

Form **990**

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)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number	
		COMPASSION INTERNATIONAL, INCORPORATED		36-2423707	
		Doing Business As			
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
12290 VOYAGER PARKWAY		719-487-7000			
City or town, state or country, and ZIP + 4		G Gross receipts \$ 420,440,800.			
COLORADO SPRINGS, CO 80921-3668		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
F Name and address of principal officer: WESLEY K. STAFFORD		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SAME AS C ABOVE		If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶			
J Website: ▶ WWW.COMPASSION.COM					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1958 M State of legal domicile: IL			

Part I Summary		Prior Year	Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHRISTIAN CHILD DEVELOPMENT			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of employees (Part V, line 2a)	5	933	
	6 Total number of volunteers (estimate if necessary)	6	2075	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	368,226,842.	404,465,101.	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,319,118.	-1,339,440.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,289.	7,354.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	369,542,671.	403,133,015.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	236,675,689.	251,833,391.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,242,154.	66,466,913.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 38,938,535.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	74,359,694.	77,474,196.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	364,277,537.	395,774,500.
19 Revenue less expenses. Subtract line 18 from line 12	5,265,134.	7,358,515.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 142,177,699.	End of Year 146,311,935.	
	21 Total liabilities (Part X, line 26)	43,623,984.	41,229,158.	
	22 Net assets or fund balances. Subtract line 21 from line 20	98,553,715.	105,082,777.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer	Date	
	▶ EDWARD ANDERSON, SR. V.P. Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
	CAPIN CROUSE LLP 720 EXECUTIVE PARK DRIVE GREENWOOD, IN 46143	EIN ▶	Phone no. ▶ (317) 885-2620

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
IN RESPONSE TO THE GREAT COMMISSION, COMPASSION INTERNATIONAL EXISTS
AS AN ADVOCATE FOR CHILDREN, TO RELEASE THEM FROM THEIR SPIRITUAL,
ECONOMIC, SOCIAL, AND PHYSICAL POVERTY AND TO ENABLE THEM TO BECOME
RESPONSIBLE AND FULFILLED CHRISTIAN ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 177,507,028. including grants of \$ 177,507,028.) (Revenue \$ 0.)
FUNDS RECEIVED FOR CHILD PROGRAMS ARE USED TO PROVIDE ASSISTANCE TO
OVER ONE MILLION CHILDREN LOCATED IN 25 COUNTRIES. FUNDS ARE USED TO
ENGAGE CHILDREN IN ACTIVITIES THAT BENEFIT THEM SPIRITUALLY,
ECONOMICALLY, PHYSICALLY AND SOCIALLY.

4b (Code:) (Expenses \$ 80,229,260. including grants of \$ 74,326,363.) (Revenue \$ 0.)
FUNDS CONTRIBUTED FOR DESIGNATED PROGRAMMATIC PURPOSES, INCLUDING
BIBLES, DISASTER RELIEF, SPECIFIC MEDICAL AND EDUCATIONAL NEEDS,
SPIRITUAL TRAINING, DEVELOPING CHURCH PARTNERS' KNOWLEDGE AND SKILLS IN
CHILD DEVELOPMENT.

4c (Code:) (Expenses \$ 41,905,240. including grants of \$ 0.) (Revenue \$ 0.)
FUNDS USED TO SUPPORT FIELD STAFF WHO OVERSEE USAGE OF FUNDS, DEVELOP
NEW PROJECTS AND MAINTAIN RELATIONSHIP BETWEEN COMPASSION AND CHURCH
PARTNERS, DEVELOP AND ENHANCE RELEVANT CHILD DEVELOPMENT PROGRAMS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 23,659,979. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 323,301,507. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a 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 year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did 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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	302		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	933		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT HAWKINS CHAIRMAN	1.00	X						0.	0.	0.
FRANCISCO BATRES VICE CHAIRMAN	1.00	X						0.	0.	0.
RONALD C. MATHIEU SECRETARY	1.00	X						0.	0.	0.
JUDY GOLZ GENERAL DIRECTOR	1.00	X						0.	0.	0.
JULIE WELLER GENERAL DIRECTOR	1.00	X						0.	0.	0.
DAVID A. RIDDER GENERAL DIRECTOR	1.00	X						0.	0.	0.
KAREN WESOLOWSKI GENERAL DIRECTOR	1.00	X						0.	0.	0.
MYUNG HO KIM LIMITED DIRECTOR	1.00	X						0.	0.	0.
JEAN-FRANCOIS BUSSY LIMITED DIRECTOR	1.00	X						0.	0.	0.
WESLEY K. STAFFORD PRESIDENT	40.00	X		X				214,943.	0.	34,733.
DAVID DAHLIN EXECUTIVE VICE PRESIDENT	40.00				X			181,261.	0.	31,432.
EDWARD ANDERSON SENIOR VP/CFO	40.00				X			169,110.	0.	30,302.
MARK YEADON SENIOR VP	40.00				X			151,650.	0.	28,205.
LAURENT MBANDA VP	40.00					X		162,592.	0.	29,395.
JEFFERY WOOD SENIOR VP	40.00					X		142,561.	0.	27,339.
MARK HANLON SENIOR VP	40.00					X		145,739.	0.	20,326.
DOUGLAS BASSETT AREA DIRECTOR	40.00					X		143,107.	0.	27,152.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TONY NEEVES VP	40.00					X		156,107.	0.	16,232.
1b Total								1,467,070.	0.	245,116.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 20

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
UNISON SYSTEM, INC 5675 DTC BLVD, GREENWOOD VILLAGE, CO 80111	SOFTWARE DEVELOPMENT	2,052,175.
COLARELLI CONSTRUCTION 111 S. TEJON, COLORADO SPRINGS, CO 80903	SITE DEVELOPMENT	1,696,314.
PROJECT PERFORMANCE CORP 1760 OLD MEADOW RD, MCLEAN, VA 22102	SOFTWARE DEVELOPMENT	1,041,133.
TEK SYSTEMS PO BOX 198568, ATLANTA, GA 30384	SOFTWARE DEVELOPMENT	812,440.
MODIS, INC., 540 NORTH CASCADE, COLORADO SPRINGS, CO 80903	SOFTWARE DEVELOPMENT	745,932.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 28

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	269,774.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	404,195,327.			
	g	Noncash contributions included in lines 1a-1f: \$		381,395.			
	h	Total. Add lines 1a-1f			404,465,101.		
	Program Service Revenue	2 a _____		Business Code			
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g		Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			695,857.			695,857.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			15,028,136.	61,679.			
	b Less: cost or other basis and sales expenses		16,688,664.	436,448.			
	c Gain or (loss)		-1,660,528.	-374,769.			
	d Net gain or (loss)				-2,035,297.		-2,035,297.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a	190,027.				
b Less: cost of goods sold		b	182,673.				
c Net income or (loss) from sales of inventory				7,354.	7,354.		
Miscellaneous Revenue		Business Code					
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				403,133,015.	7,354.	0.	-1,339,440.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	273,124.	273,124.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	251,560,267.	251,560,267.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	736,174.	242,750.	405,835.	87,589.
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	48,569,494.	28,064,834.	10,247,451.	10,257,209.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,164,724.	3,142,844.	1,002,710.	1,019,170.
9 Other employee benefits	8,215,169.	4,546,104.	2,027,021.	1,642,044.
10 Payroll taxes	3,781,352.	2,197,862.	765,694.	817,796.
11 Fees for services (non-employees):				
a Management				
b Legal	194,426.	113,858.	76,850.	3,718.
c Accounting	128,545.	45,819.	82,726.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	3,802,817.	283,310.	72,923.	3,446,584.
13 Office expenses	18,097,215.	7,950,219.	5,176,626.	4,970,370.
14 Information technology	17,895,512.	5,757,146.	7,605,056.	4,533,310.
15 Royalties				
16 Occupancy	6,734,447.	3,647,462.	1,910,838.	1,176,147.
17 Travel	10,744,175.	5,982,797.	764,811.	3,996,567.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,273,796.	5,714,304.	1,282,449.	277,043.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT LABOR	11,957,417.	3,778,807.	2,113,468.	6,065,142.
b INTERNATIONAL EXPANSION	645,846.			645,846.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	395,774,500.	323,301,507.	33,534,458.	38,938,535.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	46,010,895.	2	50,806,020.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,296,607.	4	145,346.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	6,488,940.	7	7,947,171.
	8 Inventories for sale or use	1,162,588.	8	1,336,982.
	9 Prepaid expenses and deferred charges	2,804,125.	9	2,146,123.
	10a Land, buildings, and equipment: cost basis ... 10a 98,731,542.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 31,041,131.	65,798,108.	10c	67,690,411.
	11 Investments - publicly traded securities	18,385,118.	11	16,138,416.
	12 Investments - other securities. See Part IV, line 11	231,318.	12	101,466.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	142,177,699.	16	146,311,935.	
Liabilities	17 Accounts payable and accrued expenses	17,267,729.	17	16,041,404.
	18 Grants payable	23,281,487.	18	23,200,401.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,074,768.	25	1,987,353.
	26 Total liabilities. Add lines 17 through 25	43,623,984.	26	41,229,158.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,822,162.	27	49,636,472.
	28 Temporarily restricted net assets	42,663,043.	28	49,307,000.
	29 Permanently restricted net assets	6,068,510.	29	6,139,305.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and 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	
33 Total net assets or fund balances	98,553,715.	33	105,082,777.	
34 Total liabilities and net assets/fund balances	142,177,699.	34	146,311,935.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization COMPASSION INTERNATIONAL, INCORPORATED	Employer identification number 36-2423707
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	215,846,098.	256,721,703.	311,334,770.	368,226,842.	404,465,101.	1556594514.
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			18,101.	53,334.	190,027.	261,462.
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 - 5	215,846,098.	256,721,703.	311,352,871.	368,280,176.	404,655,128.	1556855976.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	39,285.	42,321.	68,408.	55,361.	63,130.	268,505.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	39,285.	42,321.	68,408.	55,361.	63,130.	268,505.
8 Public support (Subtract line 7c from line 6.)						1556587471.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	215,846,098.	256,721,703.	311,352,871.	368,280,176.	404,655,128.	1556855976.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	770,651.	847,502.	1,234,614.	1,276,893.	695,857.	4,825,517.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	770,651.	847,502.	1,234,614.	1,276,893.	695,857.	4,825,517.
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.)						1561681493.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.67 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.31 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.31 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

COMPASSION INTERNATIONAL, INCORPORATED

36-2423707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization COMPASSION INTERNATIONAL, INCORPORATED	Employer identification number 36-2423707
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 28,541,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 22,374,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 13,381,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 20,061,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 8,604,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMPASSION INTERNATIONAL, INCORPORATED

Employer identification number

36-2423707

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,194,907.				
b Contributions	111,749.				
c Investment earnings or losses	301,853.				
d Grants or scholarships	778,771.				
e Other expenditures for facilities and programs	587,285.				
f Administrative expenses					
g End of year balance	6,242,453.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 1.65 %
 - b** Permanent endowment ▶ 98.35 %
 - c** Term endowment ▶ _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		9,188,462.		9,188,462.
b Buildings		55,811,615.	10,724,773.	45,086,842.
c Leasehold improvements				
d Equipment		29,225,495.	17,349,219.	11,876,276.
e Other		4,505,970.	2,967,139.	1,538,831.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				67,690,411.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	403,133,015.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	395,774,500.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,358,515.
4	Net unrealized gains (losses) on investments	4	-536,165.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-293,288.
9	Total adjustments (net). Add lines 4-8	9	-829,453.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,529,062.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	402,303,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-536,165.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-293,288.
e	Add lines 2a through 2d	2e	-829,453.
3	Subtract line 2e from line 1	3	403,133,015.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	403,133,015.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	395,774,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	395,774,500.
4	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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	395,774,500.

Part XIV Supplemental Information

Complete 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; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS: -293288.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -293288.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

Open to Public Inspection

Name of the organization	Employer identification number
COMPASSION INTERNATIONAL, INCORPORATED	36-2423707

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARIBBEAN	6	283	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	63,805,789.
EAST ASIA AND THE PACIFIC	3	192	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	38,374,975.
NORTH AMERICA	1	35	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	5,312,551.
SOUTH AMERICA	5	258	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	60,679,783.
SOUTH ASIA	2	119	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	29,201,019.
SUB-SAHARAN AFRICA	8	404	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	95,523,168.
EUROPE	0	1	PROGRAM SERVICES	CHILD SUPPORT & DESIGNATED ACTIVITIES	92,500.
Totals	25	1292			292,989,785.

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

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

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, other)
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	9,420,472.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	7,367,300.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	7,511,780.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	16,562,865.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	8,163,432.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	5,518,817.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	23,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA & THE CARIBBEAN	CHILD DEVELOPMENT	17,000.	WIRE TRANSFER	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 33

3 Enter total number of other organizations or entities ▶ 0

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: GRANT FUNDS ARE DISTRIBUTED MONTHLY FROM

CORPORATE OFFICE TO EACH FIELD OFFICE LOCATED OUTSIDE THE UNITED STATES.

THESE OFFICES EMPLOY PROFESSIONAL ACCOUNTING STAFF. FIELD OFFICES

DISTRIBUTE THESE FUNDS TO THE OVER 5,000 PARTNER CHURCHES WORLDWIDE AND

BENEFICIARIES. THE USE OF GRANT FUNDS AT THE PARTNER CHURCH LEVEL IS

MONITORED BY MONTHLY REPORTING TO THE FIELD OFFICES. FIELD OFFICES ENSURE

COMPLIANCE OF THE USE OF ALL GRANT FUNDS WITH PROGRAM STANDARDS. FIELD

OFFICES SUBMIT FINANCIAL REPORTS MONTHLY TO THE CORPORATE OFFICE.

INTERNAL AUDIT STANDARDS REQUIRE THAT A MINIMUM OF 60% OF PARTNER

CHURCHES ARE AUDITED EACH YEAR. ALL FIELD OFFICES UNDERGO INTERNAL

AUDITS ON A ROTATIONAL BASIS AND MOST ARE AUDITED EXTERNALLY AS WELL.

ADVOCACY GRANTS ARE MONITORED INITIALLY THROUGH SPECIFIC SELECTION

CRITERIA. COMPASSION SEEKS ADVOCACY OPPORTUNITIES THAT ARE SIMILARLY

ALIGNED WITH COMPASSION'S MISSION AND PURPOSE. THESE GRANTS ARE NOT

INTENDED TO BE CLOSELY MONITORED AFTER SELECTION, BUT ARE LIMITED TO NO

MORE THAN 1% OF COMPASSION'S U.S. REVENUES.

SCHEDULE F, PART I, LINE 3: SEE DESCRIPTION ABOVE FOR THE METHOD USED TO

ACCOUNT FOR EXPENDITURES.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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, other)
		EAST ASIA AND THE PACIFIC	CHILD DEVELOPMENT	3,299,223.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CHILD DEVELOPMENT	22,784,612.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CHILD DEVELOPMENT	14,923.	WIRE TRANSFER	0.		
		NORTH AMERICA	CHILD DEVELOPMENT	4,025,304.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHILD DEVELOPMENT	11,187,733.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHILD DEVELOPMENT	8,181,255.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHILD DEVELOPMENT	9,855,449.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHILD DEVELOPMENT	10,946,186.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CHILD DEVELOPMENT	11,598,095.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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, other)
		SOUTH ASIA	CHILD DEVELOPMENT	35,052.	WIRE TRANSFER	0.		
		SOUTH ASIA	CHILD DEVELOPMENT	14,101,407.	WIRE TRANSFER	0.		
		SOUTH ASIA	CHILD DEVELOPMENT	72,941.	WIRE TRANSFER	0.		
		SOUTH ASIA	CHILD DEVELOPMENT	11,596,459.	WIRE TRANSFER	0.		
		SOUTH ASIA	CHILD DEVELOPMENT	7,044,883.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	4,181,839.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	18,303,843.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	4,263,481.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	15,786,848.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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, other)
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	11,014,755.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	16,237,329.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	271,704.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	12,047,779.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	7,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD DEVELOPMENT	25,000.	WIRE TRANSFER	0.		
		EUROPE	CHILD DEVELOPMENT	92,500.	WIRE TRANSFER	0.		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **COMPASSION INTERNATIONAL, INCORPORATED** Employer identification number **36-2423707**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization 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
FULL GOSPEL NEW YORK CHURCH ASSEMBLY OF GOD	13-2883961	501(C)(3)	10,000.	0.			CHILDREN PROGRAM NETWORKING
VIVA NETWORK USA 7912 FAIRVIEW ROAD BOULDER, CO 80303	84-1541857	501(C)(3)	75,807.	0.			CHILDREN PROGRAM NETWORKING
KAIROS FOUNDATION 1508 COLEMAN ROAD KNOXVILLE, TN 37909	77-0006571	501(C)(3)	20,500.	0.			CHILD DEVELOPMENT
BOOK OF HOPE 600 SW 3RD ST POMPANO BEACH, FL 33060	65-0246247	501(C)(3)	20,000.	0.			CHILD DEVELOPMENT
AERDO 821 CHIPPEWA SE GRAND RAPIDS, MI 49506	52-1130135	501(C)(3)	11,787.	0.			CHILDREN PROGRAM NETWORKING
YOUTHPARTNERSNET PO BOX 11909 DENVER, CO 80211	43-1537072	501(C)(3)	125,000.	0.			YOUTH PROGRAM IN USA

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **7.**
- 3** Enter total number of other organizations ▶ **0.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: COMPASSION INTERNATIONAL MONITORS THE USE OF
 GRANT FUNDS IN THE U.S. THROUGH PERIODIC CONTACT WITH THESE ORGANIZATIONS,
 MAINTAINING BUSINESS RELATIONSHIPS, AND VARIOUS REPORTS.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

COMPASSION INTERNATIONAL, INCORPORATED

Employer identification number

36-2423707

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MOODY BIBLE INSTITUTE 820 N LASALLE BLVD CHICAGO, IL 60610	36-2167792	501(C)(3)	10,030.	0.			MINISTRY ASSISTANCE

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMPASSION INTERNATIONAL, INCORPORATED

Employer identification number

36-2423707

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input checked="" type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation					
WESLEY K. STAFFORD	(i)	206,915.	1,000.	7,028.	21,897.	12,836.	249,676.	103,074.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID DAHLIN	(i)	177,694.	1,000.	2,567.	18,659.	12,773.	212,693.	84,748.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD ANDERSON	(i)	168,110.	1,000.	0.	17,545.	12,757.	199,412.	86,062.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK YEADON	(i)	149,279.	1,000.	1,371.	15,516.	12,689.	179,855.	73,535.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURENT MBANDA	(i)	106,495.	1,000.	55,097.	16,478.	12,917.	191,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFERY WOOD	(i)	140,580.	1,000.	981.	14,681.	12,658.	169,900.	67,165.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK HANLON	(i)	139,845.	1,000.	4,894.	14,675.	5,651.	166,065.	68,857.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS BASSETT	(i)	96,481.	960.	45,666.	14,623.	12,529.	170,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TONY NEEVES	(i)	110,815.	1,000.	44,292.	15,611.	621.	172,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: TRAVEL FOR COMPANIONS: ELIGIBLE EMPLOYEES MAY TAKE A TRIP,

EVERY FIFTH YEAR OF EMPLOYMENT WITH HIS/HER SPOUSE TO A COUNTRY WHERE

COMPASSION SERVES CHILDREN. WITH BOARD APPROVAL, THE CEO WAS ACCOMPANIED

BY HIS SPOUSE ON ONE BUSINESS TRIP THIS YEAR. EVERY THREE YEARS, BOARD

MEMBERS AND EACH OF THEIR SPOUSES ARE INVITED TO ACCOMPANY THE CEO TO A

COUNTRY WHERE COMPASSION SERVES CHILDREN. SPOUSE TRAVEL IS TREATED AS A

TAXABLE BENEFIT.

PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE: AN APPROPRIATE RENT

PAYMENT BASED ON PREVAILING MARKET RATES IS MADE FOR THE USE OF OFFICE

SPACE IN THE PERSONAL RESIDENCE OF ONE HIGHLY COMPENSATED EMPLOYEE.

HEALTH BENEFIT: ALL FULL-TIME EMPLOYEES ARE ELIGIBLE FOR REIMBURSEMENT OF A

HEALTH CLUB MEMBERSHIP OR HEALTH EQUIPMENT UP TO A MAXIMUM OF \$500.

(TAXABLE W-2 INCOME)

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: GROSS-UP PAYMENTS ARE MADE FOR

TAXES ON THE SPOUSES' PORTION OF TRAVEL AS DESCRIBED ABOVE.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

Name of the organization **COMPASSION INTERNATIONAL, INCORPORATED** Employer identification number **36-2423707**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	238,028	SALES PRICE-FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	143,367	25% OF RETAIL VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

COMPASSION INTERNATIONAL, INCORPORATED

Employer identification number

36-2423707

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPONSOR DONOR MINISTRY FUNDS USED TO GATHER AND DISSEMINATE INFORMATION

TO SPONSORS CONCERNING THEIR SPONSORED CHILD, ENHANCES SPONSOR/CHILD

RELATIONSHIP BY PROCESSING CORRESPONDENCE, COMMUNICATES CHALLENGES OF

CHILD DEVELOPMENT IN VARIOUS ENVIRONMENTS, AND ENCOURAGES ADVOCACY ON

BEHALF OF CHILDREN.

EXPENSES \$ 23659979. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BURKINA FASO, ETHIOPIA, GHANA, KENYA,

RWANDA, TANZANIA, UGANDA, BANGLADESH,

INDIA, INDONESIA, PHILIPPINES, THAILAND,

DOMINICAN REPUBLIC, EL SALVADOR, GUATEMALA, HAITI,

HONDURAS, MEXICO, NICARAGUA, BOLIVIA,

BRAZIL, COLOMBIA, ECUADOR, PERU,

HONG KONG, TOGO, SINGAPORE

FORM 990, PART VI, SECTION A, LINE 10: COMPASSION INTERNATIONAL'S FORM 990

IS PREPARED AND REVIEWED BY A NATIONALLY RECOGNIZED CPA FIRM. BEFORE THE

FORM 990 IS FILED WITH THE I.R.S., IT IS REVIEWED BY OUR FINANCE DIVISION,

OUR TOP EXECUTIVE LEADERSHIP, AND THE GOVERNING BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: COMPASSION INTERNATIONAL REGULARLY

AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY BY ADMINISTERING AN ANNUAL QUESTIONNAIRE, REVIEWING

TRANSACTIONS FOR POTENTIAL CONFLICTS OF INTEREST/RELATED PARTY TRANSACTIONS

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

Schedule O (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

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Name of the organization

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Employer identification number

36-2423707

AND THE BOARD IS UPDATED ON THE RESULTS.

FORM 990, PART VI, SECTION B, LINE 15: COMPASSION INTERNATIONAL REVIEWS

AND APPROVES THE CEO'S AND KEY EMPLOYEES' COMPENSATION ANNUALLY THROUGH

INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION

THROUGH THE FOLLOWING PROCESS: ANNUALLY, THE COMPASSION INTERNATIONAL

HUMAN RESOURCE DIVISION PROVIDES COMPARABLE MARKET COMPENSATION DATA FOR

THE BOARD TO REVIEW FOR THE CEO AND KEY EMPLOYEES. THE BOARD REVIEWS THE

DATA, DOCUMENTS THE DELIBERATIONS AND DECISIONS OF THE REVIEW, AND APPROVES

THE COMPENSATION. IN ADDITION, THE COMPASSION INTERNATIONAL HUMAN RESOURCE

DIVISION ANNUALLY GATHERS COMPENSATION COMPARABILITY DATA REGARDING ALL

COMPASSION INTERNATIONAL EMPLOYEES AND REVIEWS AND APPROVES THE

COMPENSATION AMOUNTS. THE PRECEDING PROCESS WAS LAST UNDERTAKEN FOR THE

FOLLOWING POSITIONS IN JUNE 2009: PRESIDENT & CEO, EXECUTIVE VICE

PRESIDENT, CFO, AND SENIOR VICE PRESIDENTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, SC, TN, UT, VA, WI, WV, NC, MN, NH, NM, OR, MD, ME, FL, GA, IL, KY, CA, CO

FORM 990, PART VI, SECTION C, LINE 19: COMPASSION INTERNATIONAL MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST THROUGH MAIL OR IN PERSON AT THE COLORADO SPRINGS

OFFICE. COMPASSION INTERNATIONAL ALSO MAKES ITS FINANCIAL STATEMENTS AND

FORM 990 AVAILABLE AT WWW.COMPASSION.COM.

FORM 990 - VARIOUS

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Name of the organization

COMPASSION INTERNATIONAL, INCORPORATED

Employer identification number

36-2423707

RESPONSE TO QUESTIONS

CERTAIN QUESTIONS ON THE FORM 990 MAY BE LEFT BLANK. THIS MEANS THE

QUESTION IS NOT APPLICABLE.