



**CITY OF COSTA MESA
2010-2011 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

**Application is due 3:00 PM January 14, 2010
Late Applications will not be accepted
Submit 1 original application, certification and back up documentation to:**

*Mike Linares
Housing and Community Development
77 Fair Drive, Costa Mesa CA 92628*

AND

Email the completed application to:

mlinares@ci.costa-mesa.ca.us

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package - ensure an authorized representative signs the application certification. Ensure all required text fields and applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Narrative text fields are limited in space so ensure responses are concise and responsive.

Do not submit testimonials, letters of support, or program literature

MODIFIED APPLICATIONS WILL NOT BE ACCEPTED

Organization Name: The Crossing Church

Program Name: Project Hope

CDBG Amount Requested: \$16,680

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation
- Current Board of Directors Roster
- Most Recent Audit, Financial Statements & 990 Tax Filing

1. **APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: The Crossing Church

B. Mailing Address: 2115 Newport Blvd, Costa Mesa CA 92627

C. Program Name: Project Hope

D. CDBG Amount Requested: \$16,680

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Employment Training |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Fair Housing | <input checked="" type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

Yes No

G. Is this application submitted by a faith-based organization?

Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site): The Crossing Church, 2115 Newport Blvd, Costa Mesa CA

I. Person to contact regarding this application & program administration:

Name: Lisa Hall Email Address: alisannahall@gmail.com

Telephone: 949-836-9915 Fax: _____

J. Federal Tax ID Number: 33-0695553

K. DUNS Number: 1105052920

L. Official Authorized to Sign Contracts and Expend Funds:

Name: Dale Winson Title: Excutive Pastor

2. APPLICATION SUMMARY

Summarize the proposed program. Specifically discuss how the proposed program will address a priority need in Costa Mesa; your agency's capacity/experience to carry out the activity and to administer CDBG funds; the cost effectiveness of the proposed program; specifically how CDBG grant funds will be expended and if other resources will be used to leverage CDBG-grant funds. If you are submitting a coalition application, discuss the role of coalition partners and how coalition program and admin efforts will be coordinated. Our program's goal is to administer material and spiritual tools to the homeless population in Costa Mesa and the local surrounding areas so as to enable them to become self-sufficient and productive citizens of our community. A study reported in the Daily Pilot, dated September 24, 2009, stated the "Costa Mesa is home to more than 100 chronically homeless people." This statistic is growing daily.

Our program will identify the needs and concerns of each individual, and establish a workable plan for each. Our case manager will be training peer counselors are already practicing counselors with clients, and who have volunteered for this program in dealing with the homeless population, completing a thorough intake, and maintaining accurate and updated files. Case management will be offered on a continuing basis to assure the client's ability to overcome obstacles towards success. This will be initiated during a thorough intake process at which time the clients' needs will be prioritized and listed so that both the client and case manager follow a measured set of goals and objectives.

The Crossing's Christian philosophy will be integrated throughout the growth process. We will offer a faith-based fellowship of church members who will volunteer to mentor, as taught through the teachings of Christ. We will be incorporating our recovery ministry, "Lifelines" into our homeless program by talking about the 12 Recovery Steps every week and also allowing people with years of sobriety to share their story. We will also have individuals ready to be program "sponsors" for any kind of addiction. Our program will take prayer requests as well.

We will be staffed with one case manager, with ten years local experience. She has worked as a case manager at a Costa Mesa homeless shelter, case manager at a resource center in Laguna Beach, and is currently working as a counselor at an Orange County Mental Health Drop-In center. Our case manager will train our volunteers in dealing with the homeless population, completing a thorough intake, maintaining accurate and up-dated files. Most importantly, our staff will be trained to provide appropriate resources and referrals to address priority homeless concerns, assisting our clients with both temporary assistance (i.e., food and clothing) along with long-term assistance dealing with their specific issues: mental health services, substance abuse programs, domestic violence shelters, veteran and elderly concerns, housing and transportation.

The Crossing is a very strong community-based church whose various ministries reach out to local area schools, private and recovery homes, health fairs, homeless and low-income families on an on-going basis. We have staffed a hotline to provide referrals to the needy. Our "Lifelines" recovery ministry offers a weekly meeting for those interested in making a commitment to living life alcohol and/or drug-free. "Lifelines" brings in nationally-known, well-respected experts in the field of recovery to speak each week. After each "speaker meeting," we offer small groups with various themes to help recovering addicts and alcoholics go more in-depth in terms of why they made these choices and how their lives can be changed.

3. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) and other relevant information. The Crossing Church has been part of the Costa Mesa community since 1989 and has reached out to thousands of local residents in various efforts including, but not limited to, feeding the homeless, drug and alcohol recovery programs and financial and volunteer support of after school programs such as the Maple Learning Center. We have been doing a dinner for the homeless for 12 years in December. This year, we had 1400 participants, receiving social services, medical care, spiritual care, dinner, toys, clothes, and grocery bags for food. We bussed in folks from the different shelters and recovery homes around Costa Mesa and Orange County for this dinner. We had over 300 volunteers there during the evening to serve the homeless.

We receive numerous calls and requests daily for homeless assistance. We are committed to assist the less fortunate in becoming spiritually, mentally, physically and financially secure so they can become productive members of our community. We have given out grocery gift cards and gas cards in the past, but we've learned that the best way of helping someone in a long-term sustainable way is not to give a hand out, but to build a relationship with someone and help them take step in their journey, wherever it may be. With our experience, knowledge faith and commitment, combined with financial assistance provided by our city of Costa Mesa, we can help our clients to lead successful lives.

- B. Summarize your organization's experience administering CDBG public service grant funds. None, but we are part of a larger organization that has had a lot of experience using volunteer power and small budgets to make a program successful.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
	\$	
	\$	
	\$	

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: NA

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: NA

- F. If you have not received CDBG funding from Costa Mesa in the past list a minimum of three references of grant fund providers:

GRANT PROVIDER	GRANT PROVIDER CONTACT TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
Foundation Source	800-839-1754	\$	
		\$	
		\$	

4. **PROGRAM INFORMATION**

A. Complete the following budget summary for the proposed program.

- | | |
|---|-----------------|
| 1. 2010-2011 Costa Mesa CDBG Grant Funds Requested: | <u>\$16,680</u> |
| 2. Total 2010-2011 Program Budget: | <u>\$16,680</u> |

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B "Proposed Program Budget"** is reflective of this outline.

Monthly Budget

Bus Passes	\$40
Office supplies	\$50
Food	\$600
Dinnerware	\$100
Administration	\$200
Medical	\$100
Misc	\$300

Total \$1,390x12= \$16,680 annual budget

C. What is the per unit cost to delivery of the proposed program? \$14.00/person

D. How does this cost per unit of service compare to other similar services? Same if not less.

E. Is this a new program? Yes No If this is not a "New" program, how will this program be expanded from current program efforts? _____

F. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No

If "Yes," what is the total percentage of Veteran clients served by the program? 10%

2. Will grant funding be requested for this program from any other funder?

Yes No

If "Yes" how much and will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$

Add additional sheets if necessary.

K. Is this a new program? Yes No If this is not a "New" program, how will this program be expanded from current program efforts? _____

L. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No

M. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source and match requirements. _____

5. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program and your agency from 7/1/09 through 6/30/10:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds**? 500 Individuals. What % of these individuals will be of low/moderate income? 100%

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for "presumed beneficiary" category clients; however, documentation of "presumed beneficiary" status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.

- B. Does the proposed program application/intake form collect all HUD-required information?

Yes No

If "Yes," how is this information documented?

a. Self-Certification:

b. Analysis of household income documents such as tax returns/pay checks:

c. Program serves presumed beneficiary category: List category Homeless persons

If "No," how will this information be collected and/or reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your original application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?"

75% Not Applicable

*HUD defines **chronically homeless** as an unaccompanied homeless individual with a disabling condition that has been continuously homeless for 1 year or more or who has had at least 4 episodes of homelessness in the past 3 years. Furthermore, to be defined as chronically homeless a person must be living on the street or in emergency shelter at the time of eligibility determination - the definition does not include time spent living in transitional housing.*

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) and **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" and "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment** – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing** – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities** – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility** – The activity makes services, infrastructure, housing or shelter available or accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability** – The activity provides affordability in a variety of ways in the lives of low- & moderate-income people. (The activity can include creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.)
- Sustainability (Promoting Livable or Viable Communities)** – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

- F. Regarding Objectives/Outcomes identified above, describe how success & effectiveness (i.e. **outcome**) of proposed services will be measured. Include the program definition of success/effectiveness, tools used to measure program success/effectiveness, the % of persons served that will meet/exceeded the success/effectiveness threshold, and how clients will be tracked after they leave the program to measure outcome. If no system is in place, discuss steps to be taken to implement a performance measurement system. Progress will be documented by the case managers in areas such as employment, mental/physical health needs, housing, recovery.

6. **COALITION APPLICATION INFORMATION** (Maximum 10 Extra Rating Points)

NOTE: A coalition is defined as two or more agencies applying for CDBG public service grant funds with the goal of eliminating duplication of services & grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

CHECK BOX IF NOT APPLICABLE

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

- B. Describe the target population to be served by the coalition. _____
- C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked and reported. _____
- D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success for the past two years. _____
- E. How many clients will be served by coalition efforts during the 2010-2011 Program Year with requested CDBG funds? _____

7. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of The Crossing Church ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to this agreement and consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency will be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Dale Winson

Title: Executive Pastor

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Project Hope

*Do not use percentages.
Utilize actual number of unduplicated Costa Mesa residents served or to be served with requested CDBG funds.*

INCOME CATEGORY	2007-2008 ACTUAL NUMBER OF CM PERSONS SERVED	2008-2009 ACTUAL NUMBER OF CM PERSONS SERVED	2009-2010 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2010-2011 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME				
LOW-INCOME 80% - 50% MEDIAN INCOME				
VERY LOW-INCOME 50% - 30% MEDIAN INCOME				50
EXTREMELY LOW- INCOME 30% - 0% MEDIAN INCOME				550
TOTAL				600 ^s

^s Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2010-2011 PROGRAM BUDGET

Program Name: Project Hope

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$2,400.00	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify) Office Supplies	\$600.00	\$	\$
Other (Specify) Food & Dinnerward for Homeless	\$8,400.00	\$	\$
Other (Specify) Bus Passes	\$480.00	\$	\$
Other (Specify) Medical & Misc.	\$4,800.00	\$	\$
TOTAL	\$16,680.00	\$	\$

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED VIA CONTRACT?
The Crossing Church	\$10,000.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$10,000	

ATTACHMENT C

CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Project Hope Administrator	\$2,400.00	\$	\$2,400.00	\$2,400.00	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7431

DEPARTMENT OF THE TREASURY

Date: MAR 17 1997

CALVARY CHURCH NEWPORT MESA
190 E 23RD STREET
COSTA MESA, CA 92627

Employer Identification Number:
33-0695553
Case Number:
957023063
Contact Person:
RON GARBER
Contact Telephone Number:
(818) 359-5864
Accounting Period Ending:
December 31
Form 990 Required:
No
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c) (3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a) (1) and 170(b) (1) (A) (i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a) (1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a) (1) organization.

Letter 947 (DO/CG)

CALVARY CHURCH NEWPORT MESA

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

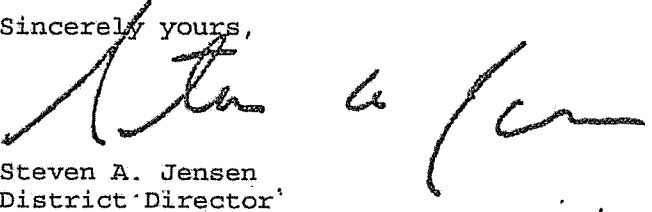
If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

CALVARY CHURCH NEWPORT MESA

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Steven A. Jensen".

Steven A. Jensen
District Director

Exempt Organizations

IMPORTANT!

FACTS ABOUT THIS DETERMINATION LETTER

IMPORTANCE OF RETAINING THIS DETERMINATION LETTER:

1. This determination letter will not be reissued and must be retained as part of your permanent tax records.
2. An updated determination letter will only be issued if your organization submits a new application and pays another user fee.
3. This determination letter, along with copies of the application filed, annual returns, and all books and records should be delivered to the new officers of the organization as changes in officers occur.

FUTURE CONTACTS WITH THE INTERNAL REVENUE SERVICE:

1. **YOUR ORGANIZATION MUST** contact the Internal Revenue Service, if the name or address of your organization changes. Write to:

**Internal Revenue Service
EP/EO Division
Attention: EOMF Coordinator
2 Cupania Circle
Monterey Park, CA 91755**

2. **YOUR ORGANIZATION MUST** file an annual information return (if due). Failure to do so can lead to loss of exempt status. (See annual return instructions of Publication 557 for additional information).

FREE TAX HELP FROM THE INTERNAL REVENUE SERVICE

The IRS has free tax information available for tax-exempt organizations. The IRS has developed publications and forms to assist tax-exempt organizations in complying with the requirements of the Internal Revenue Code. The publications are intended only as quick reference guides and should not be relied upon as a sole source of information. They are simply convenient "onestop" compilations of existing provisions of tax law that may relate to, or impact on, certain organizations. Professional assistance should be sought for specific tax matters and advice.

Below are Internal Revenue Service publications and forms that may be of special interest to tax-exempt organizations.

YOUR RIGHTS AS A TAXPAYER	PUBLICATION 1
TAX GUIDE FOR SMALL BUSINESS	PUBLICATION 334
SOCIAL SECURITY FOR MEMEBERS OF THE CLERGY AND RELIGIUOS WORKERS	PUBLICATION 517
TAXABLE AND NONTAXABLE INCOME	PUBLICATION 525
CHARITABLE CONTRIBUTIONS	PUBLICATION 526
TAX-EXEMPT STATUS FOR YOUR ORGANIZATION	PUBLICATION 557
DETERMINING THE VALUE OF DONATED PROPERTY	PUBLICATION 561
TAX-SHELTERED ANNUITY PROGRAMS FOR EMPLOYEES OF PUBLIC SCHOOLS AND CERTAIN TAX-EXEMPT ORGANIZATIONS	PUBLICATION 571
UNDERSTANDING THE COLLECTION PROCESS	PUBLICATION 594
TAX ON UNRELATED BUSINESS INCOME FOR EXEMPT ORGANIZATIONS	PUBLICATION 598
WHY YOUR TAX RETURN IS BEING EXAMINED-- EXEMPT ORGANIZATIONS	PUBLICATION 857
EXEMPT ORGANIZATION APPEAL PROCEDURES FOR UNAGREED ISSUES	PUBLICATION 892
GUIDE TO FREE TAX SERVICES	PUBLICATION 910
BUSINESS REPORTING (EMPLOYMENT TAXES, INFORMATION RETURNS)	PUBLICATION 937
EXTENDING THE TAX ASSESSMENT PERIOD	PUBLICATION 1035
DEDUCTIBILITY OF PAYMENTS MADE TO CHARITIES CONDUCTING FUND-RAISING EVENTS	PUBLICATION 1391
SUBSTANTIATION AND DISCLOSURE REQUIREMENTS	PUBLICATION 1771
TAX GUIDE FOR CHURCHES AND OTHER RELIGIOUS ORGANIZATIONS	PUBLICATION 1828
EMPLOYERS'S TAX GUIDE	CIRCULAR E

Board of Directors

Chairman	Bruce Swerdfeger
Treasurer	Ward Nickless
Secretary	Jamileth Paley
President	Tim Celek
Board Member	James Huff

Bruce Swerdfeger

2031 Yaqi	Home:	714-508-6957
Tustin, CA 92782-8333	Work:	949-286-8118
Email Address: Swerdfeger1@cox.net	Cell:	949-285-8106
DOB: 8-10-65	Anniversary:	6-11-88
Spouse: Sue	DOB:	5-29-65
Children: Evan	DOB:	2-4-96
Jenna	DOB:	9-17-65

Ward Nickless

2833 Monterey Ave	Home:	714-432-9100
Costa Mesa, CA 92626-5534	Work:	949-497-1717
Email Address: wardnickless@glasshouseministry.org	Cell:	949-230-1599
DOB: 4-9-60	Anniversary:	4-24
Spouse: Maria	DOB:	6-5-61
Children: Andrew	DOB:	11-3-97
Jon	DOB:	11-17-03

Jami Paley

3492 Queens Ct	Home:	714-641-3552
Costa Mesa, CA 92626-1659	Work:	949-701-5405
Email Address: jpaleyj@aol.com	Cell:	949-230-1599
DOB: 8-10-69	Anniversary:	
Spouse: James	DOB:	9-11-63
Children: Madison	DOB:	7-18-01
Jack	DOB:	9-1-00

Tim Celek

498 Broadway
Costa Mesa, CA 92627-2319

Email Address: TCelek@thecrossing.com

DOB: 5-10-59

Spouse: Sue

Children: Emily
 Lauren

Home: 949-646-5477

Work: 949-645-5050

Cell: 949-933-2111

Anniversary: 8-11-79

DOB: 1-2-58

DOB: 9-20-84

DOB: 6-27-87

Jamie Huff

1968 Anaheim Ave
Costa Mesa, CA 92627-2603

Email Address: huffhome@gmail.com

DOB: 2-17-73

Spouse: Rebecca

Children: Reyna
 Emily

Home: 949-642-3236

Work: 714-556-3610

Cell: 949-274-3963

Anniversary:

DOB: 8-17-73

DOB: 6-25-03

DOB: 8-18-05

001 The Crossing
 Fiscal Year Beginning 09/01/2008
 August 31, 2009 Fiscal Year End Income Statement

Description	FYE 2009
Income	
General Giving	\$2,705,135.80
Rental & Other Income	\$452,096.53
Other Income	\$27,400.04
TOTAL INCOME	\$3,184,632.37
Fixed Expense	
Mortgage and Rent Expense	(\$342,798.18)
Personnel & Related Expense	(\$1,694,985.16)
Operating, Administrative and Building Expenses	(\$290,585.49)
TOTAL FIXED EXPENSE	(\$2,328,368.83)
INCOME NET FIXED EXPENSE	\$856,263.54
Service Related Expense	
Marketing, IT, Website and Facilities	(\$400,938.64)
Workshops and Seminars	(\$73,713.98)
Small Groups	(\$11,922.97)
Coffee, Snacks and Books	(\$34,437.33)
Music, Videos and Entertainment	(\$87,490.90)
Community Impact and Out Reach	(\$220,624.41)
TOTAL MINISTRY EXPENSE	(\$829,128.23)
TOTAL NET INCOME	\$27,135.31

The Crossing exempt from filing a 990 because it is a church.