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11 FILING RELIEF VCP "

200812  
OMB No 1545-1150

Form **990-EZ**

**Short Form  
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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> 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	<table border="1"> <tr> <td><b>C</b> Name of organization <b>CROSSLINES MINISTRY, INC.</b></td> <td><b>D</b> Employer identification number 43-1238022</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 141 LAWSON AVE P O. BOX 344</td> <td><b>E</b> Telephone number (417) 588-3559</td> </tr> <tr> <td>City, town, or country State ZIP + 4 LEBANON MO 65536</td> <td><b>F</b> Group Exemption Number ►</td> </tr> </table>	<b>C</b> Name of organization <b>CROSSLINES MINISTRY, INC.</b>	<b>D</b> Employer identification number 43-1238022	Number and street (or P O box, if mail is not delivered to street address) Room/suite 141 LAWSON AVE P O. BOX 344	<b>E</b> Telephone number (417) 588-3559	City, town, or country State ZIP + 4 LEBANON MO 65536	<b>F</b> Group Exemption Number ►
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City, town, or country State ZIP + 4 LEBANON MO 65536	<b>F</b> Group Exemption Number ►						

<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p> <p><b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p>	<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>
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**I** Website: ► N/A

**J** Organization type (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 78,182

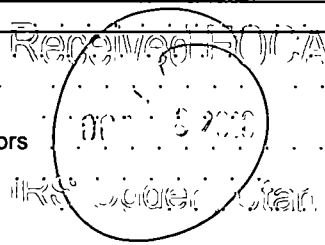
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)	
<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b> 66,435
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>
<b>4</b> Investment income . . . . .	<b>4</b> 8,527
<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b> 0
<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b> 0
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b> 0
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> . . . . .	
<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b> 3,204
<b>b</b> Less direct expenses other than fundraising expenses . . . . .	<b>6b</b> 605
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b> 0
<b>8</b> Other revenue (describe ► MO W/H COMPENSATION DEDUCTION ) . . . . .	<b>8</b> 16
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b> 77,577
<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b> 16,381
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b> 38,304
<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b> 0
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b> 20,461
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b> 81
<b>16</b> Other expenses (describe ► See attached statement ) . . . . .	<b>16</b> 6,303
<b>17</b> Total expenses. Add lines 10 through 16 . . . . .	<b>17</b> 81,530
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b> -3,953
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b> 49,418
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b> -10,681
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b> 34,784

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	50,248	<b>22</b> 35,637
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe ► ) . . . . .	0	<b>24</b> 0
<b>25</b> Total assets . . . . .	50,248	<b>25</b> 35,637
<b>26</b> Total liabilities (describe ► ACCRUED PAYROLL TAXES ) . . . . .	830	<b>26</b> 853
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	49,418	<b>27</b> 34,784

VCP 10-27-10 TC 599/10

SCANNED Revenue 18 2010

REC DATE  
10-15-10  
EOCU 2,599



8

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **PROVIDING EMERGENCY ASSISTANCE TO LACLEDE**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

<b>28</b>	CROSSLINES OPERATES A STORE OF DONATED CLOTHING, FOOD, HH GOODS AND FURN. FOR L INCOME FAMILIES. PROVIDES CASH ASSISTANCE FOR RENT, UTILITIES, MEDICAL BILLS, PRESCRIPTIONS AND TRANSP. WHEN OTHER ASSISTANCE IS NOT AVAILABLE. OVER 1000 PEOPLE ANNUA (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	16,381
<b>29</b>			
	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>			
	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b>	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	16,381

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name JOY L. TURNER	Str 490 LAUREN DR	Title DIRECTOR			
City LEBANON	ST MO ZIP 65536	Hr/WK 40.00	22,400	0	0
Name VIOLA F. BLANKENS	Str 1608 WOODHILL DR	Title EMPLOYEE			
City LEBANON	ST MO ZIP 65536	Hr/WK 20.00	15,904	0	0
Name LINDA RANDOLPH	Str 1913 JEAN DR	Title PRESIDENT			
City LEBANON	ST MO ZIP 65536	Hr/WK 8.00	0	0	0
Name BONNIE REESE	Str 756 W. MADISON	Title VICE PRESIDENT			
City LEBANON	ST MO ZIP 65536	Hr/WK 2.00	0	0	0
Name JO E. MASTIN	Str 28049 GALVESTON	Title SECRETARY			
City LEBANON	ST MO ZIP 65536	Hr/WK 2.00	0	0	0
Name JEAN ELLEN TAPP	Str 15209 GLENDALE R	Title TREASURER			
City LEBANON	ST MO ZIP 65536	Hr/WK 6.00	0	0	0
Name STEVEN BONDRA	Str 1900 JEAN DR	Title DIRECTOR			
City LEBANON	ST MO ZIP 65536	Hr/WK 1.00	0	0	0
Name TERRY HANSEN	Str 16549 SOUTH HWY	Title DIRECTOR			
City LEBANON	ST MO ZIP 65536	Hr/WK 1.00	0	0	0
Name PAT RAY	Str 26245 PELICAN	Title DIRECTOR			
City LEBANON	ST MO ZIP 65536	Hr/WK 1.00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
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City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b> 0		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> 0		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>0</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. <b>0</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed.		
<b>42 a</b> The books are in care of <b>Name JEAN ELLEN TAPP</b> Telephone no. <b>(417) 588-3559</b> Located at <b>141 LAWSON RD</b> City <b>LEBANON</b> ST <b>MO</b> ZIP + 4 <b>65536</b>		
<b>b</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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country:		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . ▶		0

<b>Sign Here</b>	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.		
	Signature of officer <u>Jean Ellen Tapp</u>	Date <u>10/15/2010</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <u>JEAN ELLEN TAPP</u> TREASURER		
	Preparer's signature <u>[Signature]</u>	Date <u>10-15-10</u>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP +4 <u>DAN M. WATERMAN, CPA</u> <u>230 CHESTNUT PO BOX 830, LEBANON, MO 65536</u>	Preparer's Identifying Number (See instructions) <u>500-46-8835</u>	EIN <u>43-1425878</u>
		Phone no <u>417-532-7135</u>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CROSSLINES MINISTRY, INC

Employer identification number

43-1238022

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.") . . . . .	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
<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</b> <b>Public support.</b> Subtract line 5 from line 4.						0

**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 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>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>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%
<b>16a</b> <b>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</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</b> <b>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</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</b> <b>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.")	0	0	0	44,986	66,435	111,421
<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	0	0	0	0	0	0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513				2,837	3,204	6,041
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6</b> Total. Add lines 1-5	0	0	0	47,823	69,639	117,462
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons				0		0
<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				0		0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b> Public support (Subtract line 7c from line 6.)						117,462

**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	0	0	0	47,823	69,639	117,462
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				10,948	8,527	19,475
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	10,948	8,527	19,475
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	16	16	32
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						136,969
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	85.76%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	14.22%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.00%
<b>19a</b> 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. <input checked="" type="checkbox"/>		
<b>b</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 <input type="checkbox"/>		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



## Part IV

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ 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

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

CROSSLINES MINISTRY, INC.

Employer identification number

43-1238022

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

**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			
	HUNGER WALK	X		3,054	605	2,449
	BACK TO SCHOOL BBQ	X		150	0	150
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
<b>Total</b>				3,204	605	2,599

**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.

MISSOURI

**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)	0 (total number)	(Add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	0	0	0	0
	<b>2</b> Less: Charitable contributions . . . . .	0	0	0	0
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Non-cash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	0	0	0	0
	<b>7</b> Other direct expenses . . . . .	0	0	0	0
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 0 )
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .				0

**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	<b>1</b> Gross revenue . . . . .				0
Direct Expenses	<b>2</b> Cash prizes . . . . .				0
	<b>3</b> Non-cash prizes . . . . .				0
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .				0
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 0 )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				0

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .

**b** If "No," Explain: \_\_\_\_\_

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

**b** If "Yes," Explain: \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers? . . . . .

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

	Yes	No
<b>9a</b>		
<b>10a</b>		
<b>11</b>		
<b>12</b>		

		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 ► \$ ..... 0		
	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 ► \$		

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	61,435
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	5,000
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	66,435

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	937
2	Dividends and interest from securities . . . . .	2	990
3	Gross rents . . . . .	3	6,600
4	Other investment income . . . . .	4	0
5	Total . . . . .	5	8,527

**Part I, Line 8 (990-EZ) - Other Revenue**

16

Description		Amount	
1	MO W/H COMPENSATION DEDUCTION	1	16
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**Part I, Line 16 (990-EZ) - Other Expenses**

6,303

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	234
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	275
9	Telephone	9	1,804
10	Unrelated business income taxes	10	0
11	PAYROLL TAXES	11	3,211
12	BANK SERVICE CHARGES	12	704
13	DUES & SUBSCRIPTIONS	13	75
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

-10,681

Description		Amount	
1	MARKET LOSS ON INVESTMENTS - FMV ADJUSTMENT	1	-10,681
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	



**Part II, Line 26 (990-EZ) - Liabilities**

830

853

Description		Beginning	End
1	ACCRUED PAYROLL TAXES	830	853
2			
3			
4			
5			
6			
7			
8			
9			
10			