EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

| Departmer | nt of the | Treasury |
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| Internal Re | venue \$ | Service |

| B Cites of the sected at t | AF | or th | e 2022 calendar year, or tax year beginning and | ending | | | | | | |
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| CROSSROADS PRADMARCT CLEMTER ++-+**9159 Drange During business as CROSSROADS CROSSROADSCADS CROSSROADS CROSS | B c | heck if pplicat | e: C Name of organization | | D Employer identific | cation number | | | | |
| Doing business as CROSSROADS CARE CENTER *****9159 Under and street (or P.0, box if mail is not delivered to street address) E Telephone number 3205 SOUTH BOILEVARD 248-293-0070 City or town, state or province, county, and ZIP or foreign postal code G coust-reseluts 970,097. Mumber and street (or P.0, box if mail is not delivered to street address) 970,097. (Ha) Is this a group return 1 Fixed and address of principal officer: E. TIM STICKEL (Ha) Is this a group return to subordinates? (Yes X) No 1 Taxexempts status: IX Silo(10(3) (Insert no.) 4947(a(1)) or [327] (Ha) Is this a group return to subordinates? 1 Texewent status: IX Silo(10(3) (Insert no.) 4947(a(1)) or [327] (Ha) Is this a group return to subordinates? 1 Website: WWW.CROSSROADSCARECENTER.ORG HC) Group exemption number 1 Berlefty describe the organization is mission or most significant activities: ASSISTING ABORTION-VULNERABLE Vebsite: WWW.CROSSROADSCARECENTER ORG HC) Group exemption number 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of indivi | | Addr | CROSSROADS PREGNANCY CENTER, INC. | | | | | | | |
| Image: Provide and street (or P.0. box if mails not delivered to street address) Room/Suite E Telephone number Image: Provide address of principal officer: E . TIM STICKEL 248 - 239 - 0070 Image: Provide address of principal officer: E . TIM STICKEL H(a) is this a group return Image: Provide address of principal officer: E . TIM STICKEL H(b) is a discordinates? Ves I No Image: Provide address of principal officer: E . TIM STICKEL H(b) is a discordinates? Ves I No Image: Provide address of principal officer: E . TIM STICKEL H(b) is a discordinates? Ves I No Image: Provide address of principal officer: E . TIM STICKEL H(b) is on all staced tegal domicile: MI Image: Provide address of principal officer: E . TIM STICKEL H(b) is on all staced tegal domicile: MI Image: Provide address of principal officer: E . TIM STICKEL H(b) is on all staced tegal domicile: MI Image: Provide address of principal officer: E . TIM STICKEL H(b) is on all staced tegal domicile: MI Image: Provide address of principal officer: E . TIM STICKEL H(b) is on all staced tegal domicile: MI Image: Provide address of principal officer: E . TIM STICKEL H(b) is one address of principal officer: E . ORG Image: Provide address of principal officer: E . TIM STICKEL H(b) is one address of principal officer: E . ORG Image: Provide address | | | | | | | | | | |
| 3205 SOUTH BOULEVARD 248-293-0070 City or town, state or province, country, and ZIP or foreign postal code AUBURN HILLS, MI 48326 Hoi state and address of principal officer: E. TIM STICKEL South BOULEVARD, AUBURN HILLS, MI 48321 Taxe-exempt status: \$50(0)(3) 501(c) () (nest no.) 4947(a)(1) or 527 J Website: WWW.CROSSROADSCARECENTER.ORG He) is this dominates? Yes No. HC) Group exemption number Association 0 ther L Year of formation; 1984 M State of legal dominale MI Part I Summary I briefly describe the organization's mission or most significant activities: ASSISTING ABORTION-VULNERABLE VMBEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PREGNANCY TO CHOOSE 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 19 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 19 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 19 9 Forogram service revenue (Part VIII, column (A), lines 3,4, and 7d)< | | | | | | | | | | |
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| AUBURN HILLS, MI 48326 H(a) Is this a group return for subordinates? F Name and address of principal office: E . TIM STICKEL 3205 SOUTH BOULEVARD, AUBURN HILLS, MI 48320 H(a) Is this a group return for subordinates? I rax-exempt status: XI 501(c)(3) 501(c) (neart no.). 4947(a)(1) or 527 J Website: WWW - CROSSROADSCARECENTER.ORG H(c) Group exemption number Form of organization: XI corporation Tust Association Other 1 I selection the organization: SI corporation or most significant activities: ASSISTING ABORTION-VULINERABLE WOBEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PREGNANCY TO CHOOSE 2 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 4 5 19 6 500 7 a total number of volting members of the governing body (Part VI, line 12) 7a 6 500 7 a total number of volting members of the governing body (Part VI, line 12) 7a 9 Forgram service revenue (Part VIII, column (O), line 12 7a 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -7, 996 -25, 749. | | termi | | | | | | | | |
| Image: Second | | | | | H(a) Is this a group re | | | | | |
| pending 3205 SOUTH BOULEVARD, AUBURN HILLS, MI 4832 I racexempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 If 'No,'' attach a list. See instructions H(b) Are all subordinates included? Yes No K Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: MI Part II Summary Summary Its firstly describe the organization is mission or most significant activities: ASSISTING ABORTION-VULNERABLE WOMEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PREGNANCY TO CHOOSE 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 4 8 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 19 6 6 500 7a Total number of volunteers (estimate if necessary) 6 6 50 7 7a 0. 0. 0. 0. 0. 0. 9 Program service revenue (Part VIII, ine 1h) Prior Year Current Year 6 56, 6, 20. 9, 29 | | Appli tion | F Name and address of principal officer: E. TIM STICKEL | | | | | | | |
| I Tax-exempt status: X 501(c)(3) 50 | | pend | | 4832 | H(b) Are all subordinates in | | | | | |
| J Website: WWW-CROSSROADSCARECENTER.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L year of formation: 1984 M State of legal domicile: MI Part.I Summary Interfly describe the organization's mission or most significant activities: ASSISTING ABORTION-VULNERABLE WOMEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PRECNANCY TO CHOOSE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of indipendent voting members of the governing body (Part VI, line 1a) 4 8 6 19 6 Total number of individuals employed in calendar year 2022 (Part VI, line 2a) 5 19 9 6 500 7a 7a 0. | 11 | ax-e> | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | | | | | | |
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| WOMEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PREGNANCY TO CHOOSE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 7 a Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1h) 9 9 Program service revenue (Part VIII, lonum (A), lines 2) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 794. 11 Other revenue (Part VIII, column (A), lines 1.3) 0 12 Total revenue (Part VIII, column (A), lines 1.3) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 418.839. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 418.839. 16 Professional fundraising fees (Part IX, column (A), line 2) 0. 15 Salaries, other compensation, employee | Pa | art I | | | | | | | | |
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| 14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)418,839.452,721.16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.0.16a Professional fundraising expenses (Part IX, column (D), line 25)95,221.0.0.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)202,050.263,244.202,050.263,244.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)620,889.715,965.95,98.19 Revenue less expenses. Subtract line 18 from line 1228,529.189,598.8eginning of Current YearEnd of Year20 Total assets (Part X, line 16)357,046.594,315.12,422.60,093.22.Net assets or fund balances. Subtract line 21 from line 20344,624.534,222.Part IISignature Block | | 12 | | | | | | | | |
| Solution of the compensation, employee benefits (Part IX, column (A), lines 5-10)418,839.452,721.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)418,839.452,721.16a Professional fundraising fees (Part IX, column (A), line 11e)0.0b Total fundraising expenses (Part IX, column (D), line 25)95,221.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)620,889.7115,965.19 Revenue less expenses. Subtract line 18 from line 1228,529.189,598.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)357,046.594,315.21 Total liabilities (Part X, line 26)22 Net assets or fund balances. Subtract line 21 from line 20344, 624.534, 222.Part IISignature Block | | 13 | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)0.0.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)202,050.263,244.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)620,889.715,965.19 Revenue less expenses. Subtract line 18 from line 1228,529.189,598.20 Total assets (Part X, line 16)357,046.594,315.21 Total liabilities (Part X, line 26)12,422.60,093.22 Net assets or fund balances. Subtract line 21 from line 20344,624.534,222.Part II Signature Block | | 14 | | | | | | | | |
| 17 Outlet expenses (Part IX, Columin (X), lines Tranto, 111246) 202,0301 203,2441 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 620,889. 715,965. 19 Revenue less expenses. Subtract line 18 from line 12 28,529. 189,598. 20 Total assets (Part X, line 16) 357,046. 594,315. 21 Total liabilities (Part X, line 26) 12,422. 60,093. 22 Net assets or fund balances. Subtract line 21 from line 20 344,624. 534,222. Part II Signature Block Signature Block Signature Block | es | 15 | | | | | | | | |
| 17 Outlet expenses (Part IX, Columin (X), lines Tranto, 111246) 202,0301 203,2441 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 620,889. 715,965. 19 Revenue less expenses. Subtract line 18 from line 12 28,529. 189,598. 20 Total assets (Part X, line 16) 357,046. 594,315. 21 Total liabilities (Part X, line 26) 12,422. 60,093. 22 Net assets or fund balances. Subtract line 21 from line 20 344,624. 534,222. Part II Signature Block Signature Block Signature Block | sue | 16a | | | 0. | U • | | | | |
| 17 Outlet expenses (Part IX, Columin (X), lines Tranto, 111246) 202,0301 203,2441 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 620,889. 715,965. 19 Revenue less expenses. Subtract line 18 from line 12 28,529. 189,598. 20 Total assets (Part X, line 16) 357,046. 594,315. 21 Total liabilities (Part X, line 26) 12,422. 60,093. 22 Net assets or fund balances. Subtract line 21 from line 20 344,624. 534,222. Part II Signature Block Signature Block Signature Block | ă | b | 5 1 1 1 1 1 1 1 1 1 1 | | 202 050 | 262 244 | | | | |
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| Beginning of Current YearEnd of Year20Total assets (Part X, line 16)357,046.594,315.21Total liabilities (Part X, line 26)12,422.60,093.22Net assets or fund balances. Subtract line 21 from line 20344,624.534,222.Part IISignature Block | | | | | | | | | | |
| Part II Signature Block | <u> </u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | | | | | |
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| Part II Signature Block | Ssei | 20 | | | | | | | | |
| Part II Signature Block | let A | 21 | | | | | | | | |
| | | 1 22 art II | | | J44,024. | JJ4,444. | | | | |
| Inder penalities of decivity if decivite that I have examined this return. Including accompanying schemilies and statements, and to the nest of my knowledge and belief in is | | | | s and stateme | ents, and to the best of my | knowledge and helief it is | | | | |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date |
|-------------|--|-----------------------------------|------|----------------------------|
| Here | E. TIM STICKEL, EXECUTIVE | DIRECTOR | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN |
| Paid | KEVIN E. KLEIN, CPA | | | self-employed P00539501 |
| Preparer | Firm's name GORDON ADVISORS, | PC | | Firm's EIN **-**6556 |
| Use Only | Firm's address 1301 W LONG LAKE | ROAD, STE 200 | | |
| | TROY, MI 48098 | | | Phone no. 248 - 952 - 0200 |
| May the I | RS discuss this return with the preparer shown abo | ve? See instructions | | X Yes No |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | | Form 990 (2022) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2022) CROSSROADS PE | EGNANCY CEN | FER, INC. | **-***9159 | Page 2 |
|----------|---|----------------------------|-------------------------------|---------------------------------------|---------------|
| | t III Statement of Program Service Acc | | | | i ugo |
| | | • | out III | | X |
| <u> </u> | Check if Schedule O contains a response or r | lote to any line in this P | art III | | 🕰 |
| 1 | Briefly describe the organization's mission: | | | | |
| | ASSISTING ABORTION-VULNERA | | | | |
| | UNPLANNED PREGNANCY TO CHC | | | | |
| | ORGANIZATION IS ALSO COMMI | TTED TO ENCO | URAGING GODLY | SEXUAL ATTITUDES | |
| | AND PRACTICES IN THE COMMU | NITY. IN 201 | 6 THE ORGANIZ | ATION ALSO BEGAN | |
| 2 | Did the organization undertake any significant progr | | | | |
| - | | • | | | XNo |
| | | | | | 21 NU |
| | If "Yes," describe these new services on Schedule (| | | | 37 |
| 3 | Did the organization cease conducting, or make sig | nificant changes in how | it conducts, any program s | | XNo |
| | If "Yes," describe these changes on Schedule O. | | | | |
| 4 | Describe the organization's program service accom | plishments for each of i | ts three largest program ser | vices, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are red | uired to report the amo | ount of grants and allocation | is to others, the total expenses, ar | nd |
| | revenue, if any, for each program service reported. | | | | |
| 4a | | including grants of \$ | |) (Revenue \$ |) |
| ти | ASSIST INDIVIDUALS IN CONF | | | |) |
| | | | | - | |
| | EMOTIONAL, ECONOMIC & SOCI | AL PRODUEMS | ASSOCIATED WI | IN PREGNANCI, | |
| | PARENTING AND SEXUALITY. | | | | |
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| 4b | (Code:) (Expenses \$ | including grants of \$ | |) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ | including grants of \$ | |) (Revenue \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | | | | |
| | (Expenses \$ including gra | nts of \$ |) (Revenue \$ |) | |
| 4e | Total program service expenses | 500,171. | | · · · · · · · · · · · · · · · · · · · | |
| | | | | Form 9 | 90 (2022) |
| 000000 | 10, 10, 00 | | | | (2022) |
| 232002 | 12-13-22 | ე | | | |

| Earm | 000 | (2022) |
|------|-----|--------|
| Form | 990 | (2022) |

| | | | Yes | No |
|--------|--|------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D. Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| 232003 | 3 12-13-22 | Form | 990 | (2022) |

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Form 990 (2022) CROSSROADS PREGNANCY CENTER, INC.
Part IV Checklist of Required Schedules (continued)

| 22 bit the organization report more than 53,000 of grants or other assistance to or for domestic individuals on Part K, column (M, line 27, W, Wei, * complete Schedule /, Part and M 22 23 bit the organization answer "Yei" to Fart VII, Socion A, line 3, 4, or 5, about compensation of the organization's current and former offices, director, trustees, key employee, and highest compensated employee? If 'Yei, * complete Schedule / W 'Yei's to Part VII's or to line 326. 24 24 Did the organization have a law exempt bond suce with an outstanding principal amount of more than 5100,000 as of the isset day of the year, that was issued after December 31, 20022 If 'Yee, * answer inces 24b through 24d and complete Schedule / W 'Yee, * complete Schedule / Part / 25 Bott the organization mixed any noncestor at current than a refunding period and may time duing the year' / 24d 26 Did the organization avers an 'on behalf of issue for bonds outstanding at any time duing the year 10 defease any tracescept bonds? 25a X 26 Did the organization avers that in engaged in an excess benefit transaction with a disqualified period in a provide any of the organization specifies on any other organization specifies on any other schedule / Part / 25a X 27 Did the organization avers that in engaged in an excess benefit transaction with a disqualified period in the period of any other schedule / Part / 25b X 27 Di | | | | Yes | No |
|---|--------|---|-----|-----|-------------|
| 23 Did the organization asswer 'Yes' 'b Fart VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, threaters, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 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 dir of the year, that was issued after December 31, 2002? If 'Yes,' inserver lines 240 through 244 and complete Schedule K. If Yos,' go time 25a 24a X 25 Did the organization maintain an escrew account of the than a networding secrew at any time during the year'. 24d X 26 Bettime of anxietanci mixer tary to a fore 25a 24d X 26 Section 50((45), 50((44), 400 50((25) organization. Did the organization any tark is reagond in an excess benefit transaction with a disclassified person in alprice year, and that the tarasaction has not been reported on any of the organization agains on time of more years and that the tarasaction has not been reported on any of the organization agains or any current or former officer, furston, hustee, key employee, creator or founder, substantial contributor, or 35% controlled entry of amily member of any of these parson? If 'Yes,' complete Schedule L, Part II 25b X 27 Did the organization approxe to a business transaction with a dist afford person any ortheres approxe? If 'Yes,' complete Schedule L, Part II 26c X 27 Did the organization again or observe strans | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, ' complete Schedule 7 23 X 240 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after December 31, 2002 [I' Yes, ' answer lines 240 through 244 and complete Schedule 7. Hos, 'po to line 256 24a X 240 Did the organization mixes any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b 25 Schedule 7. Hos, 'po to line 256 24d X 26 Did the organization mixes any nobelaf of 'issuer for bonds outstanding at any time during the year' 24d 26 Schedule 7. Hos, 'po to line accord account the thran a refution engage in an excess benefit transaction with a discualified person during the year If 'H'sas,' complete Schedule 1, Part I 25a X 26 Did the organization acreation any of these persons? I' Y'sas,' complete Schedule 1, Part I 25b X 27 Did the organization provide any of these persons? I' Y'sas,' complete Schedule 1, Part I 25b X 27 Did the organization acreation any of these persons? I' Y'sas,' complete Schedule 1, Part II 26 X 28 Was the organization approve any of these persons? I' Y'sas,' complete Schedule 1, Part II 26 X 28 Was the organization acreation approve aprin or therassitation committee monthor, or abs% controlled entity | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| Sobelule / 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K if Ylos," go to line 25a. X 4a bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a b Did the organization mantain an escow account other than a refunding scrow at any time during the year to detease any tax-exempt bonds? 24a c Did the organization mantain an escow account other than a refunding scrow at any time during the year to detease any tax-exempt bonds? 24d 25 Section 50(2(a), 50(1c(4), and 50(1c(2)) organizations. Did the organization age in an excess benefit transaction with a disqualified parson during the yar? (1*ys,* complete Schedule L, Part I 24a 25 Did the organization age and the ranged on an access benefit transaction with a disqualified parson during the yar? (1*ys,* complete Schedule L, Part I 25a 26 Did the organization payot as organ or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, director, trustee, key employee, creator or founder, calcotor, nuetee, key employee, creator or founder, substantial contributor or any of these persons? If 'Yes,* complete Schedule L, Part I 26a X 27 Did the organization payot be abused transaction with and exceptions? 27 X 28a X 27 Did the organization payot be thered, a grant selection committee member, or to a 53% controlled entity or | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, If 'No,' or D to the 25a. 24a X D Did the organization invest any proceeds of tax-exempt bond is beyond a temporary period exception? 24a X D Did the organization invest any proceeds of tax-exempt bonding secrow at any time during the year to defease any tax-exempt bonds? 24d X D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization anges in an excess benefit transaction with a disqualified perion in a prior year, and that the transaction has not been reported on any of the organization prior 50 ary 0 990/E2? If 'Yes,' complete Schedule L, Part I 25a X 25b Did the organization prior on any of the organization's plor Forms 900 or 990/E2? If 'Yes,' complete Schedule L, Part I 25b X 25b Did the organization prior or any amount on Part X, line 5 or 22, for receivables from or payobies to any current or former officing, director, trustes, key employee, creator or founder, substantial contributor, or 33% 25b X 27 X X 26b X 27 X 28w She organization prior of any stastacto any curunder of normor offour, director, trustes, | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, 1% ho, "pot folle 25a. 24b b Did the organization ministin an escrow account other than a refurding secrow at any time during the year to defease any tax-event bonds? 24c c Did the organization matrial an escrow account other than a refurding secrow at any time during the year? 24d d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization access benefit transaction with a disqualified person during the year? 25a d Did the organization expose that the transaction has not been reported on any of the organization page in an excess benefit transaction report any amount on Part X, line 5 or 22, for raceivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled enthy of any if menetipes et therod, g and selection committee member, or to a 35% conclude L, Part I 26 27 Dut the organization provide a grant or tomer satistance to uny current or former officer, director, trustee, key employee, treats or founder, substantial contributor or mightee thered, a grant selection committee member, or to a 35% conclude L, Part IV 28 Was the organization accel that the following parties (see the Schedule L, Part IV a A current or former officer, director, trustee, key emplo | | | 23 | | <u> </u> |
| Schedule K. If Ybs, 'go to fine 25a 24a b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24a c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization ange in an excess benefit transaction with a disqualide person during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization are one reported on any of the organization spior Forms 900 or 900/E27 // 1*xs, 'complete Schedule L, Part I 25a 25a Did the organization report any amount on Part X, line 5 or 22, for neceivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 27 Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 27 Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor? If 'res, 'complete Schedule L, Part I 26 28 Was the organization neove on order windividual described in line 282 or 2857 // 'res, 'complete Schedule L, Part I 26a X 29 Did the organization neove order bindividual | 24a | | | | |
| b Did the organization invest any proceeds of lax evempt bonds beyond a temporary period exception? 240 c Did the organization mantain an escrow account other than a refurcing escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization and that an escrow account other than a refurcing escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25b Did the organization accel that the rangeden in a recesse benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Year; complete Schedule L, Part I 25a 25b Did the organization provide a grant or their assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% concluded and provide a grant or other assistance to any our the following parties (see the Schedule L, Part II) 26a X 27 Did the organization approved to a grant or other assistance to any our the following parties (see the Schedule L, Part II) 26a X 26 Was the organization approved to a basis schtrasticon with one of the Glowing parties (see the Schedule L, Part II) 26a X 27 Did the organization neeve than 253.000 in non-cash contributions? II 'Yes,' complete Schedule II. | | | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11% complete Schedule L, Part I 25a X b Is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 11% complete Schedule L, Part I 25b X d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereo), a grant selection committee member, or to a 35% controlled entity (including an employee thereo), a grant selection committee member, or to an 35% controlled entity (including an employee thereo), a grant selection committee member, or to an 35% controlled entity (including an employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II 28a X 28 Was the organization provide thereo) of annity member of any individual described on inne 28a' If 'Yes,' complete Schedule L, Part II 28a X 29 Did the organization encore thereo individual described in line 28a' If 'Yes,' complete Schedule L, Part II 28a | | | | | |
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| d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c8), 501(c4), 401(c4)(an 405(c)(20) granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? II 'Yea,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? II 'Yea,' complete Schedule L, Part I 25a 2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? II 'Yea,' complete Schedule L? I'Yea,'' complete Schedule L, Part I 25b 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) a ramin member of any of these persons? I' 'Yes,' complete Schedule L, Part IV 28 X 28 Was the organization receive more than 325,000 in non-cash contributions? II 'Yes,' complete Schedule H, Part IV 28b X 29 Did the organization neceive contribution of an initiotical treasure, or orther similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule H, Part IV 28b X 29 Did the organization neceive orithoxin | с | | | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 900-E27 // **es,* complete Schedule L, Part I 25a X 26b Ub the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustes, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? // *Yes,* complete Schedule L, Part I 26 X 27 Do the organization aware than engage of an engloyee thereol, a garat selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? // *Yes,* complete Schedule L, Part II 26 X 28 Was the organization a part y to a business transaction with one of the following parties (see the Schedule L, Part IV) 28a X 29 Did the organization area part of the area most one with one of the following parties (see the Schedule L, Part IV) 28a X 29 Did the organization neces we more than 250,000 in non-cash contributions? // *Yes,* complete Schedule L, Part IV 28a X 29 Did the organization neces we contributions of art, historical tressures, or other sinilar assest, or unilar assest, or unilar asset, or un | | any tax-exempt bonds? | | | <u> </u> |
| transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 25a X b is the organization a party example 25a X c b is the organization a party example 25a X c b is the organization a party example 25a X c Did the organization party amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (incluing an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization party to a business transaction with one of the following parties (see the Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 28a X 28 Mas the organization receive contributions of any lites 250.00 in non-cash contributions? If "Yes," complete Schedule L, Part II 28a X 28 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions II "Yes," complete Schedule L, Part II 28a X 29 X Did the organization receive contributions of an, historical treasures, or other similar assets, | | | 24d | | <u> </u> |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is pror Forms 900 or 900 E27 if "Yes," complete Schedule I, Part I 256 260 Did the organization report any amount on Part X, line 5 or 22, cor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial continutor, or 935% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 270 Did the organization apport any amount on Part X, line 5 or 22, cor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial continutor or a 935% controlled entity or founder, substantial continutor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 26 X a Aurent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II. 30 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule A, Part I. | 25a | | 05. | | v |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of including an employee three/or of rand my of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 33% controlled entity (including an employee) thereol of rand with one of the following parties (see the Schedule L, Part II. 26 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 D A family member of any individual described in line 28a' If 'Yes,' complete Schedule L, Part IV. 28 X 29 D d the organization receive more han \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I. 20 X 30 D d the organization receive more han \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I. 30 X 31 D the organization receive more han \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I. 31 X 32 D d the organi | | | 25a | | |
| Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, lines 5 or 22, for receivables from or payables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II ''Yes,'' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? II 'Yes,' complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 'Yes,' complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 'Yes,' complete Schedule L, Part IV, instructions? II 'Yes,' complete Schedule L, Part II. 286 X 29 Did the organization receive more than 255,000 in non-cash contributions? II 'Yes,' complete Schedule M. 20 X 30 Did the organization neceive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedul | D | | | | |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of netily member of any of these persons? If **se, * complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or any/oyee three/of or family member of any of these persons? If **se, * complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a a a a X 28 Was the organization receive more than \$25,000 in non-cash contributions? If **se, * complete Schedule L, Part IV 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If **se, * complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If **se, * complete Schedule N, Part I 30 X 31 X 31 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets? If **se, * complete Schedule N, Part I | | | 05h | | x |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization prowerber of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization prove thereof, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization prove diverse thrusholds, conditions, and exceptions? a current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 20 X 30 X 30 X 31 X 31 X 33 X 33 X 32 Did the organization receive antipactions existent massets, or the similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organi | 26 | | 200 | | - 23 |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of ts net assets? If "Yes," complete Schedule N, Part I 30 X 31 X Was the organization nearbity disegraded as separate from the organization under Regulation sells the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a 34 X < | 20 | | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an emptype) settereof or any of these persors? If "Yes," complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 29 Did the organization receive (includicula) and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 30 Did the organization receive contributions of an entity disregarded as separate from the organization and and 30.7701.79 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 31 X 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 34 X 34 Was the organization negarization neceive any payment from or engage in any transaction with a controlled entity within the meaning of sect | | | 26 | | x |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II. Z X 8 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // *Es 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // // *Es,* complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,* complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,* complete Schedule N, Part I 31 X 31 Did the organization receive more than \$25,000 in on-cash contributions? // *Yes,* complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes,* complete 32 X 33 Did the organization neal to div subsel entity? // *Yes,* complete Schedule N, Part I 31 X 34 Was the organization related to any taxesempt or taxable entity? // *Yes,* complete Schedule N, Part I 31 X 35 Did th | 27 | | 20 | | |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L, Part IV. 28a X 20 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 20 D4 family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization receive and ease operations? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 21 | | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X 29 A family member of any individual described in line 28a? # *Yes, " complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? # *Yes, " complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? # *Yes, " complete Schedule M. 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? # *Yes," complete Schedule N. Part I 31 X 32 Did the organization eceive ormit that, historical treasures, or other similar assets, or qualified conservation contributions? # *yes," complete Schedule R, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 # *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization receive any taxeempt or taxable entity? If *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organization andue to syntax exempt on | | | 27 | | x |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ********************************** | 28 | | 1 | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # ** expected of the standard of t | 20 | | | | |
| "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? /// "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 30 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? // #Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? 34 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35b X 36 | а | | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization releve more than \$25, complete Schedule R, Part I 33 X 34 Was the organization releve to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a X 35a Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 35a X 36 Bir Yes, " complete Schedule R, Part V, line 2 35a X 37 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? < | | | 28a | | x |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If ************************************ | b | | | Х | |
| "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization nealty disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization nealted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neare a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 X | | | | | |
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| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 If "Yes," complete Schedule R, Part V, line 2 35a X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 | 29 | | | | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 X Part V. line 2 36 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 36 X 39 Did the organization complete Schedule 0 and provide explan | | | | | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Sction 501(c)(3) organization conclus any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 37 Did the organiz | | contributions? If "Yes." complete Schedule M | 30 | | x |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 a Its the runber of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0 a Ithe organization complety withholding rules for report | 31 | | 31 | | X |
| Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? //r *Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // if *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 39 Note: All Form 990 filers are required to complete Schedule O Or Part VI, lines 11b and 19? 38 X 10 the organization complete Schedule O and provide explanatio | 32 | | | | |
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| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 0 1b 0 1a 0 1b 0 1b 0 1c 1c | 33 | | | | |
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| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Yes No Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V I a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | | | 36 | | <u>x</u> |
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| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a 0 Yes No b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O Image: Check if Schedule O b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Image: Check if Schedule O Image: Check if Schedule O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O Image: Check if Schedule O | 38 | | | | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 0 1a 1a 1a 0 1a | Par | Note: All Form 990 filers are required to complete Schedule 0 | 38 | Х | <u> </u> |
| Yes No 1a 0 1a 1a 0 1a 1a 0 1a 1a 0 1a 1 | rai | | | | |
| 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | Uneck it Schedule U contains a response or note to any line in this Part V | | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | |
| (gambling) winnings to prize winners? | | | | | |
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| Form | 990 (2022) CROSSROADS PREGNANCY CENTER, INC. | | **_***9 | 159 | Р | age 5 |
|--------|--|----------|------------------------|------|-------|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | U |
| | | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 19 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ms? | | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | author | ity over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accour | nt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | its (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction? | | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne orga | anization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices p | provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as req | uired | | | |
| | to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | :t? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | le a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by th | e | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 1 | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | 1 | | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041 i | ? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| с | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t incor | me? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | 0.0.0 | |
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| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | | | |
|--------|---|-----------|------------|--------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 3 | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 3 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | |
| | officer, director, trustee, or key employee? | 2 | | x | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | |
| • | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | |
| 6 | | | | | | |
| | Did the organization have members or stockholders? | 6 | | X | | |
| 74 | | 7- | | x | | |
| L. | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | <u>7a</u> | | | | |
| D | | | | x | | |
| • | persons other than the governing body? | 7b | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | v | | | |
| a | The governing body? | <u>8a</u> | X | | | |
| | Each committee with authority to act on behalf of the governing body? | <u>8b</u> | X | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | |
| 0 | organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | X | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | |
| | | | Yes | No | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | |
| | on Schedule O how this was done | 12c | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | |
| | taxable entity during the year? | 16a | | X | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only) | availal | ole | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | ., | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | | | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | |
| | TIM STICKEL - 248-293-0070 | | | | | |
| | 3205 SOUTH BOULEVARD, AUBURN HILLS, MI 48326 | | | | | |
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CROSSROADS PREGNANCY CENTER, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2022)

2022.04030 CROSSROADS PREGNANCY CENT 02048.01

-*9159

Page 6

| Part VII | Со | mpensation of | f Officers, | Directors, | Trustees, | Key Employees, | Highest (| Compensated |
|----------|----|---------------|-------------|------------|-----------|----------------|-----------|-------------|
| | Em | ployees, and | Independe | ent Contra | ctors | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average | (40 | (C) Position lo not check more than one | | | | | (D) Reportable | (E) Reportable | (F) Estimated | |
|-------------------------|--|------------------|---|---------|--------|----------------------------|------|---|---|---|--|
| | hours per | box | , unle | ss pei | rson i | than o s both r/trus | n an | compensation | compensation | amount of | |
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | | Highest compensated 5 | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations | |
| (1) E. TIM STICKEL | 60.00 | | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 100,198. | 0. | 0. | |
| (2) MARTY SCHMITT | 2.00 | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | |
| (3) GREG NEISLAR | 2.00 | | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. | |
| (4) MARY LOU TEMPLE | 2.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (5) ALAN VAN SLOTEN | 2.00 | | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. | |
| (6) DAVID ROBERTSON | 2.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (7) DR. CATHERINE STARK | 2.00 | | | | | | | | | | |
| MEDICAL DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) DREW CARNWATH | 2.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) CHUCK CAMERON | 2.00 | | | | | | | | | | |
| VICE PRESIDENT | | X | | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | I | | | | | | | | Earm 990 (2022) | |

7

232007 12-13-22

Form 990 (2022)

| | 990 (2022) CROSSROA | DS PREGN | IAN | ICY | C | EN | ΤE | R, | INC. | **_** | ** 91 | 159 | Pa | age 8 |
|--------|--|--|---------------------------------|-----------------------------|------------------|--------------------------|---------------------------------|--------|---|--|--------------|--------------------------|--|----------------|
| Par | VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t Co | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | box | not ch , unles cer an | neck i ss per | ition more rson is | than c s both | an | (D) Reportable compensation from | (E) Reportable compensatio from related | n | am | (F) timate iount o other | |
| | | (list any hours for related organizations below line) | In dividual trustee or director | In stitutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | s | com fr orga and | pensa om the anizati d relate | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | Subtotal | | - | | | | | | 100,198. | | 0. | | | 0. |
| с | Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but r compensation from the organization | ot limited to th | ose | listeo | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | ! | [| Yes | 1 No |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | • | [| 3 | | X |
| 4 5 | For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a | 0,000? If "Yes, | " со | mple | ete S | Sche | dule | J fo | or such individual | | | 4 | | X |
| | rendered to the organization? <i>If</i> "Yes," <i>con</i> ion B. Independent Contractors | | | | | | | | | | | 5 | | Х |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | the organization's tax ye | | ensati | | | |
| | (A) Name and business | address | NC | ONE | <u> </u> | | | | (B) Description of s | ervices | Co | (C omper | s) Isatior | <u>ו</u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | ot lin | nited | l to 1 | thos 0 | | ted | above) who received mo | pre than | | | | |
| | grouperballor norm the organi | Lation | | | | | | | | | | | 200 | |

Form **990** (2022)

232008 12-13-22

| Form | 1 990 I | (2022) CRO | SSROADS | PREGNANCY (| CENTER, INC | 2. | **_***9 | 159 Page 9 |
|---|---------|---------------------------------------|------------------------|--------------------------|---------------------|-------------------|------------------|------------------------|
| | rt VII | | | | • | | | 0 |
| | | Check if Schedule O co | ontains a respor | use or note to any lin | e in this Part VIII | | | |
| | | | | ise of note to any inf | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | | Revenue excluded |
| | | | | | | function revenue | business revenue | from tax under |
| | | | | | | | | sections 512 - 514 |
| ts ts | 1 a | Federated campaigns | 1a | | | | | |
| un (| b | | 1b | | | | | |
| Ωã | с | | | 253,784. | | | | |
| fts, | о 4 | Related organizations | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | u | | | | | | | |
| ns, | е | 5 | | | | | | |
| rio Stio | f | All other contributions, gifts, g | grants, and | | | | | |
| ibu the | | similar amounts not included a | above 1f | 676,177. | | | | |
| | g | Noncash contributions included in lin | nes 1a-1f 1g \$ | | | | | |
| Col | h | Total. Add lines 1a-1f | | | 929,961. | | | |
| | | | | Business Code | | | | |
| | 0.0 | | | | | | | |
| ice | 2 a | | | _ | | | | |
| er v | b | | | _ | | | | |
| Su | С | | | | | | | |
| evi | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| Pro | f | All other program service re | evenue | | | | | |
| | q | | | | | | | |
| | 3 | Investment income (includi | | | | | | |
| | 3 | | - | | 1,351. | | | 1,351. |
| | _ | | | | <u> </u> | | | <u> </u> |
| | 4 | Income from investment of | | • | | | | |
| | 5 | Royalties | ····· | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | |
| | b | | 6b | | | | | |
| | c | | 6c | | | | | |
| | | | | | | | | |
| | d | (í | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securiti | es (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | |
| | b | Less: cost or other basis | | | | | | |
| ne | | and sales expenses | 7b | | | | | |
| evenue | с | | 7c | | | | | |
| | | Net gain or (loss) | | | | | | |
| Other R | | Gross income from fundraising | | | | | | |
| ţ | 0 4 | | | | | | | |
| 0 | | ° | | | | | | |
| | | contributions reported on li | ine 1c). See | | | | | |
| | | Part IV, line 18 | | 8a 38,785. 8b 64,534. | | | | |
| | b | Less: direct expenses | | 8b 64,534. | | | | |
| | с | | | | -25,749. | | | -25,749. |
| | 9 a | Gross income from gaming | | | | | | |
| | | Part IV, line 19 | | 9a | | | | |
| | L- | | | 9b | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from g | - | | | | | |
| | 10 a | Gross sales of inventory, le | ess returns | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | | 10b | | | | |
| | | Net income or (loss) from s | | / | | | | |
| | | | | Business Code | | | | |
| snc | 11 a | | | | | | | |
| scellaneo Revenue | b | | | - | | | | |
| yer | 5 | | | | | | 1 | |
| Miscellaneous Revenue | C L | | | | | | | |
| Ϊ | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 905,563. | 0. | 0. | -24,398. |
| | 12 | Total revenue. See instruction | 15 | | - 202,202. | U • | U • | |
| 23200 | 9 12-13 | 3-22 | | | | | | Form 990 (2022) |

232009 12-13-22

CROSSROADS PREGNANCY CENTER, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 60,119. 100,198. 25,049. 15,030. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 321,454. 215,948. 52,288. 53,218. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 31,069. 20,506. 5,592. 4,971. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 9,601. 960. 8,641. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 4,043. 8,087. 4,044. column (A), amount, list line 11g expenses on Sch 0.) 21,346. 21,346. Advertising and promotion 12 17,791. 12,454. 1,779. 3,558. Office expenses 13 Information technology 14 15 Royalties 68,166. 100,245. 22,054. 10,025. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,578. 12,578. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 167. 1,672. 1,338. 167. Depreciation, depletion, and amortization 22 21,186. 16,947. 2,119. 2,120. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 59,295. 59,295. MINISTRY EXPENSES а 7,586. PRINTING AND POSTAGE 4,552. 1,517. 1,517. h 2,200. 924. 704. 572. MEMBERSHIP FEES С 1,657. 994. 663. EQUIPMENT MAINTENANCE d e All other expenses 715,965. 500,171. 120,573. 95,221. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

232010 12-13-22

Form 990 (2022)

14371009 131861 02048.000

| CROSSROADS | PREGNANCY | CENTER, | INC. |
|------------|-----------|---------|------|
|------------|-----------|---------|------|

-*9159 Page 11

| | | Check if Schedule O contains a response or r | ote to any | / line in this Part X | | | |
|-----------------------------|-----|--|------------|---------------------------------------|---------------------------------|-----|---------------------------|
| | | | <u> </u> | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 154,049. | 1 | 329,136. | | |
| | 2 | Savings and temporary cash investments | | | 185,873. | 2 | 204,834 |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | | | | | |
| | | controlled entity or family member of any of th | | 5 | | | |
| | 6 | Loans and other receivables from other disgu | | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sect | ion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | B | | | 10,433. | 9 | 11,933. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 126,044. | | | |
| | Ь | Less: accumulated depreciation | | 121,026. | 6,691. | 10c | 5,018. |
| | 11 | Investments - publicly traded securities | | | | 11 | • |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | | F | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0. | 15 | 43,394. |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 357,046. | 16 | 594,315. |
| | 17 | Accounts payable and accrued expenses | | · · · · · · · · · · · · · · · · · · · | 12,422. | 17 | 16,699. |
| | 18 | Grants payable | | | | 18 | - 1 |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| | 22 | Loans and other payables to any current or fo | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sul | | | | | |
| bili | | controlled entity or family member of any of th | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unr | - | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lir | | | | | |
| | | of Schedule D | | | 0. | 25 | 43,394. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 12,422. | 26 | 60,093. |
| | | Organizations that follow FASB ASC 958, c | | | | | , |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 338,552. | 27 | 503,950. |
| Bala | 28 | Net assets with donor restrictions | 6,072. | 28 | 30,272. | | |
| Б | | Organizations that do not follow FASB ASC | | | | | |
| Ш | | and complete lines 29 through 33. | , | | | | |
| P | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 344,624. | 32 | 534,222. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 357,046. | 33 | 594,315. |

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

| | 1990 (2022) CROSSROADS PREGNANCY CENTER, INC. | **_*** | 9159 | Pag | _{ge} 12 |
|----|--|-----------|--------------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 905 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 715 | <u> </u> | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 189 | <u> </u> | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 344 | , 62 | 24. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 534 | , 22 | 22. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2 b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| | | | _ (| | |

Form **990** (2022)

232012 12-13-22

| SCH | EDU | ILE | Α |
|-----|-----|-----|---|
| | | | |

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047 | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| 2022 | | | | | | | |
| Open to Public Inspection | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |

Name of the organization

| Nam | me of the organization Employer identification number | | | | | | | | | |
|---------|---|--|-------------------------|--|-------------------------------------|---------------------------------|---------------------------------------|-------------------|----------------------------|--|
| | | | | GNANCY CENTE | | | | | *-***9159 | |
| Par | tI | Reason for Public (| Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | | |
| The c | rgani | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | l)(A)(i). | | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | า 990).) | | | | | |
| 3 | | A hospital or a cooperative | | | | | - | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in | |
| - | | section 170(b)(1)(A)(iv). (C | | | | | <i>.</i> . | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | |
| 7 | X | - | • | ntial part of its support fi | rom a gove | ernmental | unit or from tr | ie general j | DUDIIC described in | |
| 8 | | section 170(b)(1)(A)(vi). (C A community trust describe | | 1/A/wi) (Complete Par | + 11 \ | | | | | |
| 9 | | An agricultural research org | | | - | nd in coniu | nction with a | land-grant | college | |
| 5 | | or university or a non-land-g | | | | - | | - | - | |
| | | university: | fram conege of agric | | | iame, ony | , and state of | the conege | | |
| 10 | | An organization that norma | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns. membersh | ip fees, and | d aross receipts from | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busir | | | | | | | - | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 [| | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | ne functio | ns of, or to ca | rry out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) d | r section | 5 09(a)(2) . | See section & | 509(a)(3). 🤇 | Check the box on | |
| | _ | lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | olete lines | 12e, 12f, and | 12g. | | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted org | anization(s), ty | pically by | giving | |
| | | the supported organization | | | majority o | f the direc | tors or truste | es of the su | pporting | |
| | | organization. You must o | | | | | | | | |
| b | | Type II. A supporting org | - | | | | • | | • | |
| | | control or management o | | | ame perso | ns that co | ntrol or manag | ge the supp | ported | |
| - | | organization(s). You mus | - | | in connect | ion with a | ad functional | ly into grate | | |
| С | | J Type III functionally inte its supported organization | • • • | | | | | ly integrate | ed with, | |
| d | | Type III non-functionally | .,. | - | - | | - | ted organia | zation(s) | |
| ŭ | | that is not functionally int | | | | | | - | | |
| | | requirement (see instructi | 0 | e , | • | | - | anatom | | |
| е | | Check this box if the orga | | - | | | | II, Type III | | |
| | | functionally integrated, or | | | | | , , , , , , , , , , , , , , , , , , , | <i>,</i> , | | |
| f | Ente | r the number of supported c | organizations | | | | | | | |
| g | | ide the following information | | | | | | | | |
| | (i |) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount of | - | (vi) Amount of other | |
| | | organization | | above (see instructions)) | Yes | No | support (see ir | istructions) | support (see instructions) | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total | | | | | | | | | | |

Schedule A (Form 990) 2022 Part II Support Sch

CROSSROADS PREGNANCY CENTER, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | | |
|------|--|-------------------|---------------------|---------------------|--------------------|---------------------|----------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 463,818. | 517,795. | 690,319. | 452,873. | 676,177. | 2800982. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 463,818. | 517,795. | 690,319. | 452,873. | 676,177. | 2800982. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 58,457. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 2742525. | |
| | ction B. Total Support | 1 | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| | Amounts from line 4 | 463,818. | 517,795. | 690,319. | 452,873. | 676,177. | 2800982. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | 20 | 220 | 7 1 | 704 | 1 251 | 2 465 | |
| | and income from similar sources | 20. | 229. | 71. | 794. | 1,351. | 2,465. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | 201 007 | 164 046 | 172 004 | 217 160 | 292,569. | 1020404 | |
| | assets (Explain in Part VI.) | 201,907. | 154,045. | 1/2,994. | 217,109. | 292,309. | 1039484. 3842931. | |
| | Total support. Add lines 7 through 10 | | | | | 12 | 3042931. | |
| 12 | Gross receipts from related activities, | | , | | | | | |
| 13 | First 5 years. If the Form 990 is for the | - | | | | | | |
| Sec | organization, check this box and stor ction C. Computation of Publi | c Support Per | centage | | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | 71.37 % | |
| 15 | Public support percentage from 2021 | | • | | | 15 | 76.76 % | |
| | 33 1/3% support test - 2022. If the c | | | | | | | |
| | stop here. The organization qualifies | | | | | | V | |
| b | 33 1/3% support test - 2021. If the o | | • | | | | | |
| | and stop here. The organization qual | - | | | | , | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | 0 | | |
| b | 0 10% -facts-and-circumstances test | - | | • • • • | | | | |
| | more, and if the organization meets th | | | | | | | |
| | organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | | |
| | | | | | | Schedule A | (Form 990) 2022 | |

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| Schedule A | Form 990) | 2022 |
|------------|-----------|------|
| | | |

CROSSROADS PREGNANCY CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|---|----------------------------|---------------------|----------------------|---------------------|-----------------|------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | ? (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | ? (f) Total |
| 9 Amounts from line 6 | | (6) 2013 | (0) 2020 | (0) 2021 | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | |
| | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | |
| acquired after June 30, 1975 | | | | | + | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for t | he organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orgar | nization, |
| | | | | | | |
| Section C. Computation of Publ | | • | | | 1 1 | |
| 15 Public support percentage for 2022 (| | | column (f)) | | 15 | % |
| 16 Public support percentage from 202 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | 1 1 | |
| 17 Investment income percentage for 2 | | | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | e organization did n | not check the box | on line 14, and lin | e 15 is more than 3 | 33 1/3%, and I | ine 17 is not |
| more than 33 1/3%, check this box a | nd stop here. The | organization qual | ifies as a publicly | supported organiza | ation | |
| b 33 1/3% support tests - 2021. If the | - | | | | | |
| line 18 is not more than 33 1/3%, che | eck this box and st | op here. The orga | anization qualifies | as a publicly supp | orted organiza | tion |
| 20 Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| 232023 12-09-22 | | | _ | | Sched | lule A (Form 990) 2022 |
| | | 15 |) | | | |

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1

Yes No

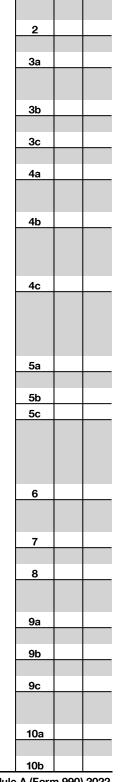
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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| Sche | edule A (Form 990) 2022 | CROSSROADS | PREGNANCY | CENTER, | INC. | **-***915 | 9 Pa | age 5 |
|------|--------------------------------|--------------------------------|-----------------------|------------------|-------------------------|-----------|------|-------|
| Pa | rt IV Supporting Orga | nizations (continued) | | | | | | |
| | | | | | | | Yes | No |
| 11 | Has the organization accepte | ed a gift or contribution from | m any of the followir | g persons? | | | | |
| а | A person who directly or indir | rectly controls, either alone | e or together with pe | rsons described | l on lines 11b and | | | |
| | 11c below, the governing boo | dy of a supported organiza | tion? | | | 11a | | |
| b | A family member of a person | described on line 11a abo | ve? | | | 11b | | |
| с | A 35% controlled entity of a p | person described on line 1 | 1a or 11b above? If | "Yes" to line 11 | a, 11b, or 11c, provide | | | |
| | <i>detail in</i> Part VI. | | | | | 11c | | |
| Sec | tion B. Type I Supportir | ng Organizations | | | | | | |
| | | | | | | | Yes | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the support of the organization had more than one support of organization.</i> | | |
|---|--|---|--|
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |
| | | 2 | |

| Section C. Type II Supporting Organizations | |
|---|--|
| | |

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| Sec | ction D. All Type III Supporting Organizations | | | |
|-----|--|---|-----|----|
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| c 🗋 | The organization s | upported a government | tal entity. Describe i | n Part VI how | you supported a | governmental entity | (see instructions). |
|-----|--------------------|-----------------------|------------------------|---------------|-----------------|---------------------|---------------------|
|-----|--------------------|-----------------------|------------------------|---------------|-----------------|---------------------|---------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2022

Yes No

Yes No

1

3

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Organi | zations | |
|------|--|---------------|-----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | • | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022 CROSSROADS PREGNANCY CENTER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations **-***9159 Page 6

Schedule A (Form 990) 2022

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7

instructions).

Schedule A (Form 990) 2022 CROSSROADS PREGNANCY CENTER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions

| | | | | ieu) | |
|---|---|-------------------------------|---|------|---|
| Sect | ion D - Distributions | | ł | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 5 | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | C I | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| (i) Section E - Distribution Allocations (see instructions) Excess Distributions Under | | | | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Carryover from 2017 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | | | | | |

Schedule A (Form 990) 2022

| Schedule A | (Form 990) 2022 | | | | | CENTER | | **-***9159 _P | Page |
|---------------|---|--|-------------------------------|-------------------------------|-------------------------------------|-------------------------------|--------------------------------------|---|---------|
| Part VI | Part IV, Section A, II line 1; Part IV, Section Section D, lines 5, 6 | nes 1, 2, 3b, 3c, 4 on D, lines 2 and 3 | lb, 4c, 5a, 3; Part IV, \$ | 6, 9a, 9b, 9 Section E, li | c, 11a, 1 ⁻ nes 1c, 2 | 1b, and 11c; a, 2b, 3a, an | Part IV, Sectio d 3b; Part V, lii | line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part \ any additional information. | , V, |
| | (See instructions.) | | | | | | | | |
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| 32028 12-09-2 | 2 | | | | | | | Schedule A (Form 990 |) 20: |
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| SCHEDU | LE D |
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| (Form | 990) |
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Supplemental Financial Statements

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



Department of the Treasury

| Interna | I Revenue Service Go to www.irs.gov/Form990 |) for instructions and th | <u>e latest information.</u> | Inspection | |
|------------|---|-----------------------------|------------------------------|---|--|
| Nam | e of the organization CROSSROADS PREGNANC | CY CENTER, IN | с. | Employer identification number **-**9159 | |
| Pa | | d Funds or Other Si | | Accounts. Complete if the | |
| | organization answered fes of Form 990, Fart IV, inte | | l funda | | |
| | | (a) Donor advised | a tunas | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | | | | |
| ~ | are the organization's property, subject to the organization's e | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | | | |
| | for charitable purposes and not for the benefit of the donor or impormissible private benefit? | • | • • | ľ m m | |
| Pa | impermissible private benefit? TII Conservation Easements. Complete if the org | anization answered "Ves | " on Form 990 Part I | | |
| 1 | Purpose(s) of conservation easements held by the organizatio | | | v, mo 7. | |
| • | Preservation of land for public use (for example, recreat | | Preservation of a his | storically important land area | |
| | Protection of natural habitat | | | ertified historic structure | |
| | Preservation of open space | | Freservation of a ce | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | od conconvation contribu | tion in the form of a (| conconvation accompant on the last | |
| 2 | day of the tax year. | | | Held at the End of the Tax Year | |
| а | | | | | |
| b | - · · · · · · · · · · · | | | | |
| c | Number of conservation easements on a certified historic stru | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | |
| | historic structure listed in the National Register | • | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | | | | |
| | year | | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | | |
| 5 | Does the organization have a written policy regarding the peri | | on, handling of | | |
| | violations, and enforcement of the conservation easements it | | | Yes No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and | d enforcing conservation | tion easements during the year | |
| | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enf | orcing conservation e | easements during the year | |
| | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements | s of section 170(h)(4)(| B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its reven | ue and expense state | ement and | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | | | | |
| D - | organization's accounting for conservation easements. | | | | |
| Pa | t III Organizations Maintaining Collections of | | isures, or Other | Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | of art, historical treasures, or other similar assets held for pub | | | ance of public | |
| | service, provide in Part XIII the text of the footnote to its finan | | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or | research in furtheran | ce of public service, | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | |
| | | | | | |
| 2 | If the organization received or held works of art, historical trea | | | i, provide | |
| | the following amounts required to be reported under FASB AS | - | | • | |
| a L | Revenue included on Form 990, Part VIII, line 1 | | | | |
| b | Assets included in Form 990, Part X | | | \$ | |

| LHA For Paperwork R | duction Act Notice, see the Instructions for Form 990. |
|---------------------|--|
| 232051 09-01-22 | |

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Schedule D (Form 990) 2022

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) I Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its continued) a Public exhibition d Laan or exchange program b Choicely research 0 Difference Note c Provide a description of thure generations d Laan or exchange program b Choicely research 0 Difference Note c Provide a description of thure generations of collections and respective of the similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization solection? Yes No b Brown and custodial Arrangements. Complete if the organization is collection? Yes No b If Yes? is the organization include an amount on Form 990, Part X, line 21. Yes No c Beginning balance 1 1 Is He Amount d dottions during the year 1 1 1 Is Is Secondariation include an amount on Form 990, Part X, line 21. Yes No b Dis | Sche | | ADS PREGNA | | | | | | **_** | | | age 2 |
|---|---------|--|-----------------------|------------------|----------------|----------------|------------|--------------|------------|-----------|---------|------------------|
| collection items (check all that apply): Child exhibition Check exhibition Check exhibition Check exhibition Provide a description of thurg generations Check Check Not Part V Escholarly research Check Not Not Part W Escholarly research Ves Not If 'Yes' explain the arrangement in Part XIII and complete the following table: Amount 1e Check distions during the year 1e 1e 1e Check distions during the year 1e 1e 1e 1e Check distions during the year 1e 1e 1e 1e Check distions during the year 1e 1e 1e 1e Check distions during the year 1e 1e 1e 1 | Par | t III Organizations Maintaining C | Collections of Ar | t, Histo | orical Tre | easures, o | r Othe | r Simila | r Assets | (contin | ued) | |
| a Public exhibition d Lean or exchange program b Scholarly research e Other | 3 | Using the organization's acquisition, accessi | ion, and other record | ls, check | any of the t | following that | : make si | ignificant ι | use of its | | | |
| b Scholarly research c Provide description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Compare year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be solid to raise tunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XII. Scholarly research an amount on Form 990, Part X, Line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III. Scholarly research and the reganization answered "Yes" on Form 990, Part X, Line 21. If a is the organization include an amount on Form 990, Part X, Line 21. Scholar by search in Part XIII. Check here if the explanation has been provided on Part XII. Endroy balance If a Distributions during the year Id a Distributions during the year Id a Distributions during the year Id a Distribution include an amount on Form 990, Part X, Line 21. If Yes is a part of Form 990, Part X III. Endroy balance If a Distributions during the year Id a Distributions during the year If a Distributions during the year Id a Distributions during the year Id a Distribution during the year If a Distributions durin | | collection items (check all that apply): | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excove and Custofial Arrangements. Comparize if the organization answered 'Yes' on Form 990, Part X, line 91. No I is the organization an agent, thustee, custofial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, thustee, custofial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No b If "res," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance If the organization include an amount on Form 990, Part X, line 21, for scores or custofial account liabity? Yes No b If "Yes," explain the anagement in Part XIIII. Check here if the explanation has been provided on Part XIII. Yes No b If the organization include an amount on Form 990, Part X, line 21. If and one Part XIII. Yes No b If we are schalar har angement in Part XIIII. Check here if the explanation has been provided on Part XIII. Yes No b <th>а</th> <th>Public exhibition</th> <th>c</th> <th>1 🗌</th> <th>Loan or exc</th> <th>hange progra</th> <th>am</th> <th></th> <th></th> <th></th> <th></th> <th></th> | а | Public exhibition | c | 1 🗌 | Loan or exc | hange progra | am | | | | | |
| 4 Provide a description of the organization solic tor receive donations of art, historical treasures, or other similar assets to be acid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included | b | Scholarly research | e | • | Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? No Part IV Excrow and Custodial Arrangements. Complete if the organization's collection? Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angement in Native, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 121. Yes No 0 b fit "yes," explain the arrangement in Part XIII and complete the following table: Amount 1 | с | Preservation for future generations | | | | | | | | | | |
| to be sold or alse funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d 1d 1d 1d 1d e Distributions during the year 1d 1d 1d 1d 1e 1d 20 Distributions during the year 1d 1e 1d 1e 1d 1e 1d 1e 1d | 4 | Provide a description of the organization's c | ollections and explai | n how th | ey further th | ne organizatio | on's exer | npt purpo | se in Part | XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial ar other intermediary for contributions or other assets not included on Form 990, Part X // Imagent and the set of the set o | 5 | During the year, did the organization solicit of | or receive donations | of art, his | storical treas | sures, or othe | er similar | assets | | _ | | _ |
| 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? IVes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1c Intermediate in the intermediate int | | | | | | | | | | | | No |
| 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 XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Amount c Beginning balance Image: Complete intermediary for contributions during the year Image: Complete intermediary for contributions during the year Image: Complete intermediary for contributions c Beginning of year balance Image: Complete intermediary for contributions Image: Complete intermediary for commony Common Complete intermediary for commony Commony Common Common Complete intermediary for commony Common Complete intermediary for commony Common Complete intermediary for commony Common | Par | | | ete if the | organizatio | n answered ' | 'Yes" on | Form 990 | , Part IV, | ine 9, or | | |
| on Form 990, Part X? Yes No b If Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Didt brouting the year 1d 2 Didt complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes, * explain the arrangement in Part XIII. Check hare if the explanation has been provided on Part XIII. Yes No b Complete if the organization answered *Yes' on Form 990, Part K. Ine 0. Image: Complete if the organization answered *Yes' on Form 990, Part K. Ine 10. Image: Complete if the organization answered *Yes' on Form 990, Part K. Ine 10. 1a Beginning of year balance Image: Complete if the organization answered *Yes' on Form 990, Part K. Ine 10. Image: Complete if the organization answered *Yes' on Form 990, Part K. Ine 10. 1a Beginning of year balance Image: Complete if the organization answered *Yes' on Form 990, Part K. Ine 10. Image: Complete if the organization is the organization of the organization is the organization answered *Yes' on Form 990, Part K. Ine 10. Image: Complete if the organization is endowment is the organization is the organization is the | | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | | | | | | | | _ | _ | | - |
| c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Distributions during the year It Part V Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10. a Distributions It It b Contributions It It orants or scholarships It It It e Other expenditures for facilities It It and programs It It It It g End of year balance It It It D | | | | | | | | | L | Yes | | No |
| c Beginning balance 1c 1d e Distributions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'vs'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'vs' on Form 990, Part V, line 10. Part V Endowment Funds. Complete if the organization answered 'vs' on Form 990, Part V, line 10. Image: Complete if the organization answered 'vs' on Form 990, Part V, line 10. 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance [b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships [a] Caurent year [b] Part N [c] Caurent year [c] Caurent year 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: [c] Caurent year [c] Caurent year </th <th>b</th> <th>If "Yes," explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>llowing ta</th> <th>able:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing ta | able: | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State Stat | | | | | | | | | | Amount | | |
| e Distributions during the year 1e f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance a a b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance a 0 b Contributions c Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance g < | | | | | | | | | | | | |
| f Ending balance | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year end balance (line 10, column (a)) held as: (a) Column (a) held | е | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back g End of year balance (a) Current year (b) Prior year (c) Two years back (d) Two years back (d) Two years back (d) Two years back (d) Two years back (f) Two years balance (f) Tw | f | | | | | | | | | 7., | | 1 |
| Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Two years back (d) Three years back e Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back g End of year balance (c) Two years back (c) Two years back (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years g <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>ity?</th> <th>L</th> <th>_ Yes</th> <th></th> <th>] NO]</th> | | - | | | | | | ity? | L | _ Yes | |] NO] |
| 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back e Other expenditues for facilities (c) Two years back (d) Three years back (e) Four years back e Other expenditues for facilities (c) Two years back (d) Three years back (e) Four years f Administrative expenditues for facilities (f) Provide the estimated provement (f) Provide the estimated provement (f) Provide the estimated provement (f) Provide the esti | _ | | | 1 | | | | | <u></u> | <u></u> | | <u> </u> |
| 1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions Image: Contributions d Contributions Grants or scholarships Image: Contributions | I UI | | | 1 | | 1 | r | | ware hack | (a) Four | Veare | hack |
| b Contributions | 4.0 | Designing of year balance | (a) Ourrent year | | nor year | | 3 Dack | | | (e) i oui | your 3 | Dack |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment % b Permanent endowment % rhe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Related organizations (iii) Related organizations b f Yes" on line Sa(ii), are the related organizations listed as required on Schedule R? 4 Description of property (a) Cost or other b Buildings c 1a Land b b b b b b b b b b c Description of property (a) Cost or other b b b b Description of property (a) Cost or other b b Buildings c c | 1a 5 | | | | | | | | | | | |
| d Grants or scholarships | D | | | | | | | | | | | |
| e Other expenditures for facilities and programs | C A | | | | | | | | | | | |
| and programs | | | | | | | | | | | | |
| f Administrative expenses | е | | | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) 3a(ii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) b Buildings c Leasehold improvements d 277, 453. f 2, 48, 591. 0. | | | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | | | | | | | | | | | |
| a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | | | l o (lino 1 c | u column (a) |)) held as: | | | | | | |
| b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations isted as required on Schedule R? (iii) And, Buildings, and Equipment. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 4 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | 2 9 | | | | , column (a | jj nelu as. | | | | | | |
| c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Description of property (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Buildings (d) Equipment (d) Related organization (f) Book value (f) Buildings (g) Cost or other f | h | | | | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation (d) Book value 1a Land Image: Cost or other basis (other) (b) Related improvements (c) Leasehold improvements (c) At the sthe state improvements (| č | | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3 | Ŭ | | - | | | | | | | | | |
| organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3b 3b 3b 3b 3b 3b 3c 3b 3c 3b 3c 3b 3c 3c< | 3a | | | ation that | t are held ar | nd administer | ed for th | e | | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d 77,453. 72,435. 5,018. d Equipment | ou | · · · · · · | | | | | | | | ſ | Yes | No |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 5 5 5 Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Complete III image: Complete IIII image: Complete IIIII image: Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | c | | | | | | | | 3a(i) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Land Land Land b Buildings Equipment T77,453. 72,435. 5,018. d Equipment 48,591. 48,591. 0. | b | | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | 4 | | | | | | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land | Par | | | | | | | | | | | |
| Ia Landbasis (investment)basis (other)depreciation1a Landb Buildingsc Leasehold improvements77,453.d Equipment48,591.48,591.0. | | Complete if the organization answere | ed "Yes" on Form 990 | D, Part IV | ', line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| b Buildings 77,453. 72,435. 5,018. c Leasehold improvements 48,591. 48,591. 0. | | Description of property | 1 | | • • | | • • | | ed | (d) Bool | < value | Э |
| b Buildings 77,453. 72,435. 5,018. c Leasehold improvements 48,591. 48,591. 0. | 1a | Land | | | | | | | | | | |
| c Leasehold improvements 77,453. 72,435. 5,018. d Equipment 48,591. 48,591. 0. | | | | | | | | | | | | |
| d Equipment | | | | | | | | 72,4 | 35. | | 5,01 | 18. |
| | | | | | | | | 48,5 | 91. | | | 0. |
| | | | | | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | Total | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colum | nn (B), line 1 | 0c.) | | | | ļ | 5,01 | 18. |

Schedule D (Form 990) 2022

| | (Form 990) 2022 | CROSSROADS | PREGNANCY | CENTER | R, INC. | | **-***9159 | Page 3 |
|-----------------|--------------------------|-----------------------------------|-------------------|----------------|------------------|--------------------|-------------------------|--------|
| Part VII | | Other Securities. | | | | | | |
| | | ganization answered "Yes" | | | | | | |
| (a) Descrip | tion of security or cate | gory (including name of security) | (b) Book valu | Je | (c) Method of v | aluation: Cost o | or end-of-year market v | alue |
| (1) Financia | al derivatives | | | | | | | |
| (2) Closely | held equity interests | s | | | | | | |
| (3) Other | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| (F) | | | | | | | | |
| (G) | | | | | | | | |
| (H) | | | | | | | | |
| Total. (Col. (I | b) must equal Form 99 | 0, Part X, col. (B) line 12.) | | | | | | |
| Part VIII | | Program Related. | | | | | | |
| | | ganization answered "Yes" | on Form 990, Part | | | | | |
| | (a) Description of | finvestment | (b) Book valu | Je | (c) Method of v | aluation: Cost o | or end-of-year market v | alue |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| | b) must equal Form 99 | 0, Part X, col. (B) line 13.) | | | | | | |
| Part IX | Other Assets. | | | | | | | |
| | Complete if the org | ganization answered "Yes" | on Form 990, Part | IV, line 11d. | See Form 990, | Part X, line 15. | | |
| | | (a) | Description | | | | (b) Book va | alue |
| (1) RI | GHT OF USE | ASSET - BUIL | DING LEASE | 2 | | | 43 | ,394. |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| | mn (b) must equal Fo | orm 990, Part X, col. (B) lin | e 15.) | | | | 43 | ,394. |
| Part X | Other Liabilitie | es. | | | | | | |
| | Complete if the org | ganization answered "Yes" | on Form 990, Part | IV, line 11e d | or 11f. See Forr | n 990, Part X, lin | ne 25. | |
| 1. | (a) D | escription of liability | | | | | (b) Book va | alue |
| (1) Fed | eral income taxes | | | | | | | |
| (2) RI | GHT OF USE | LIABILITY - | BUILDING | | | | | |
| (3) LE | ASE | | | | | | 43 | ,394. |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| | mn (b) must aqual E | orm 990, Part X, col. (B) lin | a 25) | | | | 43 | ,394. |
| | | sitions. In Part XIII, provide | | | | inancial stateme | | · · · |
| | | , provide | | | - 9 | | | |

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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232053 09-01-22

| Sche | dule D (Form 990) 2022 CROSSROADS PREGNANCY CENTE | ER, INC. | **-***91 | 59 Page 4 |
|------|--|-----------------|------------------|-----------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Rever | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12: | a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 9 | 05,563. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | 2 c | | |
| d | Other (Describe in Part XIII.) | 2d | | _ |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 05,563. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 05,563. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | • | nses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | | 1 = 0 < = |
| 1 | Total expenses and losses per audited financial statements | | | 15,965. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| а | Donated services and use of facilities | | | |
| b | Prior year adjustments | | | |
| С | Other losses | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | | 0. |
| 3 | Subtract line 2e from line 1 | | | 15,965. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 15,965. |
| Pa | t XIII Supplemental Information. | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| INCOME TAX UNCERTAINTIES ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE |
|--|
| UNITED STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE TAX |
| POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE |
| ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT |
| WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE |
| TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE |
| ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022, THERE ARE NO |
| UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE |
| RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE |
| ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; |
| HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. |
| 232054 09-01-22 Schedule D (Form 990) 2022 29 |
| עב 371000 131861 02048 000 2022 04030 02050 02050 02048 02048 02048 02048 |

| Schedule D (Form 990) 2022 | CROSSROADS | PREGNANCY | CENTER, | INC. | **-***9159 | Page 5 |
|--|--------------------|-----------|---------|------|--------------------|-----------|
| Schedule D (Form 990) 2022 Part XIII Supplemental Inform | mation (continued) | | | | | |
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| | | | | | Schedule D (Form 9 | 90) 2022 |
| 232055 09-01-22 | | | | | | , |
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14371009 131861 02048.000

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivitie | es o | OMB No. 1545-0047 | | | | | | |
|--|---|--|--|-----------------------------|-----------------------------------|------------------|---|--|--|--|--|--|--|--|
| (Form 990) | | | | | | r 19, or | if the | 2022 | | | | | | |
| | orm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. | | | | | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. Employe | | | | | | | | | | | | | |
| Name of the organizatior | ame of the organization CROSSROADS PREGNANCY CENTER, INC. Employer | | | | | | | | | | | | | |
| | CROSSRO. | ADS PREGNANCY CENT | ER, | INC | 2. | * | *_**9 | 159 | | | | | | |
| | · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| | required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. | | | | | | | | | | | | | |
| a 📃 Mail solicitat | ions email solicitations | e 📃 Solicita | tion of tion of | non-g gover | overnment grants nment grants | | | | | | | | | |
| d In-person so | | 3 | | | | | | | | | | | | |
| 2 a Did the organization | on have a written o | r oral agreement with any individual | (includ | ling of | ficers, directors, trust | tees, or | | | | | | | | |
| key employees list | ed in Form 990, Pa | art VII) or entity in connection with p | rofessi | onal fi | undraising services? | | Yes | s 🗌 No | | | | | | |
| | | viduals or entities (fundraisers) pursu | ant to | agreei | ments under which th | e fundra | aiser is to b | e | | | | | | |
| compensated at le | ast \$5,000 by the | organization. | | | | | | | | | | | | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have c or con contribu | aiser ustody itrol of | (iv) Gross receipts from activity | to (or re fun | ount paid etained by) draiser in col. (i) | (vi) Amount paid to (or retained by) organization | | | | | | |
| | | | Yes | No | | | | | | | | | | |
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| Total | | | 1 | | | | | | | | | | | |
| | ch the organizatio | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is exe | mpt from re | gistration | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

 Schedule G (Form 990) 2022
 CROSSROADS
 PREGNANCY
 CENTER,
 INC.
 -9159
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and grass income and grass incom of fundraising event contributio m 990.E7 line as 1 and 6h. List events with (n \$5 000 Fo

| | | of fundraising event contributions and gro | oss income on Form 990 | -EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|-------|--|-------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | ANNUAL | HERO FOR | | (add col. (a) through |
| | | | DINNER | LIFE | 1 | |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Ine | | | | | | |
| Revenue | 1 | Gross receipts | 204,441. | 71,198. | 16,930. | 292,569. |
| | 2 | Less: Contributions | 175,616. | 61,238. | 16,930. | 253,784. |
| | 3 | Gross income (line 1 minus line 2) | 28,825. | 9,960. | | 38,785. |
| | | Orah a ina | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| penses | 6 | Rent/facility costs | 30,394. | 5,000. | | 35,394. |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | 6,136. | 7,790. | 29,140. |
| | 10 | Direct expense summary. Add lines 4 through | | | | 64,534. |
| | 11 | | | | | -25,749. |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
| ш | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| xpen | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | └── Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| b | lt "I | No," explain: | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | /ear? | Yes No |
| | | | | | | |
| | | | | | | |
| 208 | 2 10 |)-27-22 | | | Sche | dule G (Form 990) 2022 |

| Sch | edule G (Form 990) 2022 | CROSSROADS | PREGNANCY | CENTER, | INC. * | *-***9159 | Page 3 |
|-------|-------------------------------------|--------------------------|-----------------------|------------------|-----------------------------|-----------------------|-----------|
| 11 | Does the organization conduct ga | ming activities with no | nmembers? | | | Yes | No |
| 12 | Is the organization a grantor, bene | | | | | | |
| | to administer charitable gaming? | | | | | Yes | No No |
| | Indicate the percentage of gaming | | | | | | |
| | The organization's facility | | | | | | % |
| | An outside facility | | | | | | % |
| 14 | Enter the name and address of the | e person who prepares | the organization s (| jaming/special e | events books and records. | | |
| | Name | | | | | | |
| | Address | | | | | | |
| 15a | Does the organization have a cont | tract with a third party | from whom the orga | nization receive | s gaming revenue? | Yes | 🗌 No |
| b | If "Yes," enter the amount of gam | ing revenue received b | y the organization | \$ | and the amou | nt | |
| | of gaming revenue retained by the | e third party \$ | | | | | |
| с | If "Yes," enter name and address | of the third party: | | | | | |
| | Name | | | | | | |
| | Address | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Gaming manager compensation | \$ | | | | | |
| | Description of services provided | | | | | | |
| | · · · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Director/officer | Employee | | dent contractor | | | |
| 17 | Mandatory distributions: | | | | | | |
| | Is the organization required under | state law to make cha | ritable distributions | from the gaming | proceeds to | | |
| | retain the state gaming license? | | | | | Yes | No No |
| b | Enter the amount of distributions | • | w to be distributed t | o other exempt | organizations or spent in t | he | |
| Do | organization's own exempt activit | es during the tax year | \$ | | | | |
| Fa | rt IV Supplemental Inform | | | | | nd Part III, lines 9, | 96, 106, |
| | 15b, 15c, 16, and 17b, as | applicable. Also provid | de any additional ini | ormation. See in | Structions. | | |
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| 23208 | 3 10-27-22 | | | | S | chedule G (Form | 990) 2022 |
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| Schedule G | (Form 990) Supplemental Infor | CROSSROADS | PREGNANCY | CENTER, | INC. | **-***9159 | Page 4 |
|----------------|----------------------------------|--------------------|-----------|---------|------|---------------|----------|
| Part IV | Supplemental Infor | mation (continued) | | | | | |
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| SCHEDULE L | - | Trai | nsactior | ns V | /ith | Interested | Persons | | | ON | /IB No. ⁻ | 1545-004 | 17 |
|---|--------------------|-----------------|-----------------|---------|-------------------|-----------------------|------------------------|----------|----------|-----------------|----------------------|------------|--------|
| (Form 990) | Complete if th | e orga | anization ansv | vered | "Yes" | on Form 990, Part | IV, line 25a, 25b, 26 | , 27, 2 | 8a, | | 2 | n 2 | 9 |
| | | | | | | EZ, Part V, line 38a | | | | | 2 | UΖ | L |
| Department of the Treasury | Cot | • | | | | 0 or Form 990-EZ. | | | | - | pen To spect | o Publ | lic |
| nternal Revenue Service Name of the organization | | 0 www | v.irs.gov/Form | 1990 10 | or insu | uctions and the lat | test information. | _ | | ident | | | |
| Name of the organization | | סתגו | DDECNA | NOV | | TER, INC. | | | | *91 | | on nui | nper |
| Part I Excess E | | | | | | | ction 501(c)(29) orga | | | - | 59 | | |
| | | | | | | | o, or Form 990-EZ, Pa | | | | | | |
| 1 | | | elationship bet | | | | 5, 0110111330-L2, 1 a | art v, n | | <i>D</i> . | (4) | Correc | rted? |
| (a) Name of disquali | ified person | (6) 110 | person and or | | | (| c) Description of tran | sactio | n | | | es | No. |
| | | | | | | | | | | | <u> </u> | | |
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| 2 Enter the amount o section 4958 | - | - | - | - | - | - | ing the year under | | \$ | | | | |
| 3 Enter the amount o | | | | | | | | | | | | | |
| | | | | | - | | | | | | | | |
| Part II Loans to | and/or From | Inte | rested Pers | sons. | | | | | | | | | |
| Complete it | f the organization | answe | ered "Yes" on l | Form 9 | 90-EZ, | Part V, line 38a or F | Form 990, Part IV, lin | e 26; d | or if th | e orga | nizatic | n | |
| reported ar | n amount on Form | <u>1 990, I</u> | | 1 | | | | | | (1.) A | | | |
| (a) Name of | (b) Relation | | (c) Purpose | | an to or 1 the | (e) Original | (f) Balance due | | In | (h) Ap by bo | | (1) ** | ritten |
| interested person | with organiz | ation | of loan | | zation? | principal amount | | defa | ault? | cómm | | agree | ment? |
| | | | | То | From | | | Yes | No | Yes | No | Yes | No |
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| Total | | I | | 1 | | \$ | 1 | | | | | | |
| | r Assistance | Bene | efiting Inter | ested | Per | | | | | | | | |
| | f the organization | | • | | | | | | | | | | |
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| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|--|---------------------------------|-------------------------------|---------------------------|
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

232131 11-01-22

| Sche | edule L | . (Forn | n 990 |) 2022 | CRO | SSRO | ADS | PRE | GNANCY | CENTER, | INC. | |
|------|---------|---------|-------|--------|-------|------|-----|-----|--------|---------|------|--|
| | | 1 | | _ | - | | | - | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| ALAN VANSLOTEN | BOARD MEMBER | 23,832. | WIFE IS EMP | | X |
| TIM STICKEL | EXECUTIVE DIRECTOR | 43,340. | WIFE IS EMP | | X |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALAN VANSLOTEN

(D) DESCRIPTION OF TRANSACTION: WIFE IS EMPLOYEE

(A) NAME OF PERSON: TIM STICKEL

(D) DESCRIPTION OF TRANSACTION: WIFE IS EMPLOYEE

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



CROSSROADS PREGNANCY CENTER, INC.

Employer identification number **-**9159

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIFE FOR THEIR UNBORN CHILD. THE ORGANIZATION IS ALSO COMMITTED TO

ENCOURAGING GODLY SEXUAL ATTITUDES AND PRACTICES IN THE COMMUNITY. IN

2016, THE ORGANIZATION ALSO BEGAN OFFERING STI/STD TESTING AND

TREATMENT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OFFERING STI/STD TESTING AND TREATMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990 IN DETAIL, COMPARING TO

SOURCE DOCUMENTATION AND REVIEWING THE ANSWERS TO EACH QUESTION. THE

EXECUTIVE DIRECTOR ALSO REVIEWS THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY,

WHICH IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS NOMINATED A COMMITTEE TO PERFORM A DETAILED ANALYSIS

OF COMPARABLE SALARIES. BASED ON THOSE COMPS AND ON THE PERFORMANCE

OUTCOMES, THE COMMITTEE DETERMINED AN APPROPRIATE BENCHMARK AND MADE A

SALARY RECOMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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