

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047
2008
 Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **and ending** _____

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 CROSS INTERNATIONAL, INC.		D Employer identification number 65-1086387
		Doing Business As		E Telephone number 954-657-9000
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
		City or town, state or country, and ZIP + 4 POMPAÑO BEACH FL 33060-6931		G Gross receipts 92,915,649
F Name and address of principal officer:				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ crossinternational.org				
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: _____ M State of legal domicile: _____				
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)				
H(c) Group exemption number ▶ _____				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CROSS INTERNATIONAL HELPS THE POOR IN MORE THAN 25 COUNTRIES BY PROVIDING FOOD, MEDICINES, HOUSING, EDUCATIONAL SUPPLIES & OTHER RESOURCES TO MEET URGENT NEEDS AND PROMOTE GREATER SELF-SUFFICIENCY.		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	103
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	83,907,696	92,887,441
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,986	-81,378
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	831	109,586
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,956,513	92,915,649
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,171,425
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		385,281	544,562
16a Professional fundraising fees (Part IX, column (A), line 11e)		111,440	108,457
b Total fundraising expenses (Part IX, column (D), line 25) ▶		1,021,851	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,451,288	2,140,417
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,119,434	93,502,443
	19 Revenue less expenses. Subtract line 18 from line 12	-162,921	-586,794
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,282,895	1,643,122
22 Net assets or fund balances. Subtract line 21 from line 20	1,103,383	2,050,404	
		179,512	-407,282

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: *James J. Cavnar* Date: 7/31/09
 Type or print name and title: James J. Cavnar, President

Paid Preparer's Use Only
 Preparer's signature: *Michael E. Vetter* Date: 7/31/09 Check if self-employed: Preparer's identifying number (see instructions): 451-08-5863
 Firm's name (or yours if self-employed), address, and ZIP + 4: Goldman, Juda & Eskew, PA 8211 W. BROWARD BLVD., STE. PH1 FL 5 PLANTATION, FL 33324-2744
 EIN: _____ Phone no.: 954-577-9700

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

CROSS INTERNATIONAL HELPS THE POOR IN MORE THAN 25 COUNTRIES BY PROVIDING FOOD, MEDICINES, HOUSING, EDUCATIONAL SUPPLIES & OTHER RESOURCES TO MEET URGENT NEEDS AND PROMOTE GREATER SELF-SUFFICIENCY.

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 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 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 \$ **2,411,286** including grants of \$ **2,411,286**) (Revenue \$)

FIGHTING MALNUTRITION IS A PRIORITY FOR CROSS INTERNATIONAL AND THE ORGANIZATION LAUNCHED SIGNIFICANT PROGRAMS IN 9 COUNTRIES IN 2008 AS PART OF THIS MISSION. HUNGER AND EVENTUAL MALNUTRITION CAUSE BOTH PHYSICAL AND MENTAL DISABILITIES IN CHILDREN, SO MUCH OF THE FOOD SHIPMENTS FUNDED WERE SPECIFICALLY EARMARKED FOR DISTRIBUTION TO INFANTS, TODDLERS AND ADOLESCENTS. COUNTRIES TARGETED INCLUDED BOLIVIA, DOMINICAN REPUBLIC, GUATEMALA, GUYANA, HAITI, NICARAGUA, PERU, ST. MARTIN AND THE U.S. THERE WERE 13 FOOD-RELATED OUTREACHES IN HAITI ALONE. THE IMPACT OF THIS (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ **57,547,125** including grants of \$ **57,542,871**) (Revenue \$)

CROSS INTERNATIONAL MEDICAL PROGRAMS FOCUSED ON NEEDS IN 13 COUNTRIES - AFGHANISTAN, BOLIVIA, DOMINICAN REPUBLIC, ETHIOPIA, GUATEMALA, HAITI, HONDURAS, INDIA, LIBERIA, PERU, RWANDA, VIETNAM AND ZAMBIA. THIS OUTREACH HAS HAD A WIDE-RANGING IMPACT. FOR EXAMPLE, A PEDIATRIC WING WAS CONSTRUCTED TO ADD MEDICAL SERVICES PREVIOUSLY UNAVAILABLE IN KABUL, AFGHANISTAN; WORK ON A NEW ICU UNIT WAS LAUNCHED FOR AN ORTHOPEDIC HOSPITAL IN ETHIOPIA; SHIPMENTS OF URGENTLY NEEDED MEDICAL SUPPLIES AND EQUIPMENT WERE PROVIDED TO A HEALTH MINISTRY IN A REMOTE AREA OF HAITI; DENTAL EQUIPMENT AND RELATED (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ **5,065,525** including grants of \$ **5,065,525**) (Revenue \$)

CROSS INTERNATIONAL HAS RESPONDED TO THE NEEDS OF ORPHANS IN 8 COUNTRIES - BOLIVIA, ECUADOR, GUATEMALA, HAITI, MALAWI, MOZAMBIQUE, NICARAGUA AND ZAMBIA. MANY OF THESE EFFORTS HAVE HAD A SIGNIFICANT IMPACT ON CHILDREN IMPACTED BY AIDS. THE PROGRAMS IDENTIFY CHILDREN WHO HAVE LOST PARENTS TO AIDS AND PLACES THEM - AS FAMILY GROUPS, WHENEVER POSSIBLE - IN THE HOMES OF VOLUNTEERS WHO PROVIDE PARENTAL CARE. FUNDING BY CROSS HAS ENABLED THE PROGRAMS TO SHELTER THOUSANDS OF OTHERWISE HOMELESS CHILDREN AND TO SUPPLY THE HOST FAMILIES WITH (CONTINUED ON SCHEDULE O)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **26,903,265** including grants of \$ **25,689,325**) (Revenue \$)4e Total program service expenses ▶ \$ **91,927,201** (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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b	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.? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II	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? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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? If "Yes," complete Schedule L, Part I		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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		
	1a 22		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 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		
	2a 103		
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 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?		
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?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
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?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
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:		
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		

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

		Yes	No
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.			
1a	Enter the number of voting members of the governing body	1a	10
b	Enter the number of voting members that are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	AL, AK, AR, AZ, CA, CT, FL, GA, IL, KS, KY, LA, ME
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
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: JAMES J. CAVNAR 600 SW 3RD ST. POMPANO BEACH FL 33060 954-657-9000	

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			
MARK KIELAR DIRECTOR		X					0	0	0	
JAMES J CAVNAR DIRECTOR		X					0	0	0	
DR JOE WHITE SECRETARY		X					0	0	0	
JIMMY DODD DIRECTOR		X					0	0	0	
CLARENCE HARVEY DIRECTOR		X					0	0	0	
MOST REV SAM JACOBS DIRECTOR		X					0	0	0	
BOB HODGDON CHAIRMAN		X					0	0	0	
LINDA KOONTZ DIRECTOR		X					0	0	0	
MICHAEL HOOVER DIRECTOR		X					0	0	0	
JAMES BROWN DIRECTOR		X					0	0	0	
LINDA BROWN DIRECTOR		X					0	0	0	
DAVID ADAMS OFFICER	8			X			33,814	118,934	5,947	
JAMES J CAVNAR PRESIDENT	8			X			16,395	131,596	22,094	
BRIAN SCHUTT OFFICER	8			X			15,975	128,220	23,437	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	8,755				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92,878,686				
	g Noncash contributions included in lines 1a-1f: \$		88,663,059				
	h Total. Add lines 1a-1f		92,887,441				
Program Service Revenue			Busn. Code				
	2a						
	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)		-81,378			-81,378	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 8,755 of contributions reported on line 1c). See Part IV, line 18						
		a		109,586			
b Less: direct expenses	b						
c Net income or (loss) from fundraising events			109,586			109,586	
9a Gross income from gaming activities. See Part IV, line 19							
	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
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			92,915,649	0	0	28,208	

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	438,872	438,872		
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	90,270,135	90,270,135		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,062	64,778	10,267	1,017
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	330,325	168,103	78,253	83,969
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,368	123	10,245	
9 Other employee benefits	91,996	35,361	41,433	15,202
10 Payroll taxes	35,811	17,638	11,705	6,468
11 Fees for services (non-employees):				
a Management	66,025	57,602	8,423	
b Legal	225		225	
c Accounting	25,265		25,265	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	108,457			108,457
f Investment management fees				
g Other	102,942	89,746	3,224	9,972
12 Advertising and promotion				
13 Office expenses	92,968	3,551	66,291	23,126
14 Information technology				
15 Royalties				
16 Occupancy	38,428	2,024	36,368	36
17 Travel	133,739	58,207	14,374	61,158
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172			172
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,755		28,755	
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 POSTAGE AND SHIPPING	620,502	398,035	39,678	182,789
b AIRTIME	597,460	286,469		310,991
c PRINTING	206,920	14,489	10,277	182,154
d MISCELLANEOUS	114,166	14,552	79,622	19,992
e DATA PROCESSING	94,126		88,986	5,140
f All other expenses	18,724	7,516		11,208
25 Total functional expenses. Add lines 1 through 24f	93,502,443	91,927,201	553,391	1,021,851
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	233,347	1	221,176
	2 Savings and temporary cash investments	285,115	2	189,125
	3 Pledges and grants receivable, net	190,813	3	1,091,790
	4 Accounts receivable, net	31,757	4	3,153
	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		7	
	8 Inventories for sale or use	422,860	8	
	9 Prepaid expenses and deferred charges	3,818	9	3,818
	10a Land, buildings, and equipment: cost basis	10a 219,168		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 85,983	10c	133,185
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	141	15	875
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,282,895	16	1,643,122	
Liabilities	17 Accounts payable and accrued expenses	38,391	17	88,722
	18 Grants payable		18	
	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	1,064,992	25	1,961,682
	26 Total liabilities. Add lines 17 through 25	1,103,383	26	2,050,404
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	-302,186	27	-838,038
	28 Temporarily restricted net assets	248,698	28	197,756
	29 Permanently restricted net assets	233,000	29	233,000
	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	179,512	33	-407,282	
34 Total liabilities and net assets/fund balances	1,282,895	34	1,643,122	

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

2008

Open to Public
Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

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 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?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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.")	45,585,574	70,706,670	80,639,059	83,907,696	92,997,027	373,836,026
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	45,585,574	70,706,670	80,639,059	83,907,696	92,997,027	373,836,026
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	33,678,627	56,684,091	48,885,108	55,445,778	41,818,414	236,512,018
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	33,678,627	56,684,091	48,885,108	55,445,778	41,818,414	236,512,018
8 Public support (Subtract line 7c from line 6.)	11,906,947	14,022,579	31,753,951	28,461,918	51,178,613	137,324,008

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	45,585,574	70,706,670	80,639,059	83,907,696	92,997,027	373,836,026
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,204	13,635	22,889	47,986	-81,378	18,336
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,204	13,635	22,889	47,986	-81,378	18,336
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.)	28	30		831		889
13 Total support. (Add lines 9, 10c, 11, and 12.)	45,600,806	70,720,335	80,661,948	83,956,513	92,915,649	373,855,251
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	36.7319 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	25.7000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0049 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0224 %

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

MISCELLANEOUS \$ **889**

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: CROSS INTERNATIONAL, INC. Employer identification number: 65-1086387

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II including checkboxes for purposes of conservation easements, a table for 'Held at the End of the Year' (2a-2d), and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III including questions 1a and 1b regarding reporting of art and historical treasures, and questions 2a and 2b regarding revenues and assets.

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	287,028				
b Contributions					
c Investment earnings or losses	-97,903				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	189,125				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		219,168	85,983	133,185

Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) **133,185**

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)
		South Asia	Relief to the poor	10,000	Bank Draft or C			
		Russia and the Newly Independent States	Relief to the poor			115,803	Furniture	Thrift Shop
		Central America and the Caribbean	Relief to the poor	9,000	Bank Draft or C			
		South America	Relief to the poor	5,640	Bank Draft or C			
		South America	Relief to the poor	12,956	Bank Draft or C			
		South America	Relief to the poor	13,580	Bank Draft or C			
		South America	Relief to the poor	6,540	Bank Draft or C			
		South America	Relief to the poor			105,467	Furniture	Thrift Shop
		Central America and the Caribbean	Relief to the poor	59,745	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	24,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	9,350	Bank Draft or C			
		South America	Relief to the poor	8,725	Bank Draft or C			
		South America	Relief to the poor	15,660	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	9,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	18,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	14,400	Bank Draft or C			

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

3 Enter total number of other organizations or entities

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Part IV Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

GRANTMAKER HAS MANAGEMENT STAFF WHO MAKE VISITS ON A REGULAR BASIS TO OR
REQUIRE WRITTEN DOCUMENTATION WITH PICTURES OR PHONE CALLS FROM EACH
RECIPIENT TO MAKE SURE THAT THE ASSISTANCE IS BEING PROPERLY HANDLED. THIS
PROCESS ALSO QUALIFIES THE RECIPIENT FOR FUTURE ASSISTANCE.

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)
		Central America and the Caribbean	Relief to the poor	22,474	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	7,500	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	18,548	Bank Draft or C			
		South America	Relief to the poor	31,500	Bank Draft or C			
		South America	Relief to the poor			144,036	Furniture,	Thrift Sho Supp
		South America	Relief to the poor			408,042	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor	235,440	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	68,400	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	6,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	62,421	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			172,338	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor	37,192	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	69,369	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			30,384,138	Medical Equipme	Replacemen
		Central America and the Caribbean	Relief to the poor			46,047	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor	24,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			25,000	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			46,047	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor	129,499	Bank Draft or C			

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)
		Central America and the Caribbean	Relief to the poor	30,180	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	5,710	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	26,250	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			33,894	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor	21,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	5,250	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	12,590	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			193,213	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			5,101,670	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor	12,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			36,619	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			46,047	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor			15,000	Clothing,	Thrift Sho Food,
		Central America and the Caribbean	Relief to the poor			62,047	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			46,047	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor			1,051,056	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor			30,000	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			70,063	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor			37,000	Furniture,	Thrift Sho Supp

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)
			Central America and the Caribbean	Relief to the poor			35,200	Furniture	Thrift Shop
			Central America and the Caribbean	Relief to the poor	7,700	Bank Draft or C			
			Central America and the Caribbean	Relief to the poor			12,181,639	Furniture	Thrift Shop
			Central America and the Caribbean	Relief to the poor	41,550	Bank Draft or C			
			Central America and the Caribbean	Relief to the poor	8,000	Bank Draft or C			
			South Asia	Relief to the poor			25,287,301	Medical Equipme	Replacemen
			Sub-Saharan Africa	Relief to the poor			159,122	Furniture	Thrift Shop
			Sub-Saharan Africa	Relief to the poor			1,309,372	Medical Equipme	Replacemen
			Sub-Saharan Africa	Relief to the poor	24,000	Bank Draft or C			
			Sub-Saharan Africa	Relief to the poor	7,514	Bank Draft or C			
			Sub-Saharan Africa	Relief to the poor	71,600	Bank Draft or C			
			Central America and the Caribbean	Relief to the poor	11,671	Bank Draft or C			
			Central America and the Caribbean	Relief to the poor			46,047	Food, Water, Su	Cost
			Central America and the Caribbean	Relief to the poor	13,200	Bank Draft or C			
			Central America and the Caribbean	Relief to the poor	12,100	Bank Draft or C			
			South America	Relief to the poor	19,320	Bank Draft or C			
			South America	Relief to the poor	12,100	Bank Draft or C			
			South America	Relief to the poor			5,293,946	Furniture	Thrift Shop
			East Asia and the Pacific	Relief to the poor	15,000	Bank Draft or C			

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	Relief to the poor and the Pacific	11,500	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor			363,155	Medical Equipme	Replacemen
		Central America and the Caribbean	Relief to the poor			83,003	Furniture,	Thrift Sho
		Sub-Saharan Africa	Relief to the poor			987,758	Furniture,	Thrift Sho
		East Asia	Relief to the poor and the Pacific	10,000	Bank Draft or C			
		East Asia	Relief to the poor and the Pacific	15,000	Bank Draft or C			
		East Asia	Relief to the poor and the Pacific	8,000	Bank Draft or C			
		East Asia	Relief to the poor and the Pacific	17,500	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	50,004	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	36,235	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	107,044	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor			4,771,882	Clothing,	Thrift Sho
								Food,

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number
65-1086387

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR CARE CENTER	TELEPHONE		X	7,640	22,361	-14,721
Total				7,640	22,361	-14,721

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

All states

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AKRON, OHIO FUN		None	(Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	118,341			118,341
	2 Less: Charitable contributions	8,755			8,755
	3 Gross revenue (line 1 minus line 2)	109,586			109,586
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				()
	9 Net income summary. Combine lines 3 and 8 in column (d)				109,586

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **JAMES J. CAVNAR**
600 SW 3RD ST.
 Address ▶ **POMPANO BEACH** **FL 33060**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address:

Name ▶
 Address ▶

16 Gaming manager information:

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶
 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
15a		X
17a		X

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

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
	Lowcountry Food Bank, Inc. 1635 Cosgrove Avenue Charleston SC 29405	57-0751835	3		69,509	Cost	Food, Water, Su	Relief to the poor
	CURE Int'l 701 Bosler Ave Lemoyne PA 17043-1819	58-2248383	3	44,950				Relief to the poor
	World Missions Outreach University City Blvd. Harrisburg NC 28075	58-1736414			226,623	Cost	Food, Water, Su	Relief to the poor
	Ephesians 4 Network 9530 N. Federal Rd. Howard City MI 49329				95,790	Thrift Sho	Furniture, Supp	Relief to the poor

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization **CROSS INTERNATIONAL, INC.** Employer identification number **65-1086387**

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 type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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 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
1a		
2		
3		
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 reportable compensation					
DAVID ADAMS	(i)	33,814	0	0	796	172	34,782	0
	(ii)	118,934	0	0	3,787	1,192	123,913	0
JAMES J CAVNAR	(i)	16,395	0	0	771	3,565	20,731	0
	(ii)	131,596	0	0	3,669	14,089	149,354	0
BRIAN SCHUTT	(i)	15,975	0	0	751	3,822	20,548	0
	(ii)	128,220	0	0	3,574	15,290	147,084	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

**Open To Public
Inspection**

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

▶Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number
65-1086387

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				
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	X	1	740,838	
20 Drugs and medical supplies	X	3	87,480,393	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
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 Acknowledgement

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 non-cash 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.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387**Form 990, Part III, Line 4a - First Achievement**

PROGRAM WAS ENHANCED BY USING SCHOOLS FOR POOR CHILDREN AS A NETWORK FOR DISTRIBUTION. THIS NOT ONLY PRODUCED A DECREASE IN MALNUTRITION AND RELATED MEDICAL DISABILITIES IN THE AREAS TARGETED, BUT IT ALSO IMPROVED SCHOOL PERFORMANCE AMONG THOSE CHILDREN WHO WERE FED. IN ALL, MORE THAN 25 INDIVIDUAL IN-COUNTRY PARTNERS WERE INVOLVED IN THE DISTRIBUTION OF FOOD SUPPLIED BY CROSS, REPRESENTING HUNDREDS OF THOUSANDS OF MEALS SUPPLIED TO CHILDREN DURING THE YEAR.

Form 990, Part III, Line 4b - Second Achievement

MEDICINES WERE SUPPLIED TO A PROGRAM IN INDIA; AND FIRST AID KITS AND OTHER MEDICAL SUPPLIES WERE DISTRIBUTED TO A NETWORK OF CHURCHES IN VIETNAM. PROVIDING RESOURCES TO THESE AND OTHER CHRISTIAN MEDICAL PROJECTS MAKES A MORE EFFECTIVE USE OF FACILITIES AND STAFF MEMBERS ALREADY IN PLACE BY EQUIPPING AND SUPPLYING THEM WITH RESOURCES NECESSARY FOR THEIR SERVICES TO THE COMMUNITY. AS A RESULT, THOUSANDS OF FAMILIES WHO HAD NO OTHER OPTIONS ARE PROVIDED WITH QUALITY MEDICAL CARE.

Form 990, Part III, Line 4c - Third Achievement

FOOD, MEDICAL CARE AND OTHER RESOURCES. OTHER ORPHAN PROGRAMS FUNDED IN 2008 INCLUDE FOOD DISTRIBUTIONS TO

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

TRADITIONAL ORPHANAGES IN HAITI, MALAWI AND ZAMBIA;
 SUPPORT OF A CHRISTIAN CAMP FOR PHYSICALLY DISABLED
 ORPHANS IN ECUADOR; A GRANT TO COVER THE EDUCATION OF
 ORPHANS IN BOLIVIA, ECUADOR, HAITI AND NICARAGUA AND
 DELIVERY OF DIAPERS, CLOTHING AND OTHER NECESSITIES TO
 CARE FOR INFANTS IN HAITI. IN EACH OF THESE CASES, THE
 SUPPORT CROSS PROVIDED GREATLY ENHANCED THE PARTNER
 MINISTRIES' ABILITY TO CARE FOR NEEDY CHILDREN.

Form 990, Part III, Line 4d - All Other Achievements

4D ADDITIONAL PROGRAM SERVICES - EDUCATION

CROSS INTERNATIONAL'S EDUCATIONAL PROGRAMS TARGETED NEEDS

IN 7 COUNTRIES: BOLIVIA, DOMINICAN REPUBLIC, ECUADOR,

GUATEMALA, GUYANA, HAITI AND HONDURAS. THERE WERE 11

MINISTRY PARTNERS INVOLVED IN THE PROJECTS WITHIN THE

COUNTRIES SERVED. ALTHOUGH EDUCATIONAL OPPORTUNITIES ARE

OFFERED AT NO COST BY THE GOVERNMENTS OF MOST OF THESE

COUNTRIES, THERE ARE PRACTICAL PROBLEMS WITH THESE

OPTIONS. IN SOME CASES, THE GOVERNMENT SCHOOLS ARE

SUBSTANDARD. IN OTHER CASES, THERE ARE RULES THAT PROHIBIT

ATTENDANCE BY THE POOR - SMALL TUITION FEES, REQUIREMENTS

THAT SUPPLIES BE PURCHASED BY PARENTS, DRESS CODES THAT

INCLUDE SHOES OR UNIFORMS THAT ARE BEYOND THE MEANS OF THE

FAMILY. CROSS HAS SUPPLIED A QUALITY EDUCATION TO

THOUSANDS OF CHILDREN IN THIS POSITION BY PARTNERING WITH

CHURCH-RUN SCHOOLS THAT WILL ACCEPT SUCH STUDENTS AND

SUPPLY THEM WITH THE MATERIALS AND RESOURCES THEY NEED. IN

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

ADDITION TO THE TRADITIONAL SCHOOL PROGRAMS OF THIS KIND THAT CROSS SPONSORED IN 2008, THE ORGANIZATION ALSO TOOK ON SEVERAL PROJECTS THAT ENHANCED EXISTING SCHOOLS BY EITHER PROVIDING MORE CLASSROOM SPACE OR BY ADDING EQUIPMENT BENEFICIAL TO THE EDUCATIONAL PROGRAMS BEING OFFERED. FOR EXAMPLE, CROSS PURCHASED 40 COMPUTERS AND FUNDED THE CONVERSION OF A CLASSROOM INTO A COMPUTER LAB FOR A MINISTRY SCHOOL IN HONDURAS. IT ALSO PROVIDED THE RESOURCES NECESSARY FOR A SCHOOL IN BOLIVIA TO ADD A KITCHEN CAPABLE OF SERVING LUNCHES TO THE CHILDREN ATTENDING SCHOOL. THESE AND OTHER EDUCATIONAL PROJECTS LAUNCHED BY CROSS IN 2008 SIGNIFICANTLY INCREASED THE NUMBER OF FINANCIALLY STRUGGLING STUDENTS ABLE TO ATTEND QUALITY SCHOOLS AND IMPROVED THE QUALITY OF THE EDUCATION PROVIDED BY THOSE SCHOOL PARTNERS.

4D ADDITIONAL PROGRAM SERVICES - WATER PROJECTS SEVEN PROJECTS TO DELIVER SAFE DRINKING WATER OR WATER FOR AGRICULTURAL USE WERE FUNDED IN FOUR COUNTRIES: HAITI, NICARAGUA, VIETNAM AND ZAMBIA. ALTHOUGH MOST OF THESE PROJECTS ARE BASED IN ONE TOWN OR MINISTRY LOCATION, THEY ARE DESIGNED TO SERVE THOUSANDS OF INDIVIDUALS IN THE SURROUNDING COMMUNITIES. FOR EXAMPLE, CROSS FUNDED A MULTI-PHASE WATER PROJECT IN A REMOTE AREA OF NORTHWEST HAITI THAT IMPACTED SEVERAL VILLAGES WITHIN SEVERAL MILES OF THE ORIGINAL WATER SOURCE. IN VIETNAM, A SYSTEM OF 40 WELLS ACHIEVED SIMILAR RESULTS. IN AREAS WHERE WATER

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

PROJECTS ARE ESTABLISHED THE IMPACT IS IMMEDIATE AND
DRAMATIC. WATER-BORNE DISEASES TRANSMITTED BY UNSAFE WATER
ARE A LEADING CAUSE OF DEATH AMONG THE POOR, PARTICULARLY
INFANTS AND YOUNG CHILDREN. SUPPLYING SAFE WATER PRODUCES
A SIGNIFICANT DROP IN INFANT MORTALITY RATES RELATED TO
THESE DISEASES. BY ESTABLISHING NEW SOURCES OF SAFE WATER
THAT CAN SERVE COMMUNITIES FOR YEARS TO COME, CROSS
INTERNATIONAL'S 2008 PROJECTS WILL PROTECT THOUSANDS OF
FAMILIES FROM ILLNESS AND SAVE HUNDREDS OF LIVES.

4D ADDITIONAL PROGRAM SERVICES - HOUSING

CROSS INTERNATIONAL UNDERTOOK HOUSING PROJECTS IN FOUR
COUNTRIES: GUATEMALA, MOZAMBIQUE, VIETNAM AND THE
PHILIPPINES. THESE PROGRAMS HAD A VARIETY OF OBJECTIVES.
THE PROGRAM IN GUATEMALA FUNDED A SAFE HOUSE FOR FAMILIES
ESCAPING DOMESTIC VIOLENCE. IN MOZAMBIQUE, HOMES WERE
CONSTRUCTED FOR CHILDREN ORPHANED BY AIDS. IN VIETNAM, THE
FUNDING WAS USED TO REPLACE OR REPAIR SEVERELY DAMAGED
ROOFS. IN EACH OF THESE CASES, CROSS WAS ABLE TO PROVIDE
THE NEEDY FAMILY OR INDIVIDUAL WITH A SAFE, STABLE HOME.

4D ADDITIONAL PROGRAM SERVICES - SELF HELP PROJECTS

MICRO-FINANCE LOANS WERE FUNDED IN KENYA AND THE
PHILIPPINES, ENABLING THE PARTNER MINISTRIES IN THOSE
COUNTRIES TO EXPAND THEIR SERVICES TO MORE RECIPIENTS.
THIS FUNDING HELPED MORE THAN 9,000 INDIVIDUALS - MANY OF
THEM SINGLE MOTHERS SUPPORTING FAMILIES - TO CREATE SMALL,

Name of the organization

CROSS INTERNATIONAL, INC.

Employer identification number

65-1086387

SELF-SUSTAINING BUSINESSES WHICH CAN PRODUCE ENOUGH INCOME TO MEET THEIR NEEDS FOR FOOD, MEDICINES, THE EDUCATION OF CHILDREN AND OTHER BENEFITS.

4D ADDITIONAL PROGRAM SERVICES - SHIPPING

CROSS INTERNATIONAL'S SHIPPING PROGRAM USES FINANCIAL DONATIONS TO TRANSPORT AND DISTRIBUTE IN-KIND DONATIONS RANGING FROM FOOD AND MEDICINES TO OFFICE/SCHOOL FURNITURE AND SOPHISTICATED MEDICAL EQUIPMENT. THE FINANCIAL IMPACT IS SIGNIFICANT BECAUSE A DONATION OF ONE DOLLAR CAN PLACE \$80 OR MORE WORTH OF AID INTO THE HANDS OF THE POOR OR THE MINISTRIES SERVING THEM. MEDICAL SHIPMENTS HAVE BEEN PARTICULARLY IMPORTANT IN 2008, DELIVERING LIFE-SAVING MEDICATIONS TO CLINICS WITH VIRTUALLY NO SUPPLIES. WITHOUT THESE MEDICINES, THESE MEDICAL OUTREACHES WOULD HAVE TURNED THOUSANDS OF PATIENTS AWAY WITH NO TREATMENT. THE CROSS SHIPMENTS RESTOCKED THESE CLINICS AND PROVIDED FOR THE EFFECTIVE TREATMENT OF FAMILIES IN THE COMMUNITY.

4D ADDITIONAL PROGRAM SERVICES - DISASTER RELIEF/RECOVERY

AREAS OF THE CARIBBEAN AND U.S. WERE IMPACTED BY HURRICANES IN EITHER LATE 2007 OR 2008, AND CROSS RESPONDED TO THE AFTERMATH OF THE STORMS BY PROVIDING ASSISTANCE TO HAITI, HONDURAS AND GALVESTON, TEXAS. FOOD FOR THOUSANDS OF VICTIMS WAS SHIPPED IN OR PURCHASED IN-COUNTRY, AND THE OUTREACH WAS ABLE TO REDUCE THE CASES OF MALNUTRITION EXPECTED FROM THE DISASTER. SINCE MANY

Name of the organization

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FAMILIES WERE ALSO LEFT HOMELESS BY THE HURRICANE, CROSS PROVIDED TARPS, TENTS AND OTHER PROVISIONS, PARTICULARLY IN THE HARDEST HIT AREA OF HAITI - GONAIVES.

4D ADDITIONAL PROGRAM SERVICES - GENERAL SUPPORT & OTHER
CROSS INTERNATIONAL IS UNIQUELY POSITIONED TO HELP OVERSEAS MINISTRIES WITH THEIR SPECIFIC OR UNEXPECTED NEEDS. IN 2008, THESE TARGETED RESPONSES HELPED MORE THAN 30 PROGRAMS IN 16 COUNTRIES - AFGHANISTAN, ARMENIA, COLUMBIA, GUYANA, HAITI, HONDURAS, KENYA, NICARAGUA, PERU, THE PHILIPPINES, ST. MARTIN, THAILAND, TRINIDAD, UGANDA, THE UNITED STATES AND ZAMBIA. EXAMPLES INCLUDE THE SHIPMENT OF CLOTHING AND SHOES FOR STUDENTS TO 20 SCHOOLS IN UGANDA, PROVIDING SEWING MACHINES TO A SELF-HELP PROGRAM IN GUYANA AND THE DELIVERY OF TOOLS TO A MINISTRY IN HAITI.

4D ADDITIONAL PROGRAM SERVICES - MISSION EDUCATION
CROSS INTERNATIONAL'S OVERALL MISSION INCLUDES EDUCATING CHRISTIANS IN THE UNITED STATES ABOUT THE NEEDS OF THE POOR OVERSEAS. THIS IS IMPORTANT TO THE ORGANIZATION'S GOAL OF DEVELOPING STRONGER RELATIONSHIPS BETWEEN AMERICA AND THE UNDERDEVELOPED COUNTRIES OF THE WORLD. IT IS ALSO PART OF CROSS INTERNATIONAL'S EFFORT TO SUPPORT BIBLICAL TEACHINGS THAT HIGHLIGHT GOD'S COMMANDS TO SUPPORT THE POOR AND TO LOVE ONE ANOTHER. IN 2008, CROSS ACHIEVED THIS GOAL BY COMMUNICATING DIRECTLY TO AMERICAN CHRISTIANS

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THROUGH CHRISTIAN RADIO. A TOTAL OF 32 SPECIAL DAY-LONG
AND TWO-DAY RADIO PRESENTATIONS WERE MADE TO THE PUBLIC ON
24 RADIO STATIONS HEARD IN 23 STATES. ONE EVENT WAS ALSO
WEBCAST ON THE INTERNET TO LISTENERS WORLDWIDE.

4D ADDITIONAL PROGRAM SERVICES - PROJECT DEVELOPMENT
IN ORDER TO ENSURE THE PROPER USE OF DONATED FUNDS AND
COMMODITIES, CROSS INTERNATIONAL SYSTEMATICALLY VISITS
OVERSEAS PARTNERS. IN 2008, THE VICE PRESIDENT OF MISSIONS
AND FOUR FIELD OFFICERS MADE REGULAR VISITS TO THESE
IN-COUNTRY MINISTRIES, REVIEWING REQUESTS FOR ASSISTANCE,
MONITORING THE USE OF PREVIOUS GIFTS AND PROVIDING
PROFESSIONAL ASSISTANCE WITH ACCOUNTING OR PROJECT
DEVELOPMENT ISSUES. THESE PROJECT DEVELOPMENT SERVICES
HAVE HELPED CROSS PARTNERS GROW MORE EFFECTIVELY, PROVIDE
A BETTER OUTREACH TO THE POOR AND MAINTAIN GREATER
STABILITY IN THE COMMUNITY.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
THE FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR WITH FINANCIAL INFORMATION
OBTAINED IN THE COURSE OF THE ANNUAL AUDIT. ADDITIONAL INFORMATION IS
SUPPLIED AS NEEDED BY ORGANIZATION STAFF. DRAFTS ARE SUBMITTED TO THE
PRESIDENT AND THE CONTROLLER FOR REVIEW. A FINAL DRAFT IS PREPARED BY THE
AUDITOR AND SUBMITTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW.
AFTER THE BOARD REVIEW THE FORM 990 IS SIGNED BY THE PRESIDENT AND THE
AUDITOR AND SUBMITTED TO THE IRS.

Name of the organization

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Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

UNDER A POLICY ESTABLISHED BY THE BOARD OF DIRECTORS THE PRESIDENT ANNUALLY ASKS ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO SUBMIT A STATEMENT DISCLOSING ALL POSSIBLE CONFLICTS OF INTEREST. THE PRESIDENT SUBMITS A REPORT OF THESE DISCLOSURES TO THE BOARD OF DIRECTORS FOR CONSIDERATION. THE BOARD THEN ADOPTS WHATEVER POLICIES IT DEEMS APPROPRIATE TO PROTECT THE ORGANIZATION FROM CONFLICTS OF INTEREST.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE PROCESS FOR DETERMINING ALL COMPENSATION IN THE ORGANIZATION BEGINS WITH A SURVEY OF COMPARABILITY DATA FOR EACH POSITION BY AN OUTSIDE COMPENSATION CONSULTANT. THE CONSULTANT PREPARES A SALARY STRUCTURE FOR REVIEW BY THE PERSONNEL COMMITTEE. ONCE THE PERSONNEL COMMITTEE HAS ACCEPTED THE STUDY IT IS USED FOR DETERMINING COMPENSATION FOR ALL POSITIONS INCLUDING THE PRESIDENT. THE OUTSIDE COMPENSATION CONSULTANT UPDATES THE SALARY STRUCTURE FOR ALL POSITIONS ANNUALLY AND REPEATS THE FULL STUDY OF COMPARABILITY SURVEYS FOR ALL POSITIONS EVERY TWO YEARS. THE PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. ALL OTHER SALARIES, INCLUDING FOR OTHER OFFICERS AND KEY EMPLOYEES, ARE REVIEWED ANNUALLY BY THE APPROPRIATE SUPERVISING EXECUTIVES WHO MAKE RECOMMENDATIONS TO THE PERSONNEL COMMITTEE. ONCE THE PERSONNEL COMMITTEE HAS APPROVED THE RECOMMENDATIONS MUST BE APPROVED BY THE PRESIDENT.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE PROCESS FOR DETERMINING ALL COMPENSATION IN THE ORGANIZATION BEGINS WITH A SURVEY OF COMPARABILITY DATA FOR EACH POSITION BY AN OUTSIDE

Name of the organization

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COMPENSATION CONSULTANT. THE CONSULTANT PREPARES A SALARY STRUCTURE FOR REVIEW BY THE PERSONNEL COMMITTEE. ONCE THE PERSONNEL COMMITTEE HAS ACCEPTED THE STUDY IT IS USED FOR DETERMINING COMPENSATION FOR ALL POSITIONS INCLUDING THE PRESIDENT. THE OUTSIDE COMPENSATION CONSULTANT UPDATES THE SALARY STRUCTURE FOR ALL POSITIONS ANNUALLY AND REPEATS THE FULL STUDY OF COMPARABILITY SURVEYS FOR ALL POSITIONS EVERY TWO YEARS. THE PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. ALL OTHER SALARIES, INCLUDING FOR OTHER OFFICERS AND KEY EMPLOYEES, ARE REVIEWED ANNUALLY BY THE APPROPRIATE SUPERVISING EXECUTIVES WHO MAKE RECOMMENDATIONS TO THE PERSONNEL COMMITTEE. ONCE THE PERSONNEL COMMITTEE HAS APPROVED THE RECOMMENDATIONS MUST BE APPROVED BY THE PRESIDENT.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Maryland, Michigan, Minnesota, Mississippi, North Dakota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL SUCH DOCUMENTS ARE AVAILABLE WITHOUT CHARGE TO THE PUBLIC UPON REQUEST FROM THE ORGANIZATION. IN ADDITION, ARTICLES OF INCORPORATION AND THE ANNUAL REPORT ARE AVAILABLE ON THE WEBSITE OF THE STATE OF FLORIDA DIVISION OF CORPORATIONS AT WWW.SUNBIZ.ORG. ARTICLES OF INCORPORATION, AUDITED FINANCIAL STATEMENTS, AND THE FORM 990 ARE ALSO AVAILABLE FROM WWW.GUIDESTAR.ORG.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization CROSS INTERNATIONAL, INC.	Employer identification number 65-1086387
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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CROSS INTERNATIONAL CATHOLIC 370 W CAMINO GARDENS BLVD #102 65-1156061 BOCA RATON FL 33432-5816	CHARITY	FL	501c3	1	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc.?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	CROSS INTERNATIONAL CATHOLIC	e	1,961,682
(2)			
(3)			
(4)			
(5)			
(6)			

Depreciation and Amortization
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CROSS INTERNATIONAL, INC.	Identifying number 65-1086387
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Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	27,377

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	573
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	27,950
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2008 tax year (see instructions): 43 Amortization of costs that began before your 2008 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
	\$ <u>11,018</u>		14	
Total	\$ <u><u>11,018</u></u>			

Federal Statements**Form 990, Part IX, Line 24f - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PURCHASED GOODS	\$ 7,516	\$ 7,516	\$	\$
FOOD	6,677			6,677
Supplies	1,761			1,761
Postage and Shipping	1,088			1,088
Printing and Publications	969			969
MISCELLANEOUS	648			648
IN KIND CONSUMABLES	46			46
GIFTS	19			19
Total	<u>\$ 18,724</u>	<u>\$ 7,516</u>	<u>\$ 0</u>	<u>\$ 11,208</u>

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
AMERICA'S HEART	\$ 41,818,414	\$ 55,445,778	\$ 48,885,108	\$ 56,684,091	\$ 33,678,627
Total	<u>\$ 41,818,414</u>	<u>\$ 55,445,778</u>	<u>\$ 48,885,108</u>	<u>\$ 56,684,091</u>	<u>\$ 33,678,627</u>