Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	1	OMB No 1545-0047
	-	(and proxy tax und			1/00/	i	2019
•	For ca	lendar year 2019 or other tax year beginning JUL 1, 20		, and ending JUN		_ I	ZU 19
Department of the Treasury Internal Revenue Service	•	. , Do not enter SSN numbers on this form as it may	y be ma	ide publicifyourlogganiz	ation-is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	changed	and seemstrockers to the table of table of the table of	oank · USB	[(Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	Compassion International, Incorpo		*****			6-2423707
x 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see II	nstructions. NUV 16	2020		ated business activity code nstructions)
408(e)220(e)	'',	12290 Voyager Parkway		•			
408A530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code Ogden,	117		
529(a) C Book value of all assets	<u> </u>	Colorado Springs, CO 80921-3668		- Ogueni	, 01	54180	00
at end of year	894	F Group exemption number (See instructions.) G Check organization type x 501(c) corp	noration	501(c) trust	401(a)	truet	Other trust
		ition's unrelated trades or businesses.	1		the only (or first) uni		
		oited advertising activity			complete Parts I-V. I		
		ce at the end of the previous sentence, complete Pa	arts I ar				
business, then complete				•			•
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	> [Ye	es X No
		tifying number of the parent corporation.					
		obert Hawkins General Counsel/SVP			one number 🕨 71		
		de or Business Income	<u> </u>	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			١.	ŕ			
b Less returns and allow		c Balance	1c				<u> </u>
2 Cost of goods sold (S			3				
3 Gross profit. Subtract 4a Capital gain net incom			4a				
	•	art II, line 17) (attach Form 4797)	4b			$\overline{}$	<u> </u>
c Capital loss deduction			4c			_	
•		ship or an S corporation (attach statement)	5				
5 Income (loss) from a Rent income (Schedu		·	6				
🦔 7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				
	alties, a	nd rents from a controlled organization (Schedule F)	8				
~		on 501(c)(7), (9), or (17) organization (Schedule G)					
	-		10	12,000.	21,	210.	-9,210.
11 Advertising income (S		·	11				
Other income (See ins Totals Combine lines			13/	12,000.	21	210.	-9,210.
Part M Deductio	ns No	ot Taken Elsewhere (See instructions for	or limit:	ations on deductions)		210.	3,210.
(Deductions	must b	pe directly connected with the unrelated busin	ness in	come.)			
14 Compensation of off	cers, di	rectors, and trustees (Schedule K)				14	· - · · ·
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (se	ee instructions)			ļ	18	
19 Taxes and licenses	C+ 41			ا مما		19	
20 Depreciation (attach		n Schegule A and elsewhere on return		20 21a		011	
21 Less depreciation cla22 Depletion	umeu or	I Schedule A and eisewhere on return		[218]		21b 22	
 23 Contributions to defe 	rred co	mpensation plans			ŀ	23	
24 Employee benefit pro		mponoution plans				24	
25 Excess exempt expé	,	chedule I)			ľ	25	
26 Excess readership co		*			j	26	
27 Other deductions (at	tach sch	edule)				27	
28 Total deductions. A		~				28	0.
/		ncome before net operating loss deduction. Subtrac			Į	29	-9,210.
/	eratıng l	oss arising in tax years beginning on or after Janua	ıry 1, 20)18	_ [
(see instructions)		0.11.11.22			(1	30	0.
	-	ncome. Subtract line 30 from line 29		<u> </u>	<u></u>	31	-9,210.
923701 01-27-20 LHA FO	ı raper	work Reduction Act Notice, see instructions.			_		Form 990-T (2019)

	90-T(2018) Compassion International, Incorporated	36-2423707	Paç	ge 2
Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-9,21	10.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.	35	-9,21	10.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1 37 1	-9,21	
	· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,00	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00	,
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39	-9,21	.0.
Par				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		٥.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1 1 1		
	Tax rate schedule or Schedule D (Form 1041)	4		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45\		0.
Par		-1 1011		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	1 \1		_
b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		
_	, , , , , , , , , , , , , , , , , , ,	-		
C		-		
đ		- /		
е	10	46è		_
47	Subtract line 46e from line 45	47		0.
48	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		٥.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Payments: A 2018 overpayment credited to 2019	_		
b	2019 estimated tax payments 5,1b			
C	Tax deposited with Form 8868 51c] [
d	Foreign organizations: Tax paid or withheld at source (see instructions) 5/1d	1		
е	Backup withholding (see instructions) 51e	1		
f	Credit for small employer health insurance premiums (attach Form 8941) 511	1		
	Other credits, adjustments, and payments: Form 2439	1		
·	Form 4136 ☐ Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	₅ ½		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	· · · · · ·			
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56 Dow	Enter the amount of line 55 you want. Credited to 2020 estimated tax	561		
Part			· · · · ·	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes N	lo
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here See Statement 2		х	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х	:
	If "Yes," see instructions for other forms the organization may have to file.			_
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of parery, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it is	true,	_
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		lay the IRS discuss this ne preparer shown belo		
		nstructions)?		lo
			<u>" </u>	
		1		
Paic	1 10/22/2020 self- employed	1		
Prep	parer red R. Batson, Jr. (led K Batson)	P00721951		
Use	Only Firm's name ► Capin Crouse LLP Firm's EIN ►	36-399089	2	
	972 Emerson Parkway, Ste A			
	Firm's address Firm's address Greenwood, IN 46143	17-885-2620		
000744	04.07.00	_ ^/	AA T	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter here			. *	
4 a Additional section 263A costs			line 2		,	7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or				
5 Total. Add lines 1 through 4b	5		the organization?	aoquiioc	rior rosalo, appry to		
Schedule C - Rent Income		Property an	1 9	ا معدا	ed With Real Pro	nerty)	
(see instructions)	· · · · · · · · · · · · · · · · · · ·			LCGO			
1. Description of property							
(1)							
(2)						•	
(3)						_	
(4)							
	2. Rent receiv	ed or accrued			0()=		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or it it is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the ind 2(b) (attach schedu	ncome in ile)
(1)							-
(2)							
(3)							
(4)					-		
Total	0.	Total		0.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.		
here and on page 1, Part I, line 6, column		•		0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				
		· · · · · · · · · · · · · · · · · · ·	2. Gross income from		3. Deductions directly con to debt-finance		ole
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch	
(1)		•				<u> </u>	
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) and	tal of columns
(1)	,	_	%				
(2)	-		%				
(3)			%				-
(4)			%				
			1 70		nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o	
Totals	and the second second	•	>		0		0.
Total dividends-received deductions in	iciuaea in column	١٥				<u> </u>	0.

		1 -						111 000)	, craotio	.0,	
		Ex	empt C	Controlled O	rganızatı	ons	,				
Name of controlled organization	ıdentı			elated income instructions)	4. Tot payi	al of specified nents made	ents made includ		that is rolling income	6. Deductions directly connected with income in column 5	
/4\							 -				
(1)							-				
(2)							-				
(3)			-				├				
(4)							<u> </u>	_			
Nonexempt Controlled Organ	T										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total c	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		ductions directly connected in income in column 10	
(1)								<u>.</u>			
(2)		i i									
(3)	†						,				
(4)		- -						-			
Totals					•	Add colur Enter here and line 8, d		e 1, Part I,	Enter h	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Schedule G - Investme		Section 50)1(c)(7	7), (9), or	(17) Or	ganizatior	1				
(see inst	ructions)					2 5				<u> </u>	
1. Desc	cription of income			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	ected	4. Set-		5. Total deductions and set-asides	
(1)						(attach sched	iule)		· ·	(col 3 plus col 4)	
(2)			-		\longrightarrow						
										-	
(3)											
(4)				<u> </u>							
				Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)	
Totals			<u>▶</u>		0.					0	
Schedule I - Exploited (see instru		y income, (Otner	Inan Ad	vertisi	ng Income	•				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly conne with product of unrelated business inco Stmt 3	cted ion d	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) Advertising at											
(2) events	12,000.	21	210.	-	9,210.						
(3)	, , , , , , , , , , , , , , , , , , ,				-						
(4)			_			·					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (i I,							Enter here and on page 1, Part II, line 25	
Totals	12,000.	21	,210.							0	
Schedule J - Advertisi								_			
Part I Income From			Cons	solidated	Basis						
1. Name of periodical	2. Gross advertising income	3. Dir advertisin		4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, comput	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				7							
(3)		- 		1					-		
(4)				1							
<u> </u>		-		+		+		<u> </u>			
Totals (carry to Part II, line (5))	▶	0.	0							0	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Columns 2 through 7 on	a mic by mic basis.	,				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>		<u>" </u>			
(2)						
·(3)						
(4)						
Totals from Part I	0.	0.				0,
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of - time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	ı	%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Form 990-T Schedule I - Expenses Dir Production of Unrelate		Statement 3	
Description	Activity Number	Amount	Total
Direct Expenses - Subtotal		21,210.	21,210
Total of Form 990-T, Schedule I, Column	3		21,210