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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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	
	600 SW 3rd Street		2201
City or town, state or country, and ZIP + 4 Pompano Beach, FL 33060		G Gross receipts \$ 67,614,985.	
F Name and address of principal officer: James J. Cavnar same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: crossinternational.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001	M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Cross International cost effectively serves in 22 countries providing monetary and material		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2011 (Part V, line 2a)	5	146
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	93,411,956.	67,522,106.
	9 Program service revenue (Part VIII, line 2g)	28,023.	4,226.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	51.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,141.	4,010.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,406,838.	67,530,393.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,613,654.	63,261,330.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,382,439.	1,560,249.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,018.	73,646.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,870,780.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,314,182.	3,176,601.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,347,293.	68,071,826.	
19 Revenue less expenses. Subtract line 18 from line 12	59,545.	-541,433.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,412,580.	End of Year 4,256,262.
	21 Total liabilities (Part X, line 26)	3,709,554.	4,096,518.
	22 Net assets or fund balances. Subtract line 21 from line 20	703,026.	159,744.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	James J. Cavnar, President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michele M. Wales	Preparer's signature <i>Michele M. Wales</i>	Date 07/12/12	Check if self-employed <input type="checkbox"/>	PTIN P00428093
	Firm's name ▶ Batts Morrison Wales & Lee, P.A.	Firm's EIN ▶ 20-4193611	Firm's address ▶ 801 North Orange Avenue, Suite 800 Orlando, FL 32801	Phone no. 407-770-6000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: Cross International channels resources such as food, medicines and educational materials to the poor through a network of Christian churches and ministries already in place within impoverished communities. Cross also gives financial grants to overseas churches

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 45,199,854. including grants of \$ 45,199,854.) (Revenue \$) Focus on Medical - Cross International medical aid focused on needs in eight countries - Afghanistan, the Dominican Republic, Ghana, Guatemala, Haiti, Honduras, Vietnam and Zambia. This outreach has had a wide-ranging impact. For example, a pediatric hospital was supported in the Dominican Republic, which provides extremely poor families with the only opportunity they have to overcome the disabilities of their handicapped children. In another case, home-based medical care was provided to the chronically ill in an impoverished area of Zambia. If it were not for the care they received, many patients would have left their children needlessly orphaned. Providing medicines, equipment and grants to these and other Christian medical projects is even more valuable when it makes effective use of facilities already in place.

4b (Code:) (Expenses \$ 8,023,530. including grants of \$ 8,023,530.) (Revenue \$) Focus on Orphans - Cross International has responded to the needs of orphans in ten countries - Bolivia, Ecuador, Guatemala, Guyana, Haiti, Malawi, Mexico, Mozambique, Nicaragua and Zambia. Efforts in Mozambique and Zambia have had a significant impact on children affected by AIDS. These programs identify orphaned children - most of whom have lost one or both parents to AIDS - and help them with basic needs such as food, shelter, medical care and education. Other programs funded included traditional orphanages in Africa, Latin America and the Caribbean.

4c (Code:) (Expenses \$ 5,092,070. including grants of \$ 5,092,070.) (Revenue \$) Focus on Food - Fighting malnutrition is a priority for Cross International. As part of this mission, the Organization sponsored significant programs in 12 countries, including Bolivia, the Dominican Republic, El Salvador, Guatemala, Haiti, Kenya, Malawi, Nicaragua, Peru, the Philippines, the U.S. and Zambia. In all, more than 25 individual in-country partners were involved in the distribution of hundreds of thousands of Cross-sponsored meals throughout the year. Many food shipments were specifically earmarked for distribution to infants and children, who are especially vulnerable to the negative effects of chronic malnutrition, such as mental and physical disabilities. One of the best ways to get food into the mouths of the hungry has been to partner with schools in developing countries. This

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,935,341. including grants of \$ 4,945,876.) (Revenue \$ 7,997.)

4e Total program service expenses 65,250,795.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	10		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **See Schedule O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **James J. Cavnar - 954-657-9000**
600 SW 3rd Street, Suite 2201, Pompano Beach, FL 33060

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Jim Brown Director	1.00	X					0.	0.	0.	
(2) Linda Brown Director	1.00	X					0.	0.	0.	
(3) Jimmy Dodd Director	1.00	X					0.	0.	0.	
(4) Clarence Harvey Director	1.00	X					0.	0.	0.	
(5) Michael Hoover Director	1.00	X					0.	0.	0.	
(6) Sam Jacobs Director	1.00	X					0.	0.	0.	
(7) Mark Kielar Director	1.00	X					0.	0.	0.	
(8) Linda Koontz Director	1.00	X					0.	0.	0.	
(9) Bob Hodgdon Chairman/Director	1.00	X		X			0.	0.	0.	
(10) Joe White Director/Secretary	1.00	X		X			0.	0.	0.	
(11) James Cavnar President	7.00			X			27,199.	0.	2,928.	
(12) Timothy Hoy Controller	10.00			X			13,886.	0.	4,343.	
(13) Thomas Lewis Radiothon Host/Agent	40.00				X		102,850.	0.	0.	

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	1 a	Federated campaigns	1a	40,131.				
	b	Membership dues	1b					
	c	Fundraising events	1c	178,765.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	141,219.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	65,891,012.				
	g	Noncash contributions included in lines 1a-1f: \$		60,073,532.				
	h	Total. Add lines 1a-1f		67,522,106.				
	Program Service Revenue	2 a	Shipping Reimbursement	Business Code 624200	4,226.	4,226.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		4,226.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		51.			51.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 178,765. of contributions reported on line 1c). See Part IV, line 18	a	84,831.				
		Less: direct expenses	b	84,592.				
		Net income or (loss) from fundraising events			239.			239.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	Miscellaneous	900099	3,771.	3,771.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		3,771.					
12	Total revenue. See instructions.		67,530,393.	7,997.	0.	290.		

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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	136,629.	136,629.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	63,124,701.	63,124,701.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,356.	1,506.	43,837.	3,013.
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	1,228,935.	461,534.	305,139.	462,262.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	190,564.	89,709.	57,008.	43,847.
10 Payroll taxes	92,394.	29,116.	34,135.	29,143.
11 Fees for services (non-employees):				
a Management				
b Legal	34,549.		34,549.	
c Accounting	38,693.	24,500.	14,193.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	73,646.			73,646.
f Investment management fees				
g Other	160,680.	87,866.	63,887.	8,927.
12 Advertising and promotion	125,197.	457.	44,723.	80,017.
13 Office expenses	1,056,112.	432,567.	53,573.	569,972.
14 Information technology	15,612.		5,402.	10,210.
15 Royalties				
16 Occupancy	168,154.	76,615.	91,210.	329.
17 Travel	191,995.	134,863.	2,946.	54,186.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,547.	223.	5,272.	1,052.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,085.	28,803.	419.	863.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Airtime	1,002,620.	501,310.		501,310.
b Miscellaneous	171,309.	72,952.	80,400.	17,957.
c Data Processing	129,161.	1,557.	113,558.	14,046.
d PEPFAR expenses	45,887.	45,887.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	68,071,826.	65,250,795.	950,251.	1,870,780.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,002,620.	501,310.	0.	501,310.

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,421,205.	1	318,176.
	2 Savings and temporary cash investments	1,656,595.	2	1,769,800.
	3 Pledges and grants receivable, net	61,731.	3	543,688.
	4 Accounts receivable, net	326,102.	4	51,575.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	540,000.	8	1,156,470.
	9 Prepaid expenses and deferred charges	32,699.	9	39,142.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 289,156.		
	b Less: accumulated depreciation	10b 169,991.		
	11 Investments - publicly traded securities	114,153.	10c	119,165.
	12 Investments - other securities. See Part IV, line 11	260,095.	11	258,246.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,412,580.	15		
		16	4,256,262.	
Liabilities	17 Accounts payable and accrued expenses	87,447.	17	73,920.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,622,107.	25	4,022,598.
	26 Total liabilities. Add lines 17 through 25	3,709,554.	26	4,096,518.
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	-440,198.	27	-1,058,915.
	28 Temporarily restricted net assets	910,224.	28	985,659.
	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	703,026.	33	159,744.	
34 Total liabilities and net assets/fund balances	4,412,580.	34	4,256,262.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,530,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,071,826.
3	Revenue less expenses. Subtract line 2 from line 1	3	-541,433.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	703,026.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,849.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	159,744.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,907,696.	92,997,027.	85,914,295.	93,450,779.	67,522,106.	423,791,903.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	83,907,696.	92,997,027.	85,914,295.	93,450,779.	67,522,106.	423,791,903.
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)						166,353,114.
6 Public support. Subtract line 5 from line 4.						257,438,789.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	83,907,696.	92,997,027.	85,914,295.	93,450,779.	67,522,106.	423,791,903.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,986.	-81,378.	466.		51.	-32,875.
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.)	831.				4,010.	4,841.
11 Total support. Add lines 7 through 10						423,763,869.
12 Gross receipts from related activities, etc. (see instructions)					12	273,434.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	60.75 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	50.68 %
16a 33 1/3% support test - 2011. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

Cross International, Inc.

Employer identification number

65-1086387

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Cross International, Inc.

65-1086387

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 32,005,082.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 16,061,996.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,858,236.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,513,583.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Cross International, Inc.	Employer identification number 65-1086387
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Footwear, Clothing, Medical supplies, Medicine, Food, Tools, Home goods, etc.	\$ 32,005,082.	12/22/11
2	Medical supplies and Medicine	\$ 16,061,996.	12/03/11
3	Baby items, Clothing, Medical supplies, School supplies, Toys, Food, Home goods, etc.	\$ 6,858,236.	05/25/11
4	School supplies	\$ 1,513,583.	09/22/11
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

Cross International, Inc.

65-1086387

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

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. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting requirements.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

- 3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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 the 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	233,000.	233,000.	189,125.	287,028.	
b Contributions					
c Net investment earnings, gains, and losses			43,875.	-97,903.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	233,000.	233,000.	233,000.	189,125.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		83,605.	30,384.	53,221.
d Equipment		205,551.	139,607.	65,944.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				119,165.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliate	4,022,598.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	4,022,598.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 67,530,393.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 68,071,826.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 -541,433.
4	Net unrealized gains (losses) on investments	4 -1,849.
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9 -1,849.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 -543,282.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1 67,613,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -1,849.
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e -1,849.
3	Subtract line 2e from line 1	3 67,614,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b -84,592.
c	Add lines 4a and 4b	4c -84,592.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 67,530,393.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 68,156,418.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 84,592.
e	Add lines 2a through 2d	2e 84,592.
3	Subtract line 2e from line 1	3 68,071,826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 68,071,826.

Part XIV Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.
Part V, line 4: Earnings from the Organization's endowment fund are
restricted for food and medicinal aid.

Part XII, Line 4b - Other Adjustments:
Direct Expenses for Fundraising Events (\$84,592)

Part XIII, Line 2d - Other Adjustments:
Direct Expenses for Fundraising Events \$84,592

Part XIV Supplemental Information *(continued)*

Part X, Line 1 - Other Liabilities

Due to Affiliate consists of amounts due to Cross Catholic Outreach, Inc., which operates under common management with the Organization.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **Cross International, Inc.** Employer identification number **65-1086387**

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	5	Program Services, Grants to recipients located in the region	Relief programs for HIV-affected children and their families	60656500.
North America	0	0	Grants to recipients located in the region		49,100.
Sub-Saharan Africa	0	0	Grants to recipients located in the region		2,598,073.
East Asia and the Pacific	0	0	Grants to recipients located in the region		149,716.
South America	0	0	Grants to recipients located in the region		73,440.
South Asia	0	0	Grants to recipients located in the region		30,000.
3 a Sub-total	1	5			63,556,829.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	5			63,556,829.

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 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Relief for the poor	39,000.	Wire	53,117.	Personal care items, food, etc.	FMV
		Central America and the Caribbean	Relief for the poor	18,400.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	16,086.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	11,900.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	50,000.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	12,000.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	26,400.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	54,013.	Wire	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 76

3 Enter total number of other organizations or entities 0

See Part V for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 for the poor	18,000.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	5,400.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	813500.	Wire	260652.	Food	FMV
		Central America and the Caribbean	Relief for the poor	137000.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	5,550.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	44,990.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	138202.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	175700.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	5,500.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 for the poor	275382.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	5,901.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	345142.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	490020.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	359684.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	36,000.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	47,750.	Wire	0.		
		Central America and the Caribbean	Relief for the poor	85,674.	Wire	10,685.	Home goods, etc.	FMV
		Central America and the Caribbean	Relief for the poor	9,000.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Relief for the poor	33,750.	Wire	0.		
		East Asia and the Pacific	Relief for the poor	45,000.	Wire	0.		
		East Asia and the Pacific	Relief for the poor	17,500.	Wire	0.		
		East Asia and the Pacific	Relief for the poor	29,850.	Wire	0.		
		East Asia and the Pacific	Relief for the poor	11,500.	Wire	0.		
		East Asia and the Pacific	Relief for the poor	7,900.	Wire	0.		
		North America	Relief for the poor	49,000.	Wire	0.		
		South America	Relief for the poor	16,471.	Wire	0.		
		South America	Relief for the poor	7,950.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 America	Relief for the poor	14,400.	Wire	0.		
		South America	Relief for the poor	16,020.	Wire	0.		
		South America	Relief for the poor	6,400.	Wire	0.		
		South Asia	Relief for the poor	30,000.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	39,670.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	58,050.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	28,680.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	23,950.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	101,471.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 for the poor	0.		3,765,864.	Clothing, footwear, personal care items, and food	FMV
		Central America and the Caribbean	Relief for the poor	0.		3,603,415.	Clothing, medical supplies, personal care items, medicine,	FMV
		Central America and the Caribbean	Relief for the poor	0.		29,411,235.	Medical supplies, personal care items, school supplies,	FMV
		Central America and the Caribbean	Relief for the poor	0.		12,349,645.	Baby items, footwear, clothing, medical supplies,	FMV
		Central America and the Caribbean	Relief for the poor	0.		2,258,550.	Medical supplies, personal care items, school supplies,	FMV
		Central America and the Caribbean	Relief for the poor	0.		11,502.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		359170.	School supplies and food	FMV
		Central America and the Caribbean	Relief for the poor	0.		74,805.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		424489.	School supplies and food	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 for the poor	0.		4,280,503.	Medicine and home goods	FMV
		Central America and the Caribbean	Relief for the poor	0.		92,980.	Food	FMV
		Sub-Saharan Africa	Relief for the poor	0.		1,888,685.	Medical supplies and medicine	FMV
		Sub-Saharan Africa	Relief for the poor	0.		455383.	Food	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Schedule F, Part I, Line 2: The Organization monitors the activities and the use of grant funds by periodic field visits by its U.S.-based staff. Project officers visit projects twice a year while writers and photographers will visit projects during the year to document the project and its beneficiaries. Grant recipients are also required to provide quarterly financial reports and annual budgets.

Part II, Column (h):

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, medical supplies, personal care items, medicine, and food

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, personal care items, school supplies, medicine, and food

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Baby items, footwear, clothing, medical supplies, personal care items, school supplies, medicine, toys, food, home goods, etc.

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, personal care items, school supplies, medicine, toys, food, home goods, etc.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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. Form 990-EZ filers are not required to complete this part.

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

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

2 a 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.

(i) Name and address 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			
New River Communications - 1819 S.E. 17th St, Ste 1, Ft.	Consulting		X	943,919.	18,360.	925,559.
InfoCision - 325 Springside Drive, Akron, OH 44333	Telephone Solicitation		X	34,631.	36,222.	-1,591.
Donor Care Center - 480 W. Tuscarawas Ave, Third Fl,	Telephone Solicitation		X	15,559.	16,502.	-943.
Total				994,109.	71,084.	923,025.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Ohio Gala (event type)	Boca Raton Golf (event type)	2 (total number)	
Revenue	1 Gross receipts	138,368.	72,070.	53,158.	263,596.
	2 Less: Charitable contributions	82,327.	61,900.	34,538.	178,765.
	3 Gross income (line 1 minus line 2)	56,041.	10,170.	18,620.	84,831.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,568.	4,000.	3,436.	12,004.
	6 Rent/facility costs	7,868.	816.	5,594.	14,278.
	7 Food and beverages	6,990.	5,599.	4,047.	16,636.
	8 Entertainment		300.	500.	800.
	9 Other direct expenses	20,817.	4,208.	15,849.	40,874.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(84,592)
	11 Net income summary. Combine line 3, column (d), and line 10				239.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7					

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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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 of the third party:

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? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: New River Communications

(i) Address of Fundraiser: _____

1819 S.E. 17th St, Ste 1, Ft. Lauderdale, FL 33316

(i) Name of Fundraiser: Donor Care Center

(i) Address of Fundraiser: _____

480 W. Tuscarawas Ave, Third Fl, Barberton, OH 44203

Part IV Supplemental Information (continued)

Schedule G, Part I, Line 2b, Column (v): The fundraising expense associated with the Organization's agreement with New River Communications is a retainer fee of \$18,360 for the services provided in 2011.

The fundraising expenses associated with the Organization's agreement with Donor Care Center are fees of \$16,502 for tele-fundraising campaign services.

The fundraising expenses associated with the Organization's agreement with InfoCision are fees of \$36,222 for tele-fundraising campaign services.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public
Inspection

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" to 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. Part II can be duplicated 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
Harvest Hope Food Bank 2220 Shop Road Columbia, SC 29201	57-0725560	501(c)(3)	0.	44,514.	FMV	Food	Relief for the poor
Morningstar Fellowship Church 305 Hollywood Road Moravian Falls, NC 28654	56-1595813	501(c)(3)	0.	48,513.	FMV	Food	Relief for the poor
Restoration Church 6655 Pottery Road Spartanburg, SC 29303	57-0689407	501(c)(3)	0.	42,852.	FMV	Food	Relief for the poor

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Schedule I, Part I, Line 2: The Organization monitors the activities and the use of grant funds by periodic field visits. Project officers visit projects twice a year while writers and photographers will visit projects during the year to document the project and its beneficiaries. Grant recipients are also required to provide quarterly financial reports and annual budgets.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X	1,513,583.	Donor's Est FMV	
5	Clothing and household goods	X	11,244,269.	Donor's Est FMV	
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	40 5,796,070.	Donor's Est FMV	
20	Drugs and medical supplies	X	13 41,519,610.	Est FMV per Red Book	
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** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b): The Organization is reporting the number of contributions in column (b).

Schedule M, Line 32b: In certain instances, the donor or an agent of the donor is used by the Organization to assist in transporting non-cash items to the ultimate beneficiaries as directed by the Organization.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

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Name of the organization

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Form 990, Part I, Line 1, Description of Organization Mission:

aid to meet the needs of the poor for food, clothing, water, medicines,
medical treatment, education, housing and livelihood. Cross also
engages in relief and recovery efforts in response to disasters such as
the recent drought in the Horn of Africa.

Form 990, Part III, Line 1, Description of Organization Mission:

and ministries serving the poor, to access local resources and thereby
support the local economies.

Form 990, Part III, Line 4a, Program Service Accomplishments:

These medical establishments rely on Cross donations to keep their
medicine shelves stocked, their equipment up-to-date and their
professional staff employed. By equipping hospitals and clinics with
resources necessary to provide services to their communities, Cross
helps thousands of families who would have had no other option for
quality medical care.

Form 990, Part III, Line 4c, Program Service Accomplishments:

strategy has successfully decreased malnutrition rates in the targeted
communities while also improving school performance among the children
who are fed. A large percentage of Cross' nutritional aid was sent in
the form of "Vitafood" - pre-packaged, nutrient-rich meals that are
easy to cook and serve and are scientifically developed to meet the
needs of malnourished children. In addition, Cross targeted hunger
among struggling families and the elderly in deeply impoverished areas.

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Form 990, Part III, Line 4d, Other Program Services:

4d Additional Program Services - Education

Cross International's educational programs targeted needs in six countries: Bolivia, the Dominican Republic, Ecuador, Guatemala, Haiti and Honduras. Although educational opportunities are technically offered by the governments in many developing countries, the quality is often substandard, and the education is not really "free." The public schools charge small tuition fees that are still too high for parents to pay, in addition to required supplies and uniforms that many families simply cannot afford. As a result, drop-out rates are enormous. To reverse this trend, Cross has partnered with church-run schools that focus on meeting the needs of poor children who would otherwise be left behind. With our support, these schools have provided a quality education at minimal or no cost to the students. Cross International's funding also supported special tutoring programs that helped needy and at-risk children get the most out of their education.

4d Additional Program Services - Water Projects

Cross International funded a large-scale water project in Nicaragua, helping cover the cost to install water systems and sanitation facilities in 14 poor communities that lacked access to clean, abundant water. Cross also supported efforts to dig wells in remote Zambian villages and provide potable water for hundreds of poor families in southern Vietnam. Since water is crucial for both human consumption and support of agricultural/livestock projects, Cross targets both needs. The effort to provide safe drinking water typically involves comprehensive projects that serve thousands of individuals in several

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surrounding communities. For example, the water project in Zambia involved not only drilling wells but also training local families in sanitary hygiene practices and protecting the water table through construction of latrines. The results of these projects have been dramatic. Dehydration and water-borne illnesses have decreased, infant mortality has plummeted, and women no longer need to walk long distances to fetch small amounts of water from contaminated rivers. By establishing new sources of safe water that can serve communities for years to come, Cross International's projects will save many lives.

4d Additional Program Services - Housing

Cross International undertook housing and house-building programs in four countries: Mozambique, Nicaragua, the Philippines and Vietnam. In Mozambique, Cross funded the construction of sturdy new homes for orphans. In Nicaragua and the Philippines, we provided houses for impoverished families who had been living in deplorable conditions. And in Vietnam, we focused on replacing or repairing severely damaged roofs.

4d Additional Program Services - Self-Help Projects

Cross' continued funding of micro-finance loans in the Philippines enabled a ministry partner to expand their self-help services to more recipients than ever before. This program is focused on helping single mothers who struggle to support their families. Through the loans, they are able to create small, self-sustaining businesses capable of producing enough income to meet their needs for food, medicine, the education of their children and other benefits.

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4d Additional Program Services - Shipping

Cross International's shipping program uses monetary donations to transport and distribute donated goods ranging from food and medicine to school furniture and sophisticated medical equipment. A donation of just one dollar can place \$80 or more worth of aid into the hands of the poor or the ministries serving them. Cross also purchases specific goods on the worldwide market and ships them directly to the partners who need them. By buying in bulk and buying where the cost is lowest, Cross is able to realize much greater savings than when we send cash grants for our partner ministries to purchase the items themselves. Another benefit of shipping goods rather than sending funds is that Cross can provide crucial medicines and medical supplies that are not locally available. This support keeps hospitals and clinics well-stocked so that doctors don't have to turn patients away untreated. Cross shipped goods to eight countries: the Dominican Republic, El Salvador, Ghana, Guatemala, Haiti, Kenya, Nicaragua and the U.S.

4d Additional Program Services - Disaster Relief

In July, the Horn of Africa was struck with the most severe drought the region has seen in the last 60 years. Nutritional support was desperately needed, as the drought had created a food shortage and resulted in a massive influx of hungry refugees from Somalia into Kenya. In response, Cross International shipped 90,000 meals, including fortified rice and soy protein meals, to Kenya. The shipment was received by Shekinah Glory Missions, a Christian ministry that operates a school and runs a feeding program for hundreds of children in Kenya's Rift Valley.

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4d Additional Program Services - General Support & Other

Cross International is uniquely positioned to help overseas ministries with their specific or unexpected needs. Cross' targeted responses helped dozens of programs in 22 countries - Afghanistan, Bolivia, Chile, the Dominican Republic, Ecuador, El Salvador, Ethiopia, Ghana, Guatemala, Guyana, Haiti, Honduras, Kenya, Malawi, Mexico, Mozambique, Nicaragua, Peru, the Philippines, the U.S., Vietnam and Zambia. In each of these cases, a ministry partner was able to obtain a specific resource quickly and effectively, allowing them to continue their work without disruption.

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, and highlighting a biblical basis for responding to that poverty. This is important to the Organization's goal of developing stronger relationships between the U.S. and the developing world. Cross achieved this goal by communicating directly to American Christians through Christian radio. The ministry organized day-long and two-day radio presentations which were made to the public on radio stations heard in all 50 states. Along with conventional radio, Cross also broadcast on satellite radio and over the Internet to reach some of its listeners.

4d Additional Program Services - Project Development

In order to ensure the proper use of donated funds and goods, Cross International regularly monitors and meets with overseas partners. The Vice President of Missions and a staff of field officers made regular

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visits to these 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.

Expenses \$ 6,935,341. including grants of \$ 4,945,876. Revenue \$ 7,997.

Form 990, Part VI, Section A, line 2: Mr. Jim Brown has a family relationship with Mrs. Linda Brown.

Form 990, Part VI, Section B, line 11: The Organization's top management official and top financial official each review the Form 990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to the voting members of the Organization's governing body prior to its filing with the IRS.

Form 990, Part VI, Section B, Line 12c: The Organization's conflict of interest policy is distributed to each member of the Organization's governing body, its officers, and its key employees who provide a disclosure statement. Such disclosure statement indicates that they have received, read, understood and agreed to comply with the policy, and certifying that: (1) they have no relationships or interests that present a conflict of interest, or (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy. The Organization's President is tasked with obtaining updated disclosure statements from each Board member annually. Any previously undisclosed conflicts of interest

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are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

Form 990, Part VI, Section B, Line 15: The compensation of the President is set by two members of the Board of Directors who do not have a conflict of interest with respect to the President. This independent committee utilizes comparability data compiled by an independent compensation consultant in its deliberations, and contemporaneously substantiates its deliberations and decisions. The Board has also adopted a policy limiting annual salary increases of the President to no more than a standard cost of living percentage plus 1%. This policy has been in effect since the inception of the Organization and has not changed to date. The President is responsible for setting the compensation of the Organization's other key executives. In setting such compensation, the President utilizes comparability data compiled by an independent compensation consultant, and contemporaneously substantiates his decisions.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Form 990, Part VI, Section C, Line 19: The Organization makes its financial statements and its Form 990 available to the public through the Organization's website. Financial statements and Form 990 are available by mail upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments:

-1,849.

Name of the organization Cross International, Inc.	Employer identification number 65-1086387
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Form 990, Part XI, Line 2c: The Organization's Board of Directors, or a committee thereof, assumes responsibility for the oversight of the audit of its financial statements and the selection of an independent accountant. This process has not changed from the prior year.

An audit of the Organization's financial statements is conducted annually by an independent certified public accounting firm, which has resulted in the issuance of an unqualified opinion. In addition, the Organization is a fully accredited member of the Evangelical Council for Financial Accountability (ECFA) and, as such, subscribes to ECFA's Seven Standards of Responsible Stewardship addressing: (1) operation in conformity with the Organization's evangelical Christian doctrinal statement, (2) oversight by a Board of Directors, the majority of which are independent, (3) submission of complete, accurate, audited financial statements, (4) proper management and financial controls over the use of the Organization's resources, (5) public availability of the Organization's current financial statements upon written request, (6) avoidance of conflicts of interest, and (7) responsible, truthful fund-raising practices.