

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CROSS INTERNATIONAL CATHOLIC OUTREACH, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>370 W CAMINO GARDENS BLVD 102</b> City or town, state or country, and ZIP + 4 <b>BOCA RATON FL 33432-5816</b>	<b>D</b> Employer identification number <b>65-1156061</b>
		<b>E</b> Telephone number <b>954-657-9000</b>
		<b>G</b> Gross receipts\$ <b>159,822,566</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **crossinternational.org**

**K** Type of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

**H(c)** Group exemption number ▶ \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CROSS INTERNATIONAL HELPS THE POOR IN MORE THAN 30 COUNTRIES BY PROVIDING FOOD, MEDICINES, HOUSING, EDUCATIONAL SUPPLIES &amp; OTHER RESOURCES TO MEET URGENT NEEDS AND PROMOTE GREATER SELF-SUFFICIENCY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>103</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>148,082,453</b>	<b>159,792,173</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>82,269</b>	<b>30,393</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>26</b>	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>148,164,748</b>	<b>159,822,566</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>138,383,131</b>	<b>149,155,506</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,725,260</b>	<b>4,608,461</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>146,260</b>	<b>91,879</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)▶ <b>2,771,344</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>4,029,276</b>	<b>5,271,718</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>146,283,927</b>	<b>159,127,564</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,880,821</b>	<b>695,002</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,881,902</b>	<b>5,603,345</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>430,414</b>	<b>456,855</b>
		<b>4,451,488</b>	<b>5,146,490</b>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *James J. Cavnar* Date: **7/31/09**  
 Type or print name and title: **James J. Cavnar, President**

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

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**CROSS INTERNATIONAL HELPS THE POOR IN MORE THAN 30 COUNTRIES BY PROVIDING FOOD, MEDICINES, HOUSING, EDUCATIONAL SUPPLIES & OTHER RESOURCES TO MEET URGENT NEEDS AND PROMOTE GREATER SELF-SUFFICIENCY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **6,581,538** including grants of \$ **6,579,116** ) (Revenue \$ )

**FIGHTING MALNUTRITION IS A PRIORITY FOR CROSS INTERNATIONAL CATHOLIC OUTREACH. THE ORGANIZATION LAUNCHED SIGNIFICANT PROGRAMS IN 15 COUNTRIES IN 2008 AS PART OF THIS MISSION. HUNGER AND EVENTUAL MALNUTRITION CAUSE BOTH PHYSICAL AND MENTAL DISABILITIES IN CHILDREN, SO MUCH OF THE FOOD SHIPMENTS FUNDED WERE SPECIFICALLY EARMARKED FOR DISTRIBUTION TO INFANTS, TODDLERS AND ADOLESCENTS. COUNTRIES TARGETED INCLUDED BELIZE, BOLIVIA, DOMINICAN REPUBLIC, ETHIOPIA, GUYANA, HAITI, HONDURAS, KENYA, MOZAMBIQUE, NICARAGUA, PERU, THE PHILIPPINES, ST. MARTIN, SWAZILAND, AND ZAMBIA. (CONTINUED ON SCHEDULE O)**

4b (Code: ) (Expenses \$ **102,583,749** including grants of \$ **102,568,408** ) (Revenue \$ )

**CROSS INTERNATIONAL CATHOLIC OUTREACH'S MEDICAL PROGRAMS FOCUSED ON NEEDS IN 16 COUNTRIES - AFGHANISTAN, BELIZE, BOLIVIA, DOMINICAN REPUBLIC, ECUADOR, ETHIOPIA, GUYANA, HAITI, HONDURAS, KENYA, NICARAGUA, PERU, THE PHILIPPINES, UGANDA, VIETNAM AND ZAMBIA. A VARIETY OF PROJECTS WERE FUNDED. FOR EXAMPLE, CROSS SPONSORED ORTHOPEDIC SURGERIES FOR MORE THAN 30 CHILDREN IN AFGHANISTAN; HEALTH CARE WAS EXTENDED TO 27 PREVIOUSLY UNSERVED COMMUNITIES IN BOLIVIA; MAJOR SHIPMENTS OF POWDERED MILK WERE PROVIDED TO COMBAT MALNUTRITION AMONG INFANTS IN A REMOTE AREA OF HAITI; AN AIDS HOSPICE WAS SUPPORTED IN (CONTINUED ON SCHEDULE O)**

4c (Code: ) (Expenses \$ **5,627,553** including grants of \$ **5,626,868** ) (Revenue \$ )

**IN 2008, CROSS INTERNATIONAL CATHOLIC OUTREACH RESPONDED TO THE NEEDS OF ORPHANS AND VULNERABLE CHILDREN IN 9 COUNTRIES: CHINA, ECUADOR, ETHIOPIA, GUYANA, HAITI, KENYA, MOZAMBIQUE, PERU AND ZAMBIA. MANY OF THESE EFFORTS HAVE HAD A SIGNIFICANT IMPACT ON CHILDREN IMPACTED BY AIDS. ONE CREATIVE PROGRAM IN MOZAMBIQUE IDENTIFIES CHILDREN WHO HAVE LOST PARENTS TO AIDS AND PLACES THEM - AS FAMILY GROUPS, WHENEVER POSSIBLE - IN THE HOMES OF VOLUNTEERS WHO PROVIDE PARENTAL CARE. IN HAITI, WHERE 8 OF THE 20 INDIVIDUAL PROGRAMS (CONTINUED ON SCHEDULE O)**

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

(Expenses \$ **39,287,273** including grants of \$ **34,381,114** ) (Revenue \$ )4e Total program service expenses ▶ \$ **154,080,113** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	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		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 22		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	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		
	<b>2a</b> 103		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

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

**Section B. Policies**

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	<b>AL, AK, AR, AZ, CA, CT, FL, GA, IL, KS, KY, LA, ME</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>JAMES J. CAVNAR</b> <b>600 SW 3RD ST.</b> <b>POMPANO BEACH</b> <b>FL 33060</b> <b>954-657-9000</b>	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MOST REV. SAM JACOBS CHAIRMAN		X					0	0	0	
JAMES J. CAVNAR DIRECTOR		X					0	0	0	
SR. LINDA KOONTZ DIRECTOR		X					0	0	0	
CARLOS SEVILLA DIRECTOR		X					0	0	0	
EDWARD SLATTERY DIRECTOR		X					0	0	0	
MICHAEL COTE DIRECTOR		X					0	0	0	
FRANK DEWANE DIRECTOR		X					0	0	0	
KEVIN VANN DIRECTOR		X					0	0	0	
JAMES J. CAVNAR PRESIDENT	32			X			131,596	16,395	22,094	
BRIAN SCHUTT OFFICER	32			X			128,220	15,975	23,438	
DAVID ADAMS OFFICER	32			X			118,934	33,814	5,947	
THEODORE BERTAGNI KEY EMPLOYEE	40					X	124,345	0	10,003	
MICHELE BECK KEY EMPLOYEE	32					X	111,497	12,389	10,348	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>159,792,173</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>144,503,484</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>159,792,173</b>				
<b>Program Service Revenue</b>			<b>Busn. Code</b>				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>30,393</b>			<b>30,393</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<b>159,822,566</b>	<b>0</b>	<b>0</b>	<b>30,393</b>	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,050	10,050		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	149,145,456	149,145,456		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	420,352	363,559	49,563	7,230
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,462,687	2,507,992	601,052	353,643
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,471		44,471	
9 Other employee benefits	407,853	247,130	123,238	37,485
10 Payroll taxes	273,098	180,396	68,430	24,272
11 Fees for services (non-employees):				
a Management	79,548	30,839	48,621	88
b Legal	5,313		5,313	
c Accounting	118,028		118,028	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	91,879			91,879
f Investment management fees				
g Other	5,172	826	4,346	
12 Advertising and promotion	214,055	3,750	776	209,529
13 Office expenses	260,716	2,543	107,097	151,076
14 Information technology	3,009		3,009	
15 Royalties				
16 Occupancy	198,047	9,927	188,078	42
17 Travel	790,840	513,624	28,919	248,297
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,255	4,758	13,217	1,280
20 Interest	9,558		9,558	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,680		36,680	
23 Insurance	27,396		27,396	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE AND SHIPPING	1,764,948	750,464	201,063	813,421
b PRINTING	1,097,434	283,298	22,163	791,973
c DATA PROCESSING	424,859		401,934	22,925
d BANK CHARGES AND CC FEES	129,144		129,144	
e GOODS PURCHASED	19,648	19,648		
f All other expenses	68,068	5,853	44,011	18,204
25 Total functional expenses. Add lines 1 through 24f	159,127,564	154,080,113	2,276,107	2,771,344
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	2,903,686	1	3,321,208
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	182,824
	4	Accounts receivable, net	814,300	4	25,442
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,066,742	7	1,961,682
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,800	9	14,650
	10a	Land, buildings, and equipment: cost basis	10a 195,046		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 104,803		
			73,034	10c	90,243
	11	Investments—publicly traded securities	14,593	11	7,296
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	747	15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,881,902	16	5,603,345	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	405,199	17	456,855
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	25,215	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	430,414	26	456,855
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	3,197,586	27	4,420,871
	28	Temporarily restricted net assets	1,253,902	28	725,619
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	4,451,488	33	5,146,490
	34	<b>Total liabilities and net assets/fund balances</b>	4,881,902	34	5,603,345

**Part XI Financial Statements and Reporting**

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CROSS INTERNATIONAL CATHOLIC OUTREACH, INC. Employer identification number: 65-1156061

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

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

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2 with monetary values.

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Term endowment  \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		<b>195,046</b>	<b>104,803</b>	<b>90,243</b>
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>90,243</b>









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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Relief to the poor			60,107,427	Medical Equipme	Replacemen
		South Asia	Relief to the poor	73,264	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	26,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	7,248	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	10,975	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	8,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			136,030	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor	17,696	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	20,004	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			128,180	Medical Equipme	Replacemen
		Central America and the Caribbean	Relief to the poor	6,200	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	19,980	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	8,400	Bank Draft or C			
		South America	Relief to the poor	18,000	Bank Draft or C			
		South America	Relief to the poor	22,000	Bank Draft or C			
		South America	Relief to the poor	26,000	Bank Draft or C			

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

3 Enter total number of other organizations or entities  **192**



**Part IV Supplemental Information**

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

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

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



**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Relief to the poor	5,469	Bank Draft		or C	
		East Asia	Relief to the poor and the Pacific	30,000	Bank Draft		or C	
		East Asia	Relief to the poor and the Pacific			89,122	Furniture	Thrift Sho Supp
		East Asia	Relief to the poor and the Pacific			2,045,252	Furniture	Thrift Sho Supp
		Central America	Relief to the poor and the Caribbean	28,000	Bank Draft		or C	
		Central America	Relief to the poor and the Caribbean			143,713	Furniture	Thrift Sho Supp
		Central America	Relief to the poor and the Caribbean	75,000	Bank Draft		or C	
		Central America	Relief to the poor and the Caribbean	28,500	Bank Draft		or C	
		Central America	Relief to the poor and the Caribbean	20,000	Bank Draft		or C	
		Central America	Relief to the poor and the Caribbean	50,000	Bank Draft		or C	
		Central America	Relief to the poor and the Caribbean			150,342	Furniture	Thrift Sho Supp
		South America	Relief to the poor	18,000	Bank Draft		or C	
		South America	Relief to the poor	12,000	Bank Draft		or C	
		South America	Relief to the poor	12,600	Bank Draft		or C	
		South America	Relief to the poor	9,600	Bank Draft		or C	
		Sub-Saharan Africa	Relief to the poor	31,661	Bank Draft		or C	
		Sub-Saharan Africa	Relief to the poor	15,477	Bank Draft		or C	
		Sub-Saharan Africa	Relief to the poor	11,110	Bank Draft		or C	
		Sub-Saharan Africa	Relief to the poor	16,210	Bank Draft		or C	

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Relief to the poor	12,902	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	18,025	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	51,450	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	18,985	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	18,500	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	13,054	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	5,147	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	10,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	20,746	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			10,297	Furniture	Thrift Shop
		Central America and the Caribbean	Relief to the poor	30,000	Bank Draft or C			
		South America	Relief to the poor	14,000	Bank Draft or C			
		South America	Relief to the poor	13,000	Bank Draft or C			
		South America	Relief to the poor	33,600	Bank Draft or C			
		South America	Relief to the poor			19,385	Medical Equipme	Replacement
		South America	Relief to the poor	11,700	Bank Draft or C			
		South America	Relief to the poor	5,500	Bank Draft or C			
		South America	Relief to the poor	6,600	Bank Draft or C			
		South America	Relief to the poor	6,000	Bank Draft or C			

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Relief to the poor	24,400	Bank Draft or C			
		South America	Relief to the poor	14,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	19,400	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	44,975	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	362,879	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	109,100	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	72,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			12,004	Medical Equipme	Replacemen
		Central America and the Caribbean	Relief to the poor	12,500	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	25,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	30,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	7,800	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			159,427	Furniture,	Thrift Sho
		Central America and the Caribbean	Relief to the poor	12,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	7,100	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			964,648	Medical Equipme	Replacemen
		Central America and the Caribbean	Relief to the poor	35,980	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			23,800	Furniture,	Thrift Sho
		Central America and the Caribbean	Relief to the poor	36,000	Bank Draft or C			

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Relief to the poor	48,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	103,025	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	12,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			170,630	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor			131,250	Furniture, Supp	Thrift Sho
		Central America and the Caribbean	Relief to the poor	20,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	22,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	10,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	10,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	54,680	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	16,650	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	14,750	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			106,656	Food, Water, Su	Cost
		Central America and the Caribbean	Relief to the poor			359,590	Furniture, Supp	Thrift Sho
		Central America and the Caribbean	Relief to the poor	62,936	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	12,000	Bank Draft or C			
		Middle East and North Africa	Relief to the poor			8,881,211	Furniture, Supp	Thrift Sho
		Sub-Saharan Africa	Relief to the poor	48,000	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor			137,990	Furniture, Supp	Thrift Sho

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)**

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Relief to the poor	12,000	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	38,004	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	13,698	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	7,850	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	20,004	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	10,008	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	23,834	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	150,000	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	27,400	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor			34,436,455	Medical Equipme	Replacemen
		Sub-Saharan Africa	Relief to the poor	11,500	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	20,000	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	8,170	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	92,486	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	111,600	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	8,004	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	8,004	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor	22,640	Bank Draft or C			
		Sub-Saharan Africa	Relief to the poor			425,052	Furniture,	Thrift Sho Supp

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Relief to the poor	10,000	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	17,785	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor	31,952	Bank Draft or C			
		Central America and the Caribbean	Relief to the poor			1,392,694	Furniture,	Thrift Sho Supp
		Central America and the Caribbean	Relief to the poor	71,250	Bank Draft or C			
		South America	Relief to the poor			13,586	Medical Equipme	Replacemen
		South America	Relief to the poor	12,650	Bank Draft or C			
		South America	Relief to the poor	18,000	Bank Draft or C			
		South America	Relief to the poor	7,000	Bank Draft or C			
		South America	Relief to the poor	10,008	Bank Draft or C			
		South America	Relief to the poor	14,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	6,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	54,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor			5,257,542	Food, Water, Su	Cost
		East Asia and the Pacific	Relief to the poor	20,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	23,500	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	30,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	31,000	Bank Draft or C			
		East Asia and the Pacific	Relief to the poor	12,000	Bank Draft or C			

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

<sup>1</sup> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia	Relief to the poor and the Pacific			6,500,000	Medical Equipme	Replacemen
		East Asia	Relief to the poor and the Pacific	81,000	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	35,500	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	7,500	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific			106,772	Furniture,	Thrift Sho Supp
		Sub-Saharan Africa	Relief to the poor	24,108	Bank Draft	or C		
		Sub-Saharan Africa	Relief to the poor	11,940	Bank Draft	or C		
		Sub-Saharan Africa	Relief to the poor	7,780	Bank Draft	or C		
		Sub-Saharan Africa	Relief to the poor			17,819,156	Furniture,	Thrift Sho Supp
		Sub-Saharan Africa	Relief to the poor	31,600	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	36,000	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	6,000	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	277,002	Bank Draft	or C		
		East Asia	Relief to the poor and the Pacific	12,000	Bank Draft	or C		
		Europe	Relief to the poor	509,278	Bank Draft	or C		
		Europe	Relief to the poor	20,594	Bank Draft	or C		
		Europe	Relief to the poor	100,000	Bank Draft	or C		
		Europe	Relief to the poor	100,000	Bank Draft	or C		
		Europe	Relief to the poor	20,000	Bank Draft	or C		





**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open To Public Inspection**

Name of the organization **CROSS INTERNATIONAL CATHOLIC OUTREACH, INC.**

Employer identification number  
**65-1156061**

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR CARE CENTER	TELEPHONE		X	57,064	145,531	-88,467
<b>Total</b>				<b>57,064</b>	<b>145,531</b>	<b>-88,467</b>

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

**All states**

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses			
	8	Direct expense summary. Add lines 4 through 7 in column (d)			
9	Net income summary. Combine lines 3 and 8 in column (d)				( )

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

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

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

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility .....	<b>13a</b>	%	
<b>b</b>	An outside facility .....	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ .....			
	Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b>	If "Yes," enter name and address:			
	Name ▶ .....			
	Address ▶ .....			
<b>16</b>	Gaming manager information:			
	Name ▶ .....			
	Gaming manager compensation ▶ \$ .....			
	Description of services provided ▶ .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			





**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **CROSS INTERNATIONAL CATHOLIC  
OUTREACH, INC.**

Employer identification number  
**65-1156061**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES J. CAVNAR	(i)	131,596	0	0	3,669	14,089	149,354	0
	(ii)	16,395	0	0	771	3,565	20,731	0
BRIAN SCHUTT	(i)	128,220	0	0	3,575	15,290	147,085	0
	(ii)	15,975	0	0	751	3,822	20,548	0
DAVID ADAMS	(i)	118,934	0	0	3,787	1,192	123,913	0
	(ii)	33,814	0	0	796	172	34,782	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

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

▶Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization **CROSS INTERNATIONAL CATHOLIC  
OUTREACH, INC.**

Employer identification number  
**65-1156061**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>1</b>	<b>225,429</b>	
20 Drugs and medical supplies	<b>X</b>	<b>3</b>	<b>143,644,718</b>	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

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



**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**Open to Public  
InspectionName of the organization **CROSS INTERNATIONAL CATHOLIC  
OUTREACH, INC.**Employer identification number  
**65-1156061****Form 990, Part III, Line 4a - First Achievement**

THERE WERE 7 FOOD-RELATED OUTREACHES IN HAITI ALONE. THE IMPACT OF THIS PROGRAM WAS ENHANCED BY USING SCHOOLS FOR POOR CHILDREN AS A NETWORK FOR DISTRIBUTION. THIS NOT ONLY PRODUCED A DECREASE IN MALNUTRITION AND RELATED MEDICAL DISABILITIES IN THE AREAS TARGETED, BUT IT ALSO IMPROVED SCHOOL PERFORMANCE AMONG THOSE CHILDREN WHO WERE FED. IN ALL, MORE THAN 40 INDIVIDUAL IN-COUNTRY PARTNERS WERE INVOLVED IN THE DISTRIBUTION OF FOOD SUPPLIED BY CROSS, REPRESENTING HUNDREDS OF THOUSANDS OF MEALS SUPPLIED TO CHILDREN DURING THE YEAR.

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

VIETNAM; AND CONSTRUCTION WAS FUNDED TO EXPAND A HEALTH CLINIC SERVING THE MATISI IN KENYA. PROVIDING RESOURCES TO THESE AND OTHER CATHOLIC MEDICAL PROJECTS MORE EFFECTIVELY USES FACILITIES AND STAFF MEMBERS ALREADY IN PLACE BY EQUIPPING AND SUPPLYING THEM WITH RESOURCES NECESSARY FOR THEIR SERVICES TO THE COMMUNITY. AS A RESULT, THOUSANDS OF ADDITIONAL FAMILIES ARE PROVIDED WITH QUALITY MEDICAL CARE.

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

SUPPORTED ARE BASED, MANY OF THE CHILDREN SERVED ARE VICTIMS OF THE COLLAPSED ECONOMY. A FAMILY MEMBER MAY BE

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ALIVE, BUT THAT PERSON IS TOO POOR TO CARE FOR THE CHILD. PROGRAMS SERVING THESE CHILDREN FIND WAYS TO KEEP THE CONNECTION WITH FAMILY MEMBERS INTACT. CHILDREN ARE OFTEN CARED FOR MOST OF THE YEAR, BUT ARE REUNITED WITH FAMILY FOR AN EXTENDED PERIOD OF TIME DURING THE SUMMER. IN ALL OF THESE CASES, THE FINANCIAL SUPPORT PROVIDED BY CROSS GREATLY ENHANCES THE ABILITY OF PARTNER MINISTRIES' ABILITY TO CARE FOR THE CHILDREN THEY SERVE.

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

4D ADDITIONAL PROGRAM SERVICES - EDUCATION

CROSS INTERNATIONAL CATHOLIC OUTREACH'S EDUCATIONAL PROGRAMS TARGETED NEEDS IN 14 COUNTRIES: BELIZE, BOLIVIA, ECUADOR, ETHIOPIA, HAITI, KENYA, MALAWI, MOZAMBIQUE, NICARAGUA, PERU, THE PHILIPPINES, UGANDA, VIETNAM AND ZAMBIA. THERE WERE 40 MINISTRY PARTNERS INVOLVED IN THE PROJECTS WITHIN THE COUNTRIES SERVED. ALTHOUGH EDUCATIONAL OPPORTUNITIES ARE OFFERED AT NO COST BY THE GOVERNMENTS OF MOST OF THESE COUNTRIES, THERE ARE PRACTICAL PROBLEMS WITH THIS OPTION. IN SOME CASES, THE GOVERNMENT SCHOOLS ARE SUBSTANDARD. IN OTHER CASES, THERE ARE RULES THAT PROHIBIT ATTENDANCE BY THE POOR - SMALL TUITION FEES, REQUIREMENTS THAT SUPPLIES BE PURCHASED BY PARENTS, DRESS CODES THAT INCLUDE SHOES OR UNIFORMS THAT ARE BEYOND THE MEANS OF THE FAMILY. CROSS HAS SUPPLIED A QUALITY EDUCATION TO THOUSANDS OF CHILDREN IN THIS POSITION BY PARTNERING WITH CHURCH-RUN SCHOOLS THAT WILL

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ACCEPT SUCH STUDENTS AND SUPPLY THEM WITH THE MATERIALS AND RESOURCES THEY NEED. IN ADDITION TO THE TRADITIONAL SCHOOL PROGRAMS OF THIS KIND THAT CROSS SPONSORED IN 2008, THE ORGANIZATION ALSO TOOK ON SEVERAL PROJECTS THAT ENHANCED EXISTING SCHOOLS BY EITHER PROVIDING MORE CLASSROOM SPACE OR BY ADDING EQUIPMENT BENEFICIAL TO THE EDUCATIONAL PROGRAMS BEING OFFERED. FOR EXAMPLE, CROSS FUNDED THE CONSTRUCTION OF 12 CLASSROOMS AND A LIBRARY FOR A SCHOOL IN KENYA AND PROVIDED SOLAR POWER TO A REMOTE SCHOOL IN UGANDA. CROSS HAS ALSO OFFERED SCHOLARSHIPS FOR TECHNICAL SCHOOL AND SPECIAL TRAINING WHEN THAT HAS PROVIDED THE BEST OPTION FOR STUDENTS IN POOR COMMUNITIES.

THESE AND OTHER EDUCATIONAL PROJECTS LAUNCHED BY CROSS IN 2008 HAVE HELPED POOR STUDENTS ATTEND QUALITY SCHOOLS AND HAVE IMPROVED THE QUALITY OF THE EDUCATION PROVIDED BY SCHOOL PARTNERS.

4D ADDITIONAL PROGRAM SERVICES - WATER PROJECTS ELEVEN PROJECTS TO DELIVER SAFE DRINKING WATER OR WATER FOR AGRICULTURAL USE WERE FUNDED IN 7 COUNTRIES: DOMINICAN REPUBLIC, HAITI, MALAWI, NICARAGUA, UGANDA, VIETNAM AND ZAMBIA. ALTHOUGH MOST OF THESE PROJECTS ARE BASED IN ONE TOWN OR MINISTRY LOCATION, THEY ARE DESIGNED TO SERVE THOUSANDS OF INDIVIDUALS IN THE SURROUNDING COMMUNITIES. FOR EXAMPLE, CROSS FUNDED A SPRING-FED, GRAVITY-DELIVERED WATER PROJECT IN A REMOTE AREA OF THE DOMINICAN REPUBLIC THAT IMPACTED VILLAGES WITHIN SEVERAL MILES OF THE

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ORIGINAL WATER SOURCE. IN OTHER COUNTRIES, WELLS WERE DUG AND HAND PUMPS WERE INSTALLED TO SUPPLY WATER WITHOUT THE USE OF ELECTRICAL POWER. IN AREAS WHERE WATER PROJECTS ARE ESTABLISHED THE IMPACT IS IMMEDIATE AND DRAMATIC. WATER-BORNE DISEASES TRANSMITTED BY UNSAFE WATER ARE A LEADING CAUSE OF DEATH AMONG THE POOR, PARTICULARLY INFANTS AND YOUNG CHILDREN. SUPPLYING SAFE WATER PRODUCES A SIGNIFICANT DROP IN INFANT MORTALITY RATES CAUSED BY THESE DISEASES. BY ESTABLISHING NEW SOURCES OF SAFE WATER THAT CAN SERVE COMMUNITIES FOR YEARS TO COME, CROSS INTERNATIONAL CATHOLIC OUTREACH'S 2008 PROJECTS WILL PROTECT THOUSANDS OF FAMILIES FROM ILLNESS AND SAVE HUNDREDS OF LIVES.

#### 4D ADDITIONAL PROGRAM SERVICES - HOUSING

CROSS INTERNATIONAL CATHOLIC OUTREACH UNDERTOOK HOUSING PROJECTS IN 10 COUNTRIES: BELIZE, CAMEROON, DOMINICAN REPUBLIC, ETHIOPIA, GUYANA, HAITI, MOZAMBIQUE, THE PHILIPPINES, VIETNAM AND ZAMBIA. THESE PROGRAMS HAD A VARIETY OF OBJECTIVES. THE PROGRAM IN THE DOMINICAN REPUBLIC FUNDED HOMES AND A CHAPEL FOR FAMILIES ESCAPING ECONOMIC HARDSHIPS IN HAITI. IN MOZAMBIQUE, HOMES WERE CONSTRUCTED FOR CHILDREN ORPHANED BY AIDS. IN VIETNAM, THE FUNDING WAS USED TO REPLACE OR REPAIR SEVERELY DAMAGED ROOFS. IN EACH OF THESE CASES, CROSS WAS ABLE TO PROVIDE THE NEEDY FAMILY OR INDIVIDUAL WITH A SAFE, STABLE HOME.

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## 4D ADDITIONAL PROGRAM SERVICES - SELF HELP PROJECTS

SELF-HELP PROJECTS WERE FUNDED IN ETHIOPIA, KENYA, MALAWI AND THE PHILIPPINES, ENABLING THE PARTNER MINISTRIES IN THOSE COUNTRIES TO EXPAND THEIR SERVICES TO MORE RECIPIENTS. THIS FUNDING HELPED HUNDREDS OF PEOPLE - MANY OF THEM SINGLE MOTHERS SUPPORTING FAMILIES -CREATE SMALL, SELF-SUSTAINING BUSINESSES WHICH CAN PRODUCE ENOUGH INCOME TO MEET THEIR NEEDS FOR FOOD, MEDICINES, THE EDUCATION OF CHILDREN AND OTHER BENEFITS. THE TYPE OF SELF-HELP PROJECT VARIED DEPENDING ON THE CULTURE AND ECONOMIC CONDITIONS IN THE COUNTRY BEING SERVED. FOR EXAMPLE, ETHIOPIA'S PROGRAM INCLUDED TRAINING IN SEWING, EMBROIDERY AND AGRARIAN PROJECTS SUCH AS FARMING AND ANIMAL HUSBANDRY. IN KENYA, FUNDS WERE USED TO PURCHASE CATTLE. IN THE PHILIPPINES, MICRO-LENDING WAS USED TO HELP INDIVIDUALS SET UP SMALL, TRADITIONAL BUSINESSES.

## 4D ADDITIONAL PROGRAM SERVICES - SHIPPING

CROSS INTERNATIONAL CATHOLIC OUTREACH'S SHIPPING PROGRAM USES FINANCIAL DONATIONS TO TRANSPORT AND DISTRIBUTE IN-KIND DONATIONS RANGING FROM FOOD AND MEDICINES TO OFFICE/SCHOOL FURNITURE AND SOPHISTICATED MEDICAL EQUIPMENT. THE FINANCIAL IMPACT IS SIGNIFICANT BECAUSE A DONATION OF ONE DOLLAR CAN PLACE \$80 OR MORE WORTH OF AID INTO THE HANDS OF THE POOR OR THE MINISTRIES SERVING THEM. MEDICAL SHIPMENTS HAVE BEEN PARTICULARLY IMPORTANT IN 2008, DELIVERING LIFE-SAVING MEDICATIONS TO CLINICS WITH

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VIRTUALLY NO SUPPLIES. WITHOUT THESE MEDICINES, THESE MEDICAL OUTREACHES WOULD HAVE TURNED AWAY THOUSANDS OF PATIENTS WITH NO TREATMENT. THE CROSS SHIPMENTS RESTOCKED THESE CLINICS AND PROVIDED FOR THE EFFECTIVE TREATMENT OF FAMILIES IN THE COMMUNITY.

4D ADDITIONAL PROGRAM SERVICES - DISASTER RELIEF/RECOVERY

IN 2008, CROSS INTERNATIONAL CATHOLIC OUTREACH FUNDED DISASTER RELIEF PROJECTS IN FIVE COUNTRIES: BELIZE, CHINA, GRENADA, HAITI AND THE U.S. IN BELIZE, THE PROJECTS WERE ORGANIZED TO ALLEVIATE PROBLEMS CAUSED BY FLOODING. IN CHINA, THE RESPONSE WAS RELATED TO EARTHQUAKE DAMAGE AND LOSS OF LIFE. IN THE CARIBBEAN AND U.S., CROSS WAS RESPONDING TO AREAS THAT WERE IMPACTED BY HURRICANES IN EITHER LATE 2007 OR 2008. TO HELP HAITI, FOOD FOR THOUSANDS OF VICTIMS WAS SHIPPED IN OR PURCHASED IN-COUNTRY, AND THE OUTREACH WAS ABLE TO REDUCE THE CASES OF MALNUTRITION EXPECTED FROM THE DISASTER. SINCE MANY FAMILIES WERE ALSO LEFT HOMELESS BY THE HURRICANE, CROSS PROVIDED TARPS, TENTS AND OTHER PROVISIONS.

4D ADDITIONAL PROGRAM SERVICES - GENERAL SUPPORT & OTHER

CROSS INTERNATIONAL CATHOLIC OUTREACH IS UNIQUELY POSITIONED TO HELP OVERSEAS MINISTRIES WITH THEIR SPECIFIC OR UNEXPECTED NEEDS. IN 2008, THESE TARGETED RESPONSES HELPED MORE THAN 100 PROGRAMS IN 26 COUNTRIES. EXAMPLES INCLUDE SPECIALIZED MEDICAL EQUIPMENT TO PROVIDE THERAPY

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TO HANDICAPPED CHILDREN IN JORDAN AND FUNDING TO ASSIST A  
PRISON MINISTRY IN THE PHILIPPINES.

4D ADDITIONAL PROGRAM SERVICES - MISSION EDUCATION

CROSS INTERNATIONAL CATHOLIC OUTREACH'S OVERALL MISSION  
INCLUDES EDUCATING CATHOLICS IN THE UNITED STATES ABOUT  
THE NEEDS OF THE POOR OVERSEAS. THIS IS IMPORTANT TO THE  
ORGANIZATION'S GOAL OF DEVELOPING STRONGER RELATIONSHIPS  
BETWEEN AMERICA AND THE UNDERDEVELOPED COUNTRIES OF THE  
WORLD. IT IS ALSO PART OF CROSS INTERNATIONAL CATHOLIC  
OUTREACH'S EFFORT TO SUPPORT BIBLICAL TEACHINGS THAT  
HIGHLIGHT GOD'S COMMANDS TO SUPPORT THE POOR AND TO LOVE  
ONE ANOTHER. IN 2008, CROSS ACHIEVED THIS GOAL BY  
COMMUNICATING DIRECTLY TO AMERICAN CATHOLICS THROUGH  
VISITS TO U.S. PARISHES. A TEAM OF MISSIONARY PRIESTS  
REPRESENTING CROSS VISITED MORE THAN 975 CATHOLIC  
PARISHES. THEIR VISITS COVERED LOCATIONS IN ALL 50 STATES.

4D ADDITIONAL PROGRAM SERVICES - PROJECT DEVELOPMENT

IN ORDER TO ENSURE THE PROPER USE OF DONATED FUNDS AND  
COMMODITIES, CROSS INTERNATIONAL CATHOLIC OUTREACH  
SYSTEMATICALLY VISITS OVERSEAS PARTNERS. IN 2008, THE  
VICE PRESIDENT OF MISSIONS AND FOUR FIELD OFFICERS MADE  
REGULAR VISITS TO THESE IN-COUNTRY MINISTRIES, REVIEWING  
REQUESTS FOR ASSISTANCE, MONITORING THE USE OF PREVIOUS  
GIFTS AND PROVIDING PROFESSIONAL ASSISTANCE WITH  
ACCOUNTING OR PROJECT DEVELOPMENT ISSUES. THESE PROJECT

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DEVELOPMENT SERVICES HAVE HELPED CROSS PARTNERS GROW MORE EFFECTIVELY, PROVIDE A BETTER OUTREACH TO THE POOR AND MAINTAIN GREATER STABILITY IN THE COMMUNITY. IN ADDITION, THE BENEFACTORS TO CROSS INTERNATIONAL CATHOLIC OUTREACH ARE PROVIDED WITH COMPLETE, DETAILED INFORMATION AND FINANCIAL REPORTS ON HOW THEIR CONTRIBUTIONS WERE USED.

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

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
UNDER A POLICY ESTABLISHED BY THE BOARD OF DIRECTORS THE PRESIDENT ANNUALLY ASKS ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO SUBMIT A STATEMENT DISCLOSING ALL POSSIBLE CONFLICTS OF INTEREST. THE PRESIDENT SUBMITS A REPORT OF THESE DISCLOSURES TO THE BOARD OF DIRECTORS FOR CONSIDERATION. THE BOARD THEN ADOPTS WHATEVER POLICIES IT DEEMS APPROPRIATE TO PROTECT THE ORGANIZATION FROM CONFLICTS OF INTEREST.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
THE PROCESS FOR DETERMINING ALL COMPENSATION IN THE ORGANIZATION BEGINS WITH A SURVEY OF COMPARABILITY DATA FOR EACH POSITION BY AN OUTSIDE

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

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

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

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PRESIDENT.

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

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

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

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

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization** **CROSS INTERNATIONAL CATHOLIC OUTREACH, INC.** **Employer identification number**  
**65-1156061**

**Part I Identification of Disregarded Entities**

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

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<b>CROSS INTERNATIONAL, INC.</b> <b>600 SW 3RD STREET, STE 2201</b> <b>65-1086387</b> <b>POMPANO BEACH FL 33060-6931</b>	<b>CHARITY</b>	<b>FL</b>	<b>501c3</b>	<b>7</b>	

**Part III Identification of Related Organizations Taxable as a Partnership**

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

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

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

**Part V Transactions With Related Organizations**

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	<b>CROSS INTERNATIONAL, INC.</b>	<b>d</b>	<b>1,961,682</b>
(2)			
(3)			
(4)			
(5)			
(6)			



Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2008**  
 Attachment  
 Sequence No. **67**

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

Name(s) shown on return **CROSS INTERNATIONAL CATHOLIC OUTREACH, INC.** Identifying number **65-1156061**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>32,713</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>3,102</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

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

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

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	<b>35,815</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

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

**Other Notes and Loans Receivable**

Forms  
**990 / 990-PF**

**2008**

For calendar year 2008, or tax year beginning , and ending

Name  
**CROSS INTERNATIONAL CATHOLIC  
OUTREACH, INC.**

Employer Identification Number  
**65-1156061**

**Form 990, Part X, Line 7 - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>DUE FROM AFFILIATES</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>1,066,742</b>	<b>1,961,682</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	<b>1,066,742</b>	<b>1,961,682</b>	