### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatio Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Address change

Name

change Initial return

Final return/ termin-ated

Amended

Applica-tion pending

Part I

2

3

8

10

11

14

15

Activities & Governance

Revenue

Expenses

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

Summary

Check this box

Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identifi

Briefly describe the organization's mission or most significant activities: ASSISTING ABORTION-VU

WOMEN AND MEN WHO ARE INVOLVED IN A UNPLANNED PREGNANCY

Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)

CROSSROADS PREGNANCY CENTER, INC.

Number and street (or P.O. box if mail is not delivered to street address)

F Name and address of principal officer: LEE EKSTROM

WWW.CROSSROADSCARECENTER.ORG

Number of voting members of the governing body (Part VI, line 1a)

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11

Benefits paid to or for members (Part IX, column (A), line 4)

**b** Total fundraising expenses (Part IX, column (D), line 25)

16a Professional fundraising fees (Part IX, column (A), line 11e)

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

City or town, state or province, country, and ZIP or foreign postal code

3205 SOUTH BOULEVARD, AUBURN HILLS, MI

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

3205 SOUTH BOULEVARD

AUBURN HILLS, MI

EXTENDED TO NOVEMBER 15, turn of Organization Exempt Fro			v.	OMB No. 1545-0047
tion 501(c), 527, or 4947(a)(1) of the Internal Revenue Co				2023
Do not enter social security numbers on this form as it is Go to www.irs.gov/Form990 for instructions and the	may be	made public.		Open to Public Inspection
ax year beginning and end				
n		D Employer ide	ntificati	on number
PREGNANCY CENTER, INC.				
CROSSROADS CARE CENTER		**_**	9159	
or P.O. box if mail is not delivered to street address)	om/suite	E Telephone nu	mber	
BOULEVARD		248-29	<u>3-00</u>	70
r province, country, and ZIP or foreign postal code		G Gross receipts \$		965,224
LS, MI 48326		H(a) Is this a gro	up retur	n
of principal officer: LEE EKSTROM		for subordin	ates?	Yes X No
BOULEVARD, AUBURN HILLS, MI 4	832	<b>H(b)</b> Are all subordina	ates includ	ed? Yes No
) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," atta	ch a list	. See instructions
OADSCARECENTER.ORG		H(c) Group exem		
ion Trust Association Other	L Year	of formation: 198	4 M St	tate of legal domicile: ${f M}$
zation's mission or most significant activities: ASSIST				
WHO ARE INVOLVED IN A UNPLANN	IED P	REGNANCY	TO C	HOOSE
if the organization discontinued its operations or disposed			t assets	
s of the governing body (Part VI, line 1a)			3	
oting members of the governing body (Part VI, line 1b)			4	
s employed in calendar year 2023 (Part V, line 2a)			5	2
s (estimate if necessary)			6	5
evenue from Part VIII, column (C), line 12			7a	0
xable income from Form 990-T, Part I, line 11	·····		7b	0
		Prior Year	_	Current Year
Part VIII, line 1h)		929,96	-	926,077
Part VIII, line 2g)			0.	0
(III, column (A), lines 3, 4, and 7d)		1,35		9,612
olumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-25,74		-47,203
through 11 (must equal Part VIII, column (A), line 12)		905,56		888,486
ts paid (Part IX, column (A), lines 1-3)			0.	0
mbers (Part IX, column (A), line 4)			0.	0
ion, employee benefits (Part IX, column (A), lines 5-10)		452,72		597,903
ees (Part IX, column (A), line 11e)			0.	0
s (Part IX, column (D), line 25) 178, 264	•			
olumn (A), lines 11a-11d, 11f-24e)		263,24		322,644
13-17 (must equal Part IX, column (A), line 25)		715,96	5.	920,547

715,965. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 189,598 -32,061. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 594,315. 1,171,858. Total assets (Part X, line 16) 60,093. 669,697 21 Total liabilities (Part X, line 26) 三年 534,222. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	ignature of officer									
Here	LEE EKSTROM, EXECUTIVE DI										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	CI	heck	PTIN					
Paid	KEVIN E. KLEIN, CPA			IT SE	elf-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 n	0.248-	952-0200					
May the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No				

Pai	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ASSISTING ABORTION-VULNERABLE WOMEN AND MEN WHO ARE INVOLVED IN A	
	UNPLANNED PREGNANCY TO CHOOSE 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	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	nd
	revenue, if any, for each program service reported.	iu
 4а	(Code:) (Expenses \$600, 253 • including grants of \$) (Revenue \$	
40	ASSIST INDIVIDUALS IN CONFRONTING AND DEALING WITH THE PHYSICAL,	
	EMOTIONAL, ECONOMIC & SOCIAL PROBLEMS ASSOCIATED WITH PREGNANCY,	
	PARENTING AND SEXUALITY.	
	PARENTING AND SEXUALITY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 600, 253.	
		90 (2023)

# Form 990 (2023) CROSSROADS P Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		_X_
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		_X_
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		<u> X</u>
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		<u> </u>
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		_ <u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI	па	- 22	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> X</u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		3.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	000	X

Pa	rt IV   Checklist of Required Schedules <sub>(continued)</sub>	1139	Р	age 4
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,
	Schedule L, Part I	25b		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, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any 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 employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,,
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			, v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			<b> </b> ₩
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	•	33a		1
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
30		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schodula O contains a recogness or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	)	103	10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   1b  1c	j		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

023) CROSSROADS PREGNANCY CENTER, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
لہ	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Λ
d		7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	, , , , , , , , , , , , , , , , , , ,			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	1		
с 14а	Did the apprinction program on a program for independent or a prince during the terrange.	14a		Х
	15 Th C 11 Th	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75		
.0	excess parachute payment(s) during the year?	15		Х
	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 income?	16		Х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

CROSSROADS PREGNANCY CENTER, INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	ΜI

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) available 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)

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

LEE EKSTROM - 248-293-0070

exempt status with respect to such arrangements?

3205 SOUTH BOULEVARD, AUBURN HILLS, MI 48326

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

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

#### 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.

(A)	(B)			((	C)	nper		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee Ge	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	<u></u>	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			3
(1) E. TIM STICKEL	60.00									
EXECUTIVE DIRECTOR				Х				118,216.	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) REV. GRAYSON HEENAN	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	1						_		
VICE PRESIDENT	1	Х						0.	0.	0.
		-								
		-								
	-									
		-								
	1		_							
		-								
	1									
		-								
	+					-				
		1								
	+	-	-			-				
		1								
	+			<u> </u>		$\vdash$				
		1	1	l	1	1	1	l		

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio		am	nount	of
		week		cer an	la a a	recto	r/trus	.ee)	from	from related	- 1		other	
		(list any hours for	recto						the	organizations			pensa	
		related	or di	99			sated		organization	(W-2/1099-MIS	;C/		om the	
		organizations	rustee	trust		ee ee	n ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relati	
		below	dual t	rtio na	_	nploy	st cor	-	1033 (420)				nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			_	_	_									
			•											
			-											
											-			
			•											
											-			
											-			
											-			
											-			
	0.1.1.1	l .							118,216.		0.			0.
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								118,216.		0.			0.
	Total (add lines 1b and 1c)									000 - 6				<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d an	ove	) wn	o re	eceived more than \$100,	000 of reportable	<b>;</b>			1
	compensation from the organization											ĺ	Yes	No.
_											1		res	NO
3	Did the organization list any <b>former</b> officer,			сеу е	empl	oye	e, or	hig	hest compensated empl	loyee on		_		37
	line 1a? If "Yes," complete Schedule J for s											3		_X_
4	For any individual listed on line 1a, is the su	•							•	•				37
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													37
	rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i>	or su	ıch ı	oers	on .					5	l	X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	addrass	37/	<b>`</b>	,				<b>(B)</b> Description of s	oniooo	C	(C omper		_
	Name and business	address	M	ONE	5			$\dashv$	Description of s	ei vices		ompei	isatioi	<u>'</u>
								$\dashv$						
								-						
								$\dashv$						
								$\dashv$						
					_									
2	Total number of independent contractors (in	•	ot lir	nited	d to	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(	)							

	990 ( r <b>t VII</b>			S PR	EGNANCY (	CENTER, INC	·	**-***9	159 Page <b>9</b>
		Check if Schedule O		sponse (	or note to any lin	(A)	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	ibutions) 1 grants, and above 1 lines 1a-1f 1	ld le lf	258,011. 668,066.	926,077.		business revenue	from tax under sections 512 - 514
Program Service Revenue		All other program service of Total. Add lines 2a-2f	revenue						
	3 4 5	Investment income (include	ls, intere	st, and roceeds	9,612.			9,612.	
	b c	Less: rental expenses Rental income or (loss)	6a 6b 6c						
venue	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		curities	(ii) Other				
Other Rev		Net gain or (loss)	ng events (no , 011 • ( line 1c). See	t of	29,535.				
	с 9 а	Less: direct expenses  Net income or (loss) from the Gross income from gamin Part IV, line 19  Less: direct expenses	fundraising e	events See 9a	76,738.	-47,203.			-47,203.
	c 10 a b	Net income or (loss) from a Gross sales of inventory, leand allowances Less: cost of goods sold Net income or (loss) from a	gaming actives returns	/ities 10a 10b					
ellaneous evenue	11 a b c	Net income of (ioss) from a			Business Code				

332009 12-21-23

-37,591. Form **990** (2023)

888,486.

d All other revenue ..... e Total. Add lines 11a-11d

Total revenue. See instructions

Secti	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response	e or note to any line in t	his Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	118,216.	70,930.	29,554.	17,732
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	438,390.	294,405.	67,867.	76,118
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	200,000		31,73311	,
9	Other employee benefits				
10	Payroll taxes	41,297.	27,257.	7,020.	7,020
1 a	Fees for services (nonemployees):  Management				
	Legal				
	Accounting	10,880.	1,088.	9,792.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	8,843.	4,422.		4,421 48,417
2	Advertising and promotion	86,352.	37,935.		48,417
3	Office expenses	21,663.	15,164.	2,166.	4,333
4	Information technology				
5	Royalties		40.00	12.11	
6	Occupancy	98,231.	63,850.	19,646.	14,735
7	Travel				
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	5,548.	5,548.		
9	Conferences, conventions, and meetings	3,340.	3,340.		
0	Interest				
1	Payments to affiliates	3,287.	2,629.	329.	329
2 3	Depreciation, depletion, and amortization	15,214.	12,170.	1,522.	1,522
4	Other expenses. Itemize expenses not covered 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.)	13,211	12,1700	1,322	1,322
а	MINISTRY EXPENSES	54,373.	54,373.		
b	PRINTING AND POSTAGE	11,656.	6,994.	2,331.	2,331
c	EQUIPMENT MAINTENANCE	3,368.	2,021.	1,010.	337
d	MEMBERSHIP FEES	3,229.	1,467.	793.	969
	All other expenses	,	,		
5	Total functional expenses. Add lines 1 through 24e	920,547.	600,253.	142,030.	178,264
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			329,136.	1	0.
	2	Savings and temporary cash investments			204,834.	2	209,920.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t	hese persons	s		5	
	6	Loans and other receivables from other disqu	ualified perso	ns (as defined			
		under section 4958(f)(1)), and persons descri	n 4958(c)(3)(B) L		6		
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Donate Salar and a second of the second of the second			11,933.	9	13,933.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	466,179. 124,312.			
	b	Less: accumulated depreciation	10b	124,312.	5,018.	10c	341,867.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	43,394.	15	606,138.		
	16	Total assets. Add lines 1 through 15 (must e			594,315.	16	1,171,858.
	17	Accounts payable and accrued expenses		16,699.	17	63,559.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		·			
iab		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 1 <i>1-</i> 24). C	omplete Part X	12 201		606 120
		of Schedule D			43,394. 60,093.	25	606,138.
	26	Total liabilities. Add lines 17 through 25		X	00,093.	26	669,697.
Ø		Organizations that follow FASB ASC 958, o	cneck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.		1	503,950.	27	502,161.
ala	27				30,272.	28	0.
В	28	Net assets with donor restrictions  Organizations that do not follow FASB AS		horo	30,272.	20	
Ë		and complete lines 29 through 33.	C 956, Check	nere			
ō	20		nde.	1		20	
əts	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o			29		
\ss	30		Г		30 31		
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated Total net assets or fund balances			534,222.	32	502,161.
Ž		Total liabilities and net assets/fund balances			594,315.	33	1,171,858.
	33	Total liabilities and het assets/fund balances			374,313	JJ	Form <b>990</b> (2023

Pa	rt XI Reconciliation of Net Assets				90
	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	888	3,4	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>47.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	534	<u>4,2</u>	<u>22.</u>
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	502	<u>2,1</u>	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	, , ,		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis				
С	, ,			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	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 required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		_ 3b	000	(2225)
			Form	ココリ	(2023)

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CDCCCCANC DDECNANCY CENTED INC

Employer identification number

				SNANCI CENTE				··- ·· · · · · · · · · · · · · · · · ·		
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
he (	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiza	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	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normal	-					oublic described in		
		section 170(b)(1)(A)(vi). (C	•		<b>3</b>		g <sub>g</sub>			
8		A community trust describe	• •	1)(A)(vi). (Complete Par	t II.)					
9	一	An agricultural research org				ed in coniu	inction with a land-grant	college		
•		or university or a non-land-g				-	-	-		
		university:	ram comego er agne.				, and state of the semega			
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees. and	d aross receipts from		
		activities related to its exem								
		income and unrelated busin		•	. ,		• •	· ·		
		See section 509(a)(2). (Cor		(1000 000 1101 1 0 1 1 1 1 1 1 1 1 1 1 1		ooo aoqa.	. oa zy me organizanom c			
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).			
12	Ħ	An organization organized a	•	•	•			purposes of one or		
-		more publicly supported org	•	•	-		•			
		lines 12a through 12d that of	-					SHOOK THE BOX OH		
а		Type I. A supporting orga	* *					aivina		
u		the supported organization	•		•	-				
		organization. You must c			i majority c	in the direc	toro or tradition of the ot	apporting		
h		Type II. A supporting orga	-		tion with it	s sunnorte	ed organization(s) by hav	vina		
~		control or management of	•					•		
		organization(s). You mus			ино регоо	110 11141 00	ntion of manage the supp	Sortod		
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with		
Ŭ		its supported organization					• •	with,		
d		Type III non-functionally						zation(s)		
_		that is not functionally into	•					. ,		
		requirement (see instructi	-		•		•	7011000		
е		Check this box if the orga	•	•	•					
Ū		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
f	Ente	er the number of supported o		iany integrated eappoint		ation.				
g		ride the following information		d organization(s).						
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (occ mondentions))						

332021 12-21-23

Schedule A (Form 990) 2023 CROSSROADS PREGNANCY CENTER, INC. \*\*-\*\*9

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			• •		• •	
	membership fees received. (Do not						
	include any "unusual grants.")	517,795.	690,319.	452,873.	676,177.	668,066.	3005230.
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	517,795.	690,319.	452,873.	676,177.	668,066.	3005230.
	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)						95,008.
6	Public support. Subtract line 5 from line 4.						2910222.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	517,795.	690,319.	452,873.	676,177.	668,066.	3005230.
	Gross income from interest,	•	•	•	,	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	229.	71.	794.	1,351.	9,612.	12,057.
9	Net income from unrelated business				,	- ,	,
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	154.845.	172.994.	217.169.	292,569.	287.546.	1125123.
11	Total support. Add lines 7 through 10		/ _ /				4142410.
	Gross receipts from related activities,	etc (see instructio	ins)			12	
	<b>First 5 years.</b> If the Form 990 is for th	•	,				
	organization, check this box and stop	_					
Sed	ction C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	70.25 %
	Public support percentage from 2022					15	71.37 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	•		
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organizatio						<u> </u>
	· ·		•	. ,			(Form 990) 2023

332022 12-21-23

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

332023 12-21-23 Schedule A (Form 990) 2023

### 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.)

		Yes	No
L	1		
$\perp$	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
	10b	~ 000\	2002

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting 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? If "No," describe in Part VI 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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).	1		
Sect	ion 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			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 <b>Part VI identify</b>			
	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.	2a		
	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	O.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 gain=action one fold a case tartial addition of allocation over the policies, programs, and activities of cacif			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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		
Section C - Distributable Amount			Current Year
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		
7 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

CROSSROADS PREGNANCY CENTER, INC.

Employer identification number \*\*-\*\*\*9159

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	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)	
<ul> <li>4 Aggregate value at end of year</li> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds</li> </ul>	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	165 100
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically impo	oortant land area
Protection of natural habitat Preservation of a certified historic	ic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	ld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	ing the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	— —
Cuality and volunteer reacted to memoring, inspecting, narialing or volutions, and emorsing concertation easement	nto daring the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	uring the year
	•
B Does each conservation easement reported on line 2d above satisfy the requirements 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 easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	ssets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	lic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	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 treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li></ul>	
	nedule D (Form 990) 2023

Schedule D (Form 990) 2023

285,350

56,517

341,867.

e Other

359,457.

106,722.

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

d Equipment

74,107.

50,205.

990)	2023	С	ROSS	ROADS	PREGNANCY	CENTER,	INC.	**-***9159	Page 3
_			_						

Part VII Investments - Other Se				**-***9159 Page <b>3</b>
Complete if the organization a				
(a) Description of security or category (including		ook value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line Part VIII Investments - Program	e 12, col. (B)) n Related.			
Complete if the organization a		0, Part IV, line 11c.	See Form 990, Part X, line	e 13.
(a) Description of investmen	t <b>(b)</b> Bo	ook value	(c) Method of valuation: C	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, line	o 12 ool (P\\			
Part IX Other Assets  Complete if the organization a		0 Part IV line 11d	Soo Form 900 Part V line	215
Complete if the organization a	(a) Description		See Form 990, Fart A, line	(b) Book value
(1) RIGHT OF USE ASSET				606,138.
(2)	DOILDING L			000,130.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X Other Liabilities	art X, line 15, col. (B))			606,138.
Complete if the organization a		0, Part IV, line 11e	or 11f. See Form 990, Part	
1. (a) Description of	of liability			(b) Book value
(1) Federal income taxes (2) RIGHT OF USE LIAB	LLITY - BUILDI	NG		
(3) LEASE				606,138.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Pa	art X, line 25, col. (B))			606,138 <b>.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

4c

920,547

	(Form 990) 2023	CROSSROADS				**-***9159	Page
XΙ	Reconciliation of	f Revenue per Au	dited Financial	Statements	With Reve	enue per Return	

	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	
1	Total revenue, gains, and other support per audited financial statements		1	888,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	I I		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	888,486.
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 <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta		5	888,486.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	920,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			920,547.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	46		

#### Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part 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:

c Add lines 4a and 4b

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, 2023, 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;

THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. HOWEVER,

Schedule D (Form 990) 2023	CROSSROADS	PREGNANCY	CENTER,	INC.	**-***9159	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (continued)					<u> </u>
- care /	(continued)					

#### **SCHEDULE G** (Form 990)

Department of the Treasury

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

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.

OMB No. 1545-0047

Open to Public

Go t	o www.irs.gov/Form990 for instruc	ctions	and ti	ne latest informatioi	n.		поресион
Name of the organization CROSSRO	ADS PREGNANCY CENT	ER,	INC	C.		Employer ide * * - * * * 9	ntification number
	Complete if the organization answe				ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individencempensated at least \$5,000 by the</li> </ul>	e Solicitar f Solicitar g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?			to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

332081 09-13-23

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

Schedule G (Form 990) 2023

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 gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		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	col. (c))
			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	211,163.	60,738.	15,645.	287,546.
۳						
	2	Less: Contributions	187,608.	54,758.	15,645.	258,011.
	3	Gross income (line 1 minus line 2)	23,555.	5,980.		29,535.
	4	Cash prizes				
	_					
'n	5	Noncash prizes				
Direct Expenses	_	Dept/facility costs				
ğ	6	Rent/facility costs				
Ĥ	7	Food and haverages				
<u>i.</u>	′	Food and beverages				
의	Ω	Entertainment				
		Other direct expenses	64,345.	12,393.		76,738.
		Direct expense summary. Add lines 4 through		22/0301		76,738.
						76,738. -47,203.
Pa				990, Part IV, line 19, or r	reported more than	,
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ğ			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Щ	1	Gross revenue				
န္	2	Cash prizes				
Sue						
Direct Expenses	3	Noncash prizes				
뒳		Dept/facility costs				
ä	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	_					
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 CROSSROADS PREGNANCY CENTER, INC. **-	***9159	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		122	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
_			
	Name		
	Thairie		
	Andreas		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ No
	retain the state gaming license?	res	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Polyana (v) and (v		21 401
га		art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	CROSSROADS	PREGNANCY	CENTER,	INC.	**-***9159	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					J
	• • • • • • • • • • • • • • • • • • • •	(continued)					
	<u> </u>			<del></del>	<del></del>		

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

CROSS	ROAD	S PREGNA	NCY	CEI	NTER, I	NC.			**	_**	<b>*</b> 91.	59				
Part I Excess Benefit Tra	nsacti	ons (section 50	)1(c)(3	3), secti	ion 501(c)(4),	and sec	ction	501(c)(29) orga	nizatio	ns on	ly)					
Complete if the organiza	tion ansv	wered "Yes" on F	orm 9	990, Pa	art IV, line 25	a or 25b	; or l	Form 990-EZ, Pa	art V, li	ne 40	b.					
1 (a) Name of disqualified person	(b) F	Relationship between disqualified person and organization (c) Description of tra			escription of tran	sactio	n			Corre es	cted?					
(1)											<del>  '</del> '	-	140			
(2)																
(3)																
(4)																
(5)																
(6)																
2 Enter the amount of tax incurred	by the o	rganization man	aners	or disc	ualified ners	ons duri	ina tl	he vear under								
section 4958	•	· ·	•		•		•	•		\$						
3 Enter the amount of tax, if any, or																
Emor the amount of tax, if any, t		abovo, rominaro	ou by		garnzation					Ψ						
Part II Loans to and/or Fi	om Int	erested Pers	ons													
Complete if the organiza	tion ansv	wered "Yes" on F	orm 9	990-F7	Part V line	38a or I	Form	n 990 Part IV lin	ne 26:	or if th	ne orga	nizatio	วท			
reported an amount on					, 1 air v, 11110	000, 01 1	0111	1000,1 41111, 111	10 20,	01 11 11	ic orgo	anzaci	511			
	ationship			oan to or	(e) Orig	inal	(f)	Balance due	(a)	In	<b>(h)</b> App	proved	(i) W	/ritten		
	ganization				from the organization?			principal amount		(.,		ult?	by boo	ard or littee?	agree	ment?
			То	From					Yes	No	Yes	No	Yes	No		
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
Total		•				\$								<u> </u>		
Part III Grants or Assistar	ce Ber	nefiting Inter	este	d Per	sons											
Complete if the organiza	tion ansv	wered "Yes" on F	orm 9	990, Pa	art IV, line 27											
(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			f				
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
For Dominion I Dominion And Made										0-1		<b>/</b> =	- 000			

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involv	ROADS PREGNANCY CENTE	ER, INC.	**-***9	159 Page <b>2</b>
	"Yes" on Form 990, Part IV, line 28a, 28	2h or 280		
(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
(1)ALAN VANSLOTEN	BOARD MEMBER	30,576.	WIFE IS EMP	X
(2)TIM STICKEL	EXECUTIVE DIRECTOR		WIFE IS EMP	х
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part V Supplemental Information				
Provide additional information for response	onses to questions on Schedule L. See i	nstructions.		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:	
(A) NAME OF PERSON: ALAN V	ANSLOTEN			
(D) DESCRIPTION OF TRANSAC	TION: WIFE IS EMPLOY	EE		
(A) NAME OF PERSON: TIM ST	ICKEL			
(D) DESCRIPTION OF TRANSAC	TION: WIFE IS EMPLOY	EE		

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CROSSROADS PREGNANCY CENTER, INC.

Employer identification number \*\* - \* \* \* 91 5 9

CRODDROADD TREGNANCT CENTER, INC.
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.

AVAILABLE UPON REQUEST

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

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

Schedule O (Form 990) 2023