
(9)	_			-	_
10)					
Part V Supplemental Information					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Page 2

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. Attach to Form 990.

2012 **Open To Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### OPERATION COMPASSION

Employer identification number

art	Types of Property	
Contraction of Contract, or Con	I VDES OF Property	
and the second se	. Jess of thopselly	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g			(d) Method of determining noncash contribution amounts
1	Art—Works of art					1000	
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		82,344,530	60%	of	FMV
5	Cars and other vehicles						
	Boats and planes						
B 9	Intellectual property						
,	Securities—Publicly traded						
1	Securities—Closely held stock Securities—Partnership, LLC,						
	or trust interests						
2	Securities-Miscellaneous						
3	Qualified conservation						
	contribution—Historic						
	structures						
L.	Qualified conservation						
	contribution—Other						
	Real estate-Residential						
ŧ.	Real estate—Commercial						
	Real estate—Other						
3	Collectibles			_			
	Food inventory	X		4,376,974	60%	of	EM17
)	Drugs and medical supplies			1,0,0,0,0,4	000	01	EMV
	Taxidermy					-	
	Historical artifacts						
ĺ.	Scientific specimens						
ŀ	Archeological artifacts						
5	Other ►( HOME CONST. GD\$	X		49,607,708	60%	of	FMV
	Other ►( INDUST. SUPPLY)	X		3,614,620	60%	of	FMV
	Other ►( )						
_	Other ►( )					-	
	Number of Forms 8283 received by which the organization completed For	the organiz	zation during the tax yea	r for contributions for			
		0203,	Part IV, Donee Acknowl	edgement	29		

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that	12,511		
	it must hold for at least three years from the date of the initial contribution, and which is not required to be			
	used for exempt purposes for the entire holding period?	30a	1210221203	v
b	If "Yes," describe the arrangement in Part II.	Jua		-
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?			
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	31		X
b	If "Yes," describe in Part II.	32a		<u> </u>
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			
F D.		dire-subint	1121 100	5 1 3

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

Schedule M (For	m 990) (2012)	OPERATIO	N COMPASS	ION		62-1697490	
Part II		emental Information and whether the	ation. Complete	e this part to p		62–1697490 ormation required by Part I, lines n (b), the number of contribution e this part for any additional info	
					Also complet	e this part for any additional info	rmation.
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Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info ► Attach to Form 990 or 990-EZ.	2012
Name of the organization OPE	RATION COMPASSION	Employer identification number
	VI, Line 11b - Organization's Proc	
	VI, Line 15a - Compensation Proces MPENSATION IS DETERMINED BY THE BOA	
	VI, Line 15b - Compensation Proces F ALL ESSENTIAL PERSONNEL IS DETERM	
	VI, Line 19 - Governing Documents I AVALIABLE UPON REQUEST	Disclosure Explanation
*****		