# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www irs gov/form990 Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	Cross International, Inc.			
	Name change	Doing Business As	_	65-1	086387
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
L	Termin ated	1 000 PM DIG BCLEEC	2201	(954	)657-9000
	Ameno return	Uity or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	92,188,910.
	Application	Fompano Beach, FL 33000		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: James J. Cavnar		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	ncluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(	1) or 527	If "No," attach a	list. (see instructions)
J	Websit	e:▶ crossinternational.org		H(c) Group exemptio	n number >
K	Form of	organization: X Corporation Trust Association Other	<b>∟</b> Year	of formation: 2001	$m{\it I}$ State of legal domicile: ${f FL}$
Pa	art I	Summary			
Ф.	1	Briefly describe the organization's mission or most significant activities: (Se	e Sched	lule O for	
Activities & Governance		description.)			
rna	2	Check this box  if the organization discontinued its operations or dis	posed of more	than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b			9
ş		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			110
ij		Total number of volunteers (estimate if necessary)			23
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
۹		Net unrelated business taxable income from Form 990-T, line 34			0.
		·		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		78,453,595.	92,076,290.
Revenue		Program service revenue (Part VIII, line 2g)		12,600.	50,630.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,659.	43,821.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		78,516,854.	92,170,741.
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		73,130,133.	87,370,138.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		1,413,303.	1,307,513.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-,	74,059.	47,182.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	340.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,277,286.	3,210,552.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,894,781.	
	19	Revenue less expenses. Subtract line 18 from line 12		622,073.	
Net Assets or Fund Balances	3		Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		4,300,539.	4,600,455.
ASS	21	Total liabilities (Part X, line 26)		3,484,362.	3,486,447.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20		816,177.	1,114,008.
Pa	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.	
		<u> </u>			
Sig	n	Signature of officer		Date	
Hei		■ James J. Cavnar, President			
		Type or print name and title	Control of the Contro		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Michele M. Wales Muchle M W.	ele 0	6/06/14 if self-employ	P00428093
Pre	parer	Firm's name Batts Morrison Wales & Lee, P.	Α.	Firm's EIN	20-4193611
Use	Only	Firm's address 801 North Orange Avenue, Suite	800		
_		Orlando, FL 32801		Phone no. <b>4 0</b>	7-770-6000
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services (Describe in Schedule O.)

4,309,348. including grants of \$

2,966,115.) (Revenue \$ 82,512.)

Total program service expenses

88,894,161.

# Form 990 (2013) Cross International, Inc. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		.,,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401-		Х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>n</del> a		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

# Form 990 (2013) Cross International, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		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):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
	14016 All 1 Of 11 990 file 5 are required to complete Schedule O	130		

# Form 990 (2013) Cross International, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		х						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ► Haiti								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI.							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х						
	<ul><li>a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?</li><li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li></ul>								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Х						
·	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
D	Gross income from other sources (Do not net amounts due or paid to other sources against								
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
ч	Note. See the instructions for additional information the organization must report on Schedule O.	.Ju							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Communication.		ra "No" i	espon	se
					X
Sac	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management				A
	tion 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	1a	9	100	110
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
	officer, director, trustee, or key employee?		. 2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		X
6	Did the organization have members or stockholders?		. 6		Х
7a	, , , , , , , , , , , , , , , , , , , ,	• •			
	more members of the governing body?		. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		l		
_	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	0-	Х	
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		5		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	. ,		. 12a	Х	
b			. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		. 14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	Х	
a h	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization		15a 15b	X	<b>-</b>
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
- u	taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	• •			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶See Schedule				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s onl	y) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
46		in Schedule O)	,		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict of interest policy,	and final	ncial	
20	statements available to the public during the tax year.	and records of the arran-	izotio:- ·		
20	State the name, physical address, and telephone number of the person who possesses the books a	ina records of the organ	ı∠aııon: ▶	_	

600 SW 3rd Street, Suite 2201, Pompano Beach, FL

33060

## Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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.

(A)	(B)	d organization compensate (C) Position		(D)	(E)	(F)				
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	ordirector				pa:		organization	(W-2/1099-MISC)	from the
	related	tee	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ployee	comp				and related
	below line)	Individual	Individual trustee or Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Bob Hodgdon	1.00	=	=	0	×	Τ ω	ш.			
Chairman/Director		x		Х				0.	0.	0.
(2) Joe White	1.00									
Secretary/Director		X		Х				0.	0.	0.
(3) Jim Brown	1.00									
Treasurer/Director		Х						0.	0.	0.
(4) Linda Brown	1.00									
Director		Х						0.	0.	0.
(5) Jimmy Dodd	1.00	ļ								
Director	1	Х						0.	0.	0.
(6) Clarence Harvey	1.00	١							_	•
Director	1 00	Х						0.	0.	0.
(7) Michael Hoover- thru 03/2013	1.00	₩,							0	0
Director (8) Sam Jacobs- thru 03/2013	1.00	Х						0.	0.	0.
Director	1.00	x						0.	0.	0.
(9) Mark Kielar- thru 03/2013	1.00							0.	0.	•
Director	1.00	x						0.	0.	0.
(10) Linda Koontz- thru 03/2013	1.00	Ħ								
Director		x						0.	0.	0.
(11) Barney Phillips	1.00									
Director		x						0.	0.	0.
(12) Milly Curry	1.00									
Director		X						0.	0.	0.
(13) Joey Feste	1.00									
Director		Х						0.	0.	0.
(14) James Cavnar	7.00	1								
President				X				29,266.	0.	3,189.
		4								
			-		L	-				
		1								
		$\vdash$		$\vdash$	$\vdash$	$\vdash$	$\vdash$			
		1								

Form 990 (2013) 332007 10-29-13

	• > (1)	CCIIIGCIC		_	_		<u> </u>				000.	<del>50</del> ,	1 0	age <b>C</b>	
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)				C)			(D)	(E)			(F)		
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable Reportable			stimate	ed	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensation			an	nount	of	
		week	offic	cer ar	nd a d	Irecto	or/trus	stee)	from	b		other			
		(list any	ector						the	organization			pensa		
		hours for	ordir	a a			ated		organization	(W-2/1099-MI	SC)		om the		
		related	trustee or director	ruste			bens		(W-2/1099-MISC)			•	anizati		
		organizations below	lal tru	onal t		oloyee	E 00						d relate		
		line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons	
		11110)	Ĕ	Ë	₽	ā.	를 등	요							
							-								
			1												
1b	Sub-total							ightharpoons	29,266.		0.		3,1		
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.	
d	Total (add lines 1b and 1c)							<u> </u>	29,266.		0.		3,1	<u>89.</u>	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	ole		-		
	compensation from the organization													0	
													Yes	No	
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on					
	line 1a? If "Yes," complete Schedule J for s	ach individual										3		Х	
4	For any individual listed on line 1a, is the su		le co	omp	ensa	atior	n and	d ot	her compensation from						
	and related organizations greater than \$15											4		_X	
5	Did any person listed on line 1a receive or a	•				•			ted organization or indiv	idual for services	3			77	
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X	
	etion B. Independent Contractors									<b>*</b>					
1	Complete this table for your five highest co the organization. Report compensation for										npensa	ation f	rom		
	(A)	and daleridal y	cai (	oi iui	ng v	VILLE	J1 VV		(B)	your.		(0	2)		
	Name and business	address							Description of s	services	Co		nsatio	n	
								$\rightarrow$							

(A) Name and business address	(B) Description of services	(C) Compensation
	Radiothon airtime	1,472,471.
Int'l Distributing Forwarding, Inc. 8209 NW 30 Terrace, Miami, FL 33122	Shipping	253,044.
	Data processing	203,082.
Micahtek, Inc. P.O. Box 3730, Broken Arrow, OK 74013	Call center answering services	105,822.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		errosik ir estredale e sorik	<u>umo u 100ponto</u>	or moteries any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Tr	1 a	Federated campaigns	1a	157,607.				
ig ig		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		66,299.				
護制		Related organizations						
S,E		Government grants (contributi						
i Sign	f	All other contributions, gifts, grant	ts, and					
물리		similar amounts not included above		91,852,384.				
들의	g			85,996,970.				
la Ö	_	Total. Add lines 1a-1f			92,076,290.			
				Business Code				
ø.	2 a	Shipping Reimbursement		624200	50,630.	50,630.		
اھ ػ	b							
S ž	С							
eve	d							
Program Service Revenue	е							
ፈ	f	All other program service reve	nue					
	g	<b>-</b>			50,630.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraising	g events (not					
		including \$66	<u>,299.</u> of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a					
₹	b	Less: direct expenses	b	18,169.				
٦		Net income or (loss) from fund	-	<b></b>	11,939.			11,939.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales						
		Miscellaneous Revenu	e	Business Code				
		Miscellaneous		900099	31,882.	31,882.		
	b							
	С	<del></del>						
		All other revenue			34 000			
		Total. Add lines 11a-11d			31,882.	00 510	2	11 020
	12	<b>Total revenue</b> . See instructions.		🕨	92,170,741.	82,512.	0.	11,939.

# Form 990 (2013) Cross International, Inc. 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).										
36011	Check if Schedule O contains a respon			impiete columni (A).							
	not include amounts reported on lines 6b, 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	2,244,178.	2,244,178.								
2	Grants and other assistance to individuals in	2721171700									
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the	05 125 060	85,125,960.								
	United States. See Part IV, lines 15 and 16	05,125,900.	05,125,900.								
4	Benefits paid to or for members										
5	trustees, and key employees	32,455.	1,622.	27,587.	3,246.						
6	Compensation not included above, to disqualified	32,433.	1,022.	27,307.	3,240.						
O	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4059(a)(2)(B)										
7	Other salaries and wages	972,773.	272,648.	340,174.	359,951.						
8	Pension plan accruals and contributions (include	J. = 7	= / = / = = 0	010,111							
Ü	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	222,312.	68,347.	116,182.	37,783.						
10	Payroll taxes	79,973.	20,874.	28,760.	30,339.						
11	Fees for services (non-employees):	•	,	,	· · · · · · · · · · · · · · · · · · ·						
	Management										
b	Legal										
С	Accounting	29,171.		29,171.							
	Lobbying										
е	Professional fundraising services. See Part IV, line 17	47,182.			47,182.						
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)	146,047.	25,187.	27,901.	92,959.						
12	Advertising and promotion	48,956.		286.	48,670.						
13	Office expenses	850,651.		124,719.	391,805.						
14	Information technology	12,941.	67.	10,957.	1,917.						
15	Royalties										
16	Occupancy	79,458.	10,770.	68,688.							
17	Travel	144,591.	58,306.	6,928.	79,357.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	40.00	450								
19	Conferences, conventions, and meetings	13,260.	452.	5,562.	7,246.						
20	Interest										
21	Payments to affiliates	22.652		22 (50							
22	Depreciation, depletion, and amortization	23,659.		23,659.							
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 0.)										
а	Airtime	1,472,471.	703,236.		769,235.						
a b	Data Processing	208,480.	63.	188,620.	19,797.						
	Miscellaneous	156,214.	8,576.	114,690.	32,948.						
d	Product acquisition fee	24,653.	19,748.	===, 0000	4,905.						
	All other expenses				-,,,,,,,						
25	Total functional expenses. Add lines 1 through 24e	91,935,385.	88,894,161.	1,113,884.	1,927,340.						
26	<b>Joint costs.</b> Complete this line only if the organization	, .,	, , ,		, , , , , , , , , , , , , , , , , , , ,						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)	1,472,471.	703,236.	0.	769,235.						
					Form <b>990</b> (2012)						

Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			209,671.	1	430,612.
	2	Savings and temporary cash investments			1,260,365.	2	1,128,193.
	3	Pledges and grants receivable, net		37,594.	3	13,135.	
	4	Accounts receivable, net	27,195.	4	32,114.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use			2,206,897.		2,356,258.
	9	B ::			15,818.	9	17,588.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	314,915.			
	b	Less: accumulated depreciation		219,080.	119,494.	10c	95,835.
	11	Investments - publicly traded securities		294,120.	11	356,596.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		129,385.	15	170,124.	
	16	Total assets. Add lines 1 through 15 (must equa	4,300,539.	16	4,600,455.		
	17	Accounts payable and accrued expenses		61,764.	17	63,849.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
ij		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	2 400 500		2 400 500
		Schedule D			3,422,598.		3,422,598.
	26	Total liabilities. Add lines 17 through 25			3,484,362.	26	3,486,447.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Sec		complete lines 27 through 29, and lines 33 an			410 070		000 070
and	27	Unrestricted net assets			410,872.	_	809,079.
Bal	28	Temporarily restricted net assets			172,305.	28	71,929.
uq	29				233,000.	29	233,000.
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶Ш			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			016 177	32	1 114 000
_	33	Total net assets or fund balances			816,177.	33	1,114,008.
	34	Total liabilities and net assets/fund balances			4,300,539.	34	4,600,455.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2 9	1,93		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			77.
5	Net unrealized gains (losses) on investments	5	6	2,4	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,11	4,0	08.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
_	Act and OMB Circular A-133?	ŭ	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

# **SCHEDULE A**

(Form 990 or 990-EZ)

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.

Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Cross International Inc Employer identification number

			nternational						6.	5-108	6387	<u> </u>				
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.								
he orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)									
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)									
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)												
з 🗌	A hospital or	a cooperative hospi	tal service organization o	described	in <b>section</b>	170(b)(1)	A)(iii).									
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	the hospit	tal's nan	ne,				
	city, and stat	e:														
5	An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in						
		<b>(b)(1)(A)(iv).</b> (Comple	•													
6 🖳	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).									
7 X	-	•	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public de	scribed	in				
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)													
8 🖳	A community	rtrust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)											
9 📖	An organizat	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembership	p fees, ar	nd gross	receipts	from				
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gros	ss inves	tment				
	income and ι	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	e 30, 19 <sup>-</sup>	75.				
	See section	<b>509(a)(2).</b> (Complete	e Part III.)													
10 🖳	An organizat	ion organized and or	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	ł).								
11 📖	An organizati	ion organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes	s of one	or				
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(a	a)(3). Che	eck the b	ox that					
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.										
	a L Type	ı <b>b</b>	/pe II <b>c</b> L Ty	ype III - Fui	nctionally i	integrated	d	<b>I</b>	e III - Nor	n-function	ally inte	grated				
е 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons o	other tha	an				
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 5	09(a)(2).					
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III								
	supporting o	rganization, check th	nis box									Ш				
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?							
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (i	iii) below,	,	Yes	No				
	the gov	erning body of the s	upported organization?							11g(	<u>,i)</u>					
	(ii) A family	member of a persor	n described in (i) above?							11g(i	ii)					
	(iii) A 35% (	controlled entity of a	person described in (i) of	or (ii) above	?					11g(i	ii)					
h	Provide the f	ollowing information	about the supported org	ganization(	(s).											
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		rganization			( <b>vi)</b> Is organizațio	the	(vii) Amou	unt of mo	netary				
org	anization	. ,	(	(	(	(	(	in col. (i) lis				l (i) organiz	ed in the		upport	•
			above or IRC section (see instructions))	governing (		l ' ' '		U.S.	.?							
			(acc manuchona))	Yes	No	Yes	No	Yes	No							
	<u> </u>															
	<u> </u>															

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

Schedule A (Form 990 or 990-EZ) 2013

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	85,914,295.	93,450,779.	67,522,106.	78,453,595.	92,076,290.	417,417,065.
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						
1	Total. Add lines 1 through 3	85,914,295.	93,450,779.	67,522,106.	78,453,595.	92,076,290.	417,417,065.
5	The portion of total contributions	00,722,230.	30,100,112	07,022,200.	, , , , , , , , , , , , , , , , , , , ,	22,0.0,200.	
3	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)						68,232,049.
6	Public support. Subtract line 5 from line 4.						349,185,016.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	85,914,295.	93,450,779.	67,522,106.	78,453,595.	92,076,290.	417,417,065.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	466.		51.			517.
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.)			4,010.	50,659.	11,939.	66,608.
11	<b>Total support.</b> Add lines 7 through 10						417,484,190.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	368,546.
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
~	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ					<u> </u>	02 64
	Public support percentage for 2013 (I					14	83.64 %
	Public support percentage from 2012					15	73.60 %
16a	6a 33 1/3% support test - 2013. 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						
b	b 33 1/3% support test - 2012. 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						
47-	and stop here. The organization qualifies as a publicly supported organization						
1/a	'a 10% -facts-and-circumstances test - 2013. 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
I.							
D	10% -facts-and-circumstances tes	ū				•	
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a	DOX OF HITE 13, 168	a, 100, 17a, 01 1/0	, check this box a	nu see mstruction	s

# 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.)

Se	ction A. Public Support	ciow, picase com	oloto i art II.j				
_	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	` /	` '		. ,	, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
ı.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support		ı	ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2012</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

Schedule A	(Form 990 or 990-EZ) 2013 Cross	International,	inc.	65-108638/ Page 4
Part IV	Supplemental Information. P	rovide the explanations require	ed by Part II, line 10; Part II, line 17a o	r 17b; and Part III, line 12.
	Also complete this part for any addition	onal information. (See instruction	ons).	,
	, and complete time painting and any addition	(656 1161 651		
-				
_				

### 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Inc.

OMB No. 1545-0047

Name of the organization

Cross International,

Employer identification number

65-1086387

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> 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			
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	For an organization contributor. Compl	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.			
Special I	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 <i>exclusively</i> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> 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),					

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) (2013)

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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		\$ <u>80,473,654</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$3,326,677.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

**Employer identification number** 

#### Cross International, Inc.

65-1086387

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f 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	Multiple contributions of medicine, medical supplies, and clothing	-	
		\$ 80,473,654.	08/22/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Multiple contributions of medicine, medical supplies, and personal care items	-	
		\$ 3,326,677.	02/19/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-   \$	
323453 10-2	4-13	Schedule B (Form 9	90, 990-EZ, or 990-PF) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

Fmplo	ver iden	tification	number

ross	International, Inc.		65-1086387
art III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., use duplicate copies of Part III if addition	ividual contributions to section 501( the following line entry. For organizat tc., contributions of \$1,000 or less fo	1(c)(7), (8), or (10) organizations that total more than \$1,000 for the ations completing Part III, enter for the year. (Enter this information once.)
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift  Relationship of transferor to transferee
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gi	gift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$ \mid$		(a) Transfer of m	Gift Grift
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a	(e) Transfer of gi	

# **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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

Cross International, Inc.

Employer identification number 65-1086387

Pai	rt I Organizations Maintaining Donor Advis		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, I		(In) Francisco en el est
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
D	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the c		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`,	
	Preservation of land for public use (e.g., recreation of		orically important land area
	Protection of natural habitat	Preservation of a certifi	led historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	t a conservation easement on the last
	day of the tax year.		Hald at the Fad of the Tay Voca
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic s		
d	( )	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the o	organization during the tax
	year -		
4	Number of states where property subject to conservation of		
5	Does the organization have a written policy regarding the p		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, an		
8	Does each conservation easement reported on line 2(d) ab	· · · · · · · · · · · · · · · · · · ·	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	•	·
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes tr	ne organization's accounting for
Dai	rt III Organizations Maintaining Collections	of Art Historical Treasures or Otl	har Similar Assats
ı uı	Complete if the organization answered "Yes" to Form		ner ommar Assets.
12	If the organization elected, as permitted under SFAS 116 (		ont and balance shoot works of art
Ia	historical treasures, or other similar assets held for public e		
			ce of public service, provide, in Part XIII,
<b>L</b>	the text of the footnote to its financial statements that described as paralities along \$5.00 116.		and balance about works of ort. biotorical
b	, .		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publi	lic service, provide the following amounts
	relating to these items:		Δ.
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical t		gain, provide
	the following amounts required to be reported under SFAS		. Δ
a	Revenues included in Form 990, Part VIII, line 1		🟲 🐧
р	Assets included in Form 990. Part X		<b>▶</b> 35

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		83,605.	41,532.	42,073.
d Equipment		231,310.	177,548.	53,762.
e Other				
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CLOSS IIICEL	nacionai, inc	• 05-1000367 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

# Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6) (7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

# Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliate	3,422,598.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 3,422,598.

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

Schedule D (Form 990) 2013 Cross International				1086387 <sub>Page</sub>
Part XI Reconciliation of Revenue per Audited Financia		Revenue per R	etur	n.
Complete if the organization answered "Yes" to Form 990, Par				00 054 005
1 Total revenue, gains, and other support per audited financial stateme	nts		1	92,251,385
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	CO 475		
a Net unrealized gains on investments		62,475.		
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d			62 475
e Add lines 2a through 2d			2e	62,475 92,188,910
3 Subtract line 2e from line 1			3	94,100,910
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما			
a Investment expenses not included on Form 990, Part VIII, line 7b		-18,169.		
b Other (Describe in Part XIII.)			4-	-18,169
c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I			4c 5	92,170,741
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I Part XII Reconciliation of Expenses per Audited Finance				
Complete if the organization answered "Yes" to Form 990, Par		i Experises per	Hett	4111.
Total expenses and losses per audited financial statements			1	91,953,554
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	72,755,552
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		18,169.		
e Add lines 2a through 2d		-	2e	18,169
3 Subtract line 2e from line 1			3	91,935,385
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>b</b> Other (Describe in Part XIII.)				
c Add lines <b>4a</b> and <b>4b</b>	' <u></u>		4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I			5	91,935,385
Part XIII Supplemental Information.	·			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b	and 2b; Part V, line	4; Parl	t X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional inforr	nation.		
Part V, line 4:				
Explanation: Earnings from the Organiz	zation's endo	wment fund	ar	е
restricted for food and medicinal aid	•			
Dank W. Time O.				
Part X, Line 2:				
The leasting The Organization is seen		-1 i	<b>L</b>	
Explanation: The Organization is exemp	ot from feder	al income	tax	as an
ition described in Gostion FO1	/~\/2\ af +ba	Tm + a a 1	D	O.d.
organization described in Section 501	(c)(3) of the	Internal	kev	enue Code
and from state income tax nursuant to	Elonido lou	The Organ		tion is
and from state income tax pursuant to	rioriua iaw.	The Organ	ıza	CIOH IS
further alaggified as a public sharity	, and not a n	rivato fou	nda	tion for
further classified as a public charity	and not a p	TIVALE IOU	ııua	CTOIL TOT
federal tax purposes. The Organization	n has not inc	urred unre	1at	ed business
indomo tavod Ad a modult no incomo t	av promision	or linhil	i +	had boom
income taxes. As a result, no income t	ax brovision	or rrabit	тιУ	nas been

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

**Employer identification number** 

Cross Internati					65-108638	
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? 📖	Yes X No
	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance out	side the
United States.	as following Port	L line 2 table of	on he duplicated if additional appear is	acadad )		
3 Activities per Region. (TI (a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in region		vity listed in (d)	(f) Total
(a) negion	offices	employees,	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	agents, and independent	services, investments, grants to		specific type	for and
		contractors in region	recipients located in the region)	of service	ce(s) in region	investments in region
		irregion				Ů
Central America and			Grants to recipients			
the Caribbean	0	1	located in the region			79,853,338.
			Grants to recipients			
North America	0	0	located in the region			7,000.
			Grants to recipients			
Sub-Saharan Africa	0	1	located in the region			1,148,753.
East Asia and the			Grants to recipients			
Pacific	0	0	located in the region			4,044,742.
South America	0		Grants to recipients located in the region			68 377
Boden America	0	0	rocated in the region			68,377.
			Grants to recipients			
South Asia	0		located in the region			3,750.
						, -
3 a Sub-total	0	2				85,125,960.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	2				85,125,960.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</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)
							Clothing,	
							footwear, medical	
		Central America					supplies,	
		and the Caribbean	Relief for the poor	7,333.	Wire	3,430,830.	medicine, school	FMV
		Central America						
		and the Caribbean	Relief for the poor	5,500.	Wire	0.		
		a						
		Central America	D-14-6 6-0 bb	115 500	77.1			
		and the Caribbean	Relief for the poor	115,523.	wire	0.		
		Central America						
			Relief for the poor	12,000.	Wire	0.		
		and the curibbean	Refrer for the poor	12,000.	MIIC		Clothing,	
							footwear, medical	
		Central America					supplies, school	
		and the Caribbean	Relief for the poor	94,120.	Wire			FMV
				,		, , , , , ,		
		Central America					Food and personal	
		and the Caribbean	Relief for the poor	412,247.	Wire	191,157.	care items	FMV
		Central America						
		and the Caribbean	Relief for the poor	122,083.	Wire	0.		
		Central America						
		and the Caribbean	Relief for the poor	257,364.	Wire	41,999.	Food	FMV

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

3 Enter total number of other organizations or entities

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Schedule	e F (Form 990)	CIUSS	Internation	ai, inc.		05 10	00307		Page 2
Part II	Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
<b>1</b> (a) Nar	ne of organization	<b>(b)</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	Relief for the poor	23,500.	Wire	0.		
			and the carrobean	kerrer for the poor	23,300.	WITE	· ·		
			Central America						
			and the Caribbean	Relief for the poor	29,900.	Wire	0.	,	
			Central America						
				Relief for the poor	40,650.	Wire	0.		
					,			Clothing,	
								footwear, school	
			Central America					supplies, toys,	L
			and the Caribbean	Relief for the poor	62,210.	Wire	38,686.	food, and tools	FMV
			East Asia and the						
			Pacific	Relief for the poor	74,650.	Wire	0.	,	
			East Asia and the Pacific	Relief for the poor	15,000.	Wire	0.		
			I dell'i e	Refrer for the poor	13,000.	W110	Ů.		
			East Asia and the						
			Pacific	Relief for the poor	10,000.	Wire	0.		
			East Asia and the						
			Pacific	Relief for the poor	11,750.	Wire	0.		
					,				
			East Asia and the		11 000	<u></u>			
			Pacific	Relief for the poor	11,900.	Wire	0.	·	

Schedule F (Form 990)	CIUSS	internation	a1, 111C.		03-10	00307		Page 2
Part II Continuation of	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>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Relief for the poor	5,000.	Wire	0.		
				,,,,,,,				
		Name had a second and	D-14-6 6 +b	7 000	M2	0		
		North America	Relief for the poor	7,000.	wire	0.		
		South America	Relief for the poor	16,600.	Wire	0.		
		South America	Relief for the poor	9,000.	Wire	0.		
		South America	Relief for the poor	14,400.	Wire	0.		
		South America	Relief for the poor	23,220.	Wire	0.		
		Sub-Saharan Africa	Relief for the poor	40,000.	Wire	0.		
						•		
		Sub-Saharan	Dalief for the second	20.000	Wi ma			
		Africa	Relief for the poor	29,990.	wire	0.		
		Sub-Saharan						
		Africa	Relief for the poor	50,450.	Wire	0.		

Cross International, Inc.

Schedule F (Form 990)	Cross	Internation	al, Inc.		65-10	86387		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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.		17,617.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		62,790.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		19,321.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		37,489,674.	Clothing, footwear, medical supplies, personal care	FMV
		Central America and the Caribbean	Relief for the poor	0.		11,889,334.	Medicine	FMV
		Central America and the Caribbean	Relief for the poor	0.		66,750.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		30,660.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		31,536.	Food	FMV
		Central America and the Caribbean	Relief for the poor	0.		63,992.	Food	FMV

Schedule F (Form 990)	Cross	Internation	al, Inc.		65-10	86387		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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.		39,810.	Food, toys, tools, and home goods	FMV
		Central America and the Caribbean	Relief for the poor	0.		25,124,477.		FMV
		Central America and the Caribbean	Relief for the poor	0.		49,617.	Clothing, medical supplies, medicine, school supplies, toys,	FMV
		Sub-Saharan Africa	Relief for the poor	0.		183,960.	Food	FMV
		Sub-Saharan Africa	Relief for the poor	0.			Footwear, medical supplies, beverages, toys, and home goods	FMV
		Sub-Saharan						
		Africa East Asia and the	Relief for the poor	0.		66,900.	Medical supplies, medicine, and personal care	FMV
		Pacific	Relief for the poor	0.		3,913,006.	items	FMV

Cross International, Inc. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (f) Amount of (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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

Schedule F (Form 990) 2013

Page 5

#### Part V Supplemental Information

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.

### Part I, Line 2:

Explanation: 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, footwear, medical supplies, medicine, school supplies, toys, food, home goods, tools, etc.

### Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, footwear, medical supplies, school supplies, toys, tools, home goods, etc.

# Region: Central America and the Caribbean

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

## Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, medical supplies, medicine, school supplies, toys, food, tools, and home goods

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Open To Public **Employer identification number** 

OMB No. 1545-0047

Cross International, Inc. 65-1086387 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations **f** X Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) from activity fundraiser or control of organization contributions' listed in col. (i) New River Communications -Yes No 1,017,907. 1819 S.E. 17th St, Ste 1, Ft. Х 1,038,267 20,360 Consulting Donor Care Center - 480 W. 26,822 Tuscarawas Ave, Third Fl, Telephone Solicitation x 27,807 984. 1,066,074. 47 182. 1.018.891. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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

Schedule G (Form 990 or 990-EZ) 2013 Cross International, Inc. 65-1086387 Page 2 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 Path of None (add col. (a) through Promise Gala col. (c)) (event type) (event type) (total number) Revenue 96,407. 96,407. 1 Gross receipts 66,299 66,299. 2 Less: Contributions 30,108. 30,108. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 8,528. 8,528. Direct Expenses Rent/facility costs 1,000. 1,000. Food and beverages 8 Entertainment 8,641. 8,641. Other direct expenses ..... 18,169. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11,939. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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? **b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule	G (Form	990 or	990-F71	2013

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2013 Cross International, Inc. 65-1	086	<u> 38 /</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13a		%
	An outside facility	13b		<del>/</del> 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
14	the the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	No			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. └── `	Yes	└── No
b	o 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			
	- Name P			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Employee Employee			
47	Manual Anna de Balanca			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?	. ك `	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 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser	s:		
/ :	\ Name of Eundraiger. New Divor Communications			
<u>(i</u>	) Name of Fundraiser: New River Communications			
, .	V 2.5 June 200 June 1 volume 1			
(1	) Address of Fundraiser:			
18	19 S.E. 17th St, Ste 1, Ft. Lauderdale, FL 33316			
(i	) Name of Fundraiser: Donor Care Center			
<u>`</u>	,			
( +	) Address of Fundraiser:			
(i				
48	0 W. Tuscarawas Ave, Third Fl, Barberton, OH 44203			

Schedule G	(Form 990 or 990-EZ)	Cross	International,	Inc.	65-1086387 <sub>P</sub>	age 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	r <mark>mation</mark> (co	ntinued)			

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Cross Int	65-1086387						
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi	stance?						tion X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to		=			ganization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than		<del> </del>	<del> </del>		(f) Method of	1	T
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Morningstar Fellowship Church							
305 Hollywood Road							
Moravian Falls, NC 28654	56-1595813	501(c)(3)	0.	159,581.	.FMV	Food	Relief for the poor
Cross Catholic Outreach, Inc. 600 SW 3rd Street, Suite 2201 Pompano Beach, FL 33060	65-1156061	501(c)(3)	0.	2,084,257.	FMV	Food	Relief for the poor
2 Enter total number of section 501(c)(3) a  3 Enter total number of other organization			he line 1 table	I	1		1.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

### Part I, Line 2:

Explanation: 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.

#### Part II, Line 1a

Explanation: During 2013, the Organization made a grant of goods in

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Cross International, Inc.

Employer identification number 65-1086387

Pai	rt I Types of Property								
		(a)	(b)	(c)			d)		
		Check if	Number of contributions or	Noncash cont amounts repo		Method of		•	
		applicable	items contributed			noncash contr	ibution ai	mount	.S
1	Art - Works of art				,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods			1,391	090.	Estimated	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		9	814	861.	Estimated	FMV		
20	Drugs and medical supplies		12			Est FMV pe		<del>d B</del>	ook
21	Taxidermy			00,100,					
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (								
29		nization durin	g the tax year for o	contributions					
	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								
	To miles and anguinzation completed form ozer, factiv, pointe holdrowledgement								No
30a	During the year, did the organization receive	by contribution	on any property re	oorted in Part I. lir	nes 1 - 28. t	hat it must hold for		Yes	
	at least three years from the date of the initia								
	the entire holding period?		•	•			30a		Х
b	If "Yes," describe the arrangement in Part II.						. 554		
31									х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								<u> </u>
u	contributions?		_	· ·			32a	x	
b							. JZu		
33	If the organization did not report an amount	in column (c)	for a type of prope	rty for which colu	mn (a) is ch	jecked			
	describe in Part II.	00.0/1111 (0)	is, a type of prope	, 101 1111011 0010	(4) 13 01	,			
	2000.200 1 4.1.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

# SCHEDULE O (Form 990 or 990-EZ)

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.

2013
Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number 65-1086387

Name of the organization

Cross International, Inc.

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

Cross International cost-effectively serves in Africa, East Asia, Latin

America, and the Caribbean providing cash grants and material aid to

meet the needs of the poor. The organization provides both resources

(food, clothing, medicines, homes, etc.) and funding for medical

treatment, education, care for orphaned and vulnerable children, water

projects, and self-help programs. Cross also engages in relief and

recovery efforts in response to disasters such as the humanitarian

crisis caused by Super Typhoon Haiyan. In 2013, Cross International

distributed aid in 21 countries. To confirm the proper use of

resources and to work toward greater effectiveness, Cross staff members

regularly collect data on partner programs and performance, evaluating

the results annually.

Form 990, Part III, Line 1, Description of Organization 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. In this way, Cross International can help the poor cost effectively while empowering the evangelical outreaches of the Christian leaders it assists. Cross also gives these overseas churches and ministries financial grants to access local resources, which in turn helps local economies. As part of its comprehensive monitoring and management process, Cross requires its overseas mission partners to provide regular reporting on their program services, from which the data collected is evaluated annually. Regular site visits are also

made to monitor the use of the donor's contributions.

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

Cross International medical aid focused on needs in seven countries in

2013 - Afghanistan, the Dominican Republic, El Salvador, Guatemala,

Nicaragua, Vietnam, and Zambia. This outreach has had a wide-ranging

impact. For example, Cross shipped \$11,899,334 in medical related goods

to the Dominican Republic which was distributed within a hospital

network. In another case, funds granted by Cross International made it

possible for home-based medical care to be provided to HIV/AIDS victims

and other chronically ill patients in an impoverished area of Zambia.

Ministry partners such as these rely on Cross donations to keep their

medicine shelves stocked, their equipment up-to-date, and their

professional staff employed. By equipping hospitals, clinics, home

healthcare, and medical outreach programs 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 4b, Program Service Accomplishments:

In 2013, Cross International responded to the humanitarian crisis

caused by Typhoon Haiyan in the Philippines. Cross contributed to the

transportation cost to deliver 1 million meals to churches and relief

agencies and shipped over \$3.9 million in children's vitamins, hygiene

supplies, medicine, and medical supplies. Through its established

network of partners in the Philippines, Cross began to engage in

long-term recovery by funding projects such as microloans, livelihood

support, homebuilding, healthcare, and agriculture to benefit people

living in the disaster-stricken area.

Form 990, Part III, Line 4c, Program Service Accomplishments: Fighting malnutrition is a priority for Cross International. As part of this mission, the organization gave monetary or material aid toward feeding programs in nine countries including Burkina Faso, the Dominican Republic, Guyana, Haiti, Honduras, Kenya, Nicaragua, Peru, and the United States. 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 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 International's 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.

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

4d Additional Program Services - Education

Cross International targeted educational needs in three countries:

Ecuador, Haiti, and Peru. Although educational opportunities are

technically offered by the governments in many developing countries,

the quality of these services 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 International

partners with Christian schools that focus on meeting the needs of poor children who would otherwise be left behind. With Cross 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 Last year, Cross International completed a three-year project to pipe clean water to remote villages in Nicaragua. Cross also provided potable water for hundreds of poor families in southern Vietnam. Since water is crucial for both human consumption and support of agriculture and livestock, Cross targets both needs. The effort to provide safe drinking water typically involves comprehensive projects that serve many people in the surrounding communities. For example, the water project in Nicaragua involved not only providing water 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. Water-borne illnesses have decreased 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 are saving lives.

4d Additional Program Services - Orphans

Cross International has responded to the needs of orphans and vulnerable children in 10 countries - Bolivia, Ecuador, El Salvador,

Guatemala, Haiti, Mexico, Mozambique, Nicaragua, Uganda, and Zambia.

Efforts in Mozambique, Zambia, and Guyana 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 orphanages in Africa, Latin America, and the Caribbean.

4d Additional Program Services - Housing

In 2013 Cross International undertook housing programs in five

countries: Belize, Guatemala, Nicaragua, Haiti, and Vietnam. Cross

supported a house-construction effort in Nicaragua providing a sturdy

cement home plus a Bible to each benefiting family; and in Guatemala,

Cross helped provide emergency shelter for families fleeing domestic

Additional Program Services - Shipping

Cross International's shipping program uses monetary donations to

transport and distribute donated goods which meet the exempt purpose of

providing food, providing clothing, providing medicine, facilitating

medical treatment, providing water, facilitating clean water, providing

housing, facilitating housing development, facilitating self-help

programs, facilitating education programs, and/or addressing needs in a

disaster relief and recovery situation. Through this approach, a

donor's contribution can be multiplied at least ten times as it places

goods valued at ten times that donation directly into the hands of the

poor by the ministries serving them.

Cross can provide crucial medicines and medical supplies that are not

Another benefit of shipping goods rather than sending funds is that

abuse.

locally available physically or financially. This support keeps

hospitals and clinics stocked with the needed resources so doctors do

not have to turn away patients untreated. In 2013, Cross shipped goods

to churches and ministries in 11 countries: Burkina Faso, the

Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Kenya,

Nicaragua, the Philippines, Uganda, and the United States.

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 15 countries - Afghanistan, Bolivia, the

Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Mexico,

Mozambique, Nicaragua, Peru, 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 Church in the U.S. and the Church in the developing world. Cross
achieved this goal by communicating directly to American Christians
through Christian radio. The ministry's day-long and two-day radio
presentations were made to the public on radio stations throughout the
country. Along with conventional radio, Cross International also
educates through satellite radio, speakers, musical performances,

events, over the Internet, mailed materials, and other forms of communication.

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 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 \$ 4,309,348. including grants of \$ 2,966,115. Revenue \$ 82,512

# Form 990, Part V, Line 2a:

Explanation: The Organization acts as a common paymaster for employees of the Organization, Cross Catholic Outreach, Inc. (an affiliated nonprofit organization which operates under common management with the Organization but is not "related" to the Organization for Form 990 reporting purposes), and another unrelated nonprofit ministry. The number of employees reported on this Form 990 only reflects those individuals who provided services directly to the Organization as an employee of the Organization. Likewise, this Form 990 only reflects the amount of wages paid to such employees for services provided to the Organization. As a result of this common paymaster arrangement, the number of employees and the amount of wages paid to employees as

Organization's Form W-3, Transmittal of Wage and Tax Statements, filed with the Internal Revenue Service.

Form 990, Part VI, Section A, line 2:

Explanation: Mr. Jim Brown has a family relationship with Mrs. Linda Brown.

Form 990, Part VI, Section B, line 11:

Explanation: 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:

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

Form 990, Part VI, Section B, Line 15:

Explanation: The compensation of the President is set by two members of the Schedule O (Form 990 or 990-EZ) (2013)

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:

Explanation: 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 XII, Line 2c:

Explanation: 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

Schedule O (Form 990 or 990-EZ) (2013) Page 2 **Employer identification number** Name of the organization Cross International, Inc. 65-1086387 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.