Form 990
Department of the Treasury

Internal Revenue Service

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.



		e 2018 calendar year, or tax year beginning and	ending				
B c a	heck if pplicabl	e: C Name of organization		D Employer identific	cation number		
	Addre	CROSSROADS PREGNANCY CENTER, INC.					
	Name Chang			38-2	509159		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Final return	3205 SOUTH BOULEVARD	248-2	293-0070			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 506, 6					
	Amen	AUBURN HILLS, MI 48326		H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer: E. IIM SILCKED		for subordinates	? Yes X No		
	pendi	¹⁹ 3205 SOUTH BOULEVARD, AUBURN HILLS, MI	4832	H(b) Are all subordinates in	cluded? Yes No		
		empt status: $X = 501(c)(3) = 501(c)() = (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)		
		te: WWW.CROSSROADSCARECENTER.ORG		H(c) Group exemption	n number 🕨		
<u>K</u> F	orm of	i organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1984 N	State of legal domicile: MI		
Pa	rt I	Summary					
0		Briefly describe the organization's mission or most significant activities: ASSI					
nce D		WOMEN AND MEN WHO ARE INVOLVED IN A UNPLA	NNED E	PREGNANCY TO	CHOOSE		
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			6		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
es é	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			20		
vitie	6	Total number of volunteers (estimate if necessary)		6	140		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		495,138.	463,818.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20.	20.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,972.	-37,337.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		483,186.	426,501.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		286,849.	306,388.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe		Total fundraising expenses (Part IX, column (D), line 25)		1 - 1 - 1			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158,085.	172,724.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		444,934.	479,112.		
	19	Revenue less expenses. Subtract line 18 from line 12		38,252.	-52,611.		
s or			Be	ginning of Current Year	End of Year		
Assets Balanc		Total assets (Part X, line 16)		171,610.	119,481.		
it As		Total liabilities (Part X, line 26)		2,051.	2,533.		
INet	22	Net assets or fund balances. Subtract line 21 from line 20		169,559.	116,948.		

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. T.

Sign	Signature of officer		Dat	е
Here	E. TIM STICKEL, EXECUT	IVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	KEVIN E. KLEIN, CPA			self-employed P00539501
Preparer	Firm's name GORDON ADVISORS,		Firn	n's EIN 38-2656556
Use Only	Firm's address 1301 W LONG LAKE	ROAD, STE 200		
	TROY, MI 48098		Pho	one no. 248 - 952 - 0200
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) CROSSROADS PREGNANCY CENTER, INC.	38-2509159	Page 2
Par	rt III Statement of Program Service Accomplishments		0
	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 IN		
	UNPLANNED PREGNANCY TO CHOOSE LIFE FOR THEIR UNBORN CH		
	ORGANIZATION IS ALSO COMMITTED TO ENCOURAGING GODLY SE		
	AND PRACTICES IN THE COMMUNITY. IN 2016 THE ORGANIZATI		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.		V .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	es?Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services	s, 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.		
4a	(Code:) (Expenses \$347,862. including grants of \$) ()
	ASSIST INDIVIDUALS IN CONFRONTING AND DEALING WITH THE	-	
	EMOTIONAL, ECONOMIC & SOCIAL PROBLEMS ASSOCIATED WITH	PREGNANCY,	
	PARENTING AND SEXUALITY.		
4b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
	······································	·	,
_			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 347,862.		
		Eorm Q	90 (2018)
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Form 990 (2018) CROSSROADS PREGNANCY CENTER, INC.
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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 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			
Ū	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, 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	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	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? <i>If</i> "Yes,"	40		Y
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>x</u> x
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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22 Did the organization report more than \$5,000 of grants or other assistance to or for demestic individuals on part K. Count M, Line 24, "Visite complexe Schedule / Part 8 and " 22 X 23 Did the organization arware "Yest to Part N. Use tools A, Line 34, or 5 about compensation of the organization is current and former at forces, directors, thuttens, line etc. 10, 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2				Yes	No
23 Did the organization asseer "Yes" to Part VIL Section A, line 3, 4, of 5 about compensation of the organization is current and former offects, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, and VIL organization have a tax exempt to only issue with an outstanding principal amount of more than \$100,000 as of the basis day of the year, that was issued after Desember 31,0002" (If "Yes," anonychet 26 through 264 and complete Schedule J, this No. The second at the second at the second at the complete Schedule J, and VIL organization material and score values \$1,0002" (If "Yes," anonychet Schedule J, and VIL organization and the the rangeod in an account other than a returning escore at any time during the year! 24a 25 Section 50(46), 50(16)(4), and 50(4)(20) organizations. Did the comparization and the regret of an on both at 010 the organization and the rangeod in an account other than a returning escore at any time during the year! 24a 24a 26 Section 50(46), 50(16)(4), and 50(4)(20) organizations. Did the comparization range in a necess benefit transaction with a disquade person in a prior year, and that the transaction has not been reported on any of the organization prior for any solution to prior year, and that the transaction has not been reported on any of the organization prior for any solution or prior year, and that the transaction has not been reported on any of the organization prior year, and that the transaction has not been reported on any of the organization prior year, and that the transaction has not been reported on any of the organization prior for any complete Schedule L, Part II 25b X 26 Did the organization any obset to prothas assistance to an officer, direc	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 comparated employees? # "Yes," complete Schedule / # "Yes," anawer lines 24b through 24d and complete Schedule /, # "No," go to line 25a 24a X 24a Did the organization haves a sex exempt bonds beyond a temporary period exception? 24b X 25b bid the organization invest any process of tax exempt bonds beyond a temporary period exception? 24b X 25b bid the organization invest any process of tax exempt bonds beyond a temporary period exception? 24c X 25b bid the organization invest any non-bonds of tax exempt bonds beyond a temporary period exception? 24c X 25b bid the organization invest any non-bonds of tax exempt bonds beyond a temporary period exception? 24c X 25b bid the organization actions and to an escow account of the transaction engage in a 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 portory exe, and that the transaction has not been reported on any of the assistance to a officer, director, trustee, key employee, so transactified persons? # Yes, "complete Schedule I, Part I 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions? # Yes, "complete Schedule I, Part I 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, with taxination organization reported a grant or other estimation with an officer, director, trustee, cere tay complete Schedule I, Part I <td></td> <td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</td> <td>22</td> <td></td> <td>X</td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 schedule K. H No, "go to line 25a. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 50(16), 50(16)(4), and 50(16)20 organizations. Did the organization are than the during the year? 24d 25a Section 50(16), 50(16), 40(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 40(16), 50(16), 50(16), 40(16), 50(16	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
240 Did the organization have a tax-exempt bond issue with an oxistanching principal amount of more thms \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete 246 246 250 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 261 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 263 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dut the organization engage in a excess benefit transaction with a disqualified period in a prior year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified period. If 'Yes, ' complete Schedule L, Part I 25a X 270 Did the organization route an upported on any of the assistance to an officer, director, hustes, key employees, highest compress developes, or disqualified person? If 'Yes, ' complete Schedule L, Part I 25a X 270 Did the organization ropords a grant or other assistance to an officer, director, hustes, key employees, highest componentiate employee, buttentral componentiate employee, and tax-organization approved a grant or other assistance to a officer, director, hustes, key employee, and tax-organization reported any another assistance to an officer, director, hustes, key employee, and tax-organization reported and thereods, contributions, and exceptions? 27a X 270 Did the organization reported orman officer, director, hustese, or key employee, and tax-organization reported by		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 24b Scheduker, H. Yho, 'p of lines 25a 24b D bit the organization invest any proceeds of tax everengt bonds beyond a temporary period exception? 24b C bid the organization invest any proceeds of tax everengt bonds beyond a temporary period exception? 24c 25a Section 50(16), 50(16), 40(16), and 50(16), 20 organizations. Du the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a 25a Bection 50(16), 50(16), 40(16			23		X
Schedule K. If 'Ne,' go to line 25a 24a X 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? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization angage in an excess benefit transaction with a disqualified person time if year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization splor Forms 900 or 905 E27. If "Yes,' complete Schedule L, Part I 25a 25 Did the organization avare that It engaged in an excess benefit transaction with a disqualified person? If "Yes,' complete Schedule L, Part I 25a 25 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employees thered, a grant assistance to an officer, director, trustee, key employee, substantial contributor or employees thered, a grant selection committee member, or to a 36% controlled entity or family mamber of a grant to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization provide a grant or other assistance to an officer, director, trustee, any employee? 27a X 29 Did the organization incove or former officer, director, trustee, or key employee or the following parties (see Schedule L, Part IV 28a X 29 Did the organization neavie contributions of art, historial treasur	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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any tax-exempt bonds? 24c d D the tregnization area 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)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25b 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.E27 if "Yes," complete Schedule L, Part I 25b Ub the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization approximation approximation committee member, or to 32% controlled ontrol or family on these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization approximation approximapproximation approxim	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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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 34 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 35 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 have 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 in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in	21		- 50		
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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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 X 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 3 1a 3 14 Did the organization complete Schedule in line 1a. Enter -0- if not applicable 1b 0 1c X	32		20		v
sections 301.7701-2 and 301.7701-3? /f "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? /f "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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note. All Form 990 filers are required to complete Schedule O 110 0 38 X 14 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 110 0 12 12 12 14 Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	22		32		- 23
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 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 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 V 37 X 38 Did the organization complete Schedule O 38 X 9 Note. All Form 990 filers are required to complete Schedule O 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance 1a 3 3 1 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 1b 0 1 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable and reportable gaming (gambling) winnings to prize winners? Yes No	33		22		v
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 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 in Schedule O for Part VI, lines 11b and 19? 38 X Note. All Form 990 filers are required to complete Schedule O Or Part V 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1a 31 1a 31 1a 31 1a 31 1a 1a	24	Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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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 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 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 in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O contains a response or note to any line in this Part V 38 X 9 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 14 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31 Yes No 15 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X 832004 12-31-18 Form 990 (2018) 1c X	05 -				
within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2			<u>35a</u>		<u>^</u>
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 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	D		0.51		
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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 in 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 3 Ves No c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1a 3 1 1 3 1 1 1 3 1 <td>30</td> <td></td> <td></td> <td></td> <td>v</td>	30				v
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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 Yes No 1a 3 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in 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 X 832004 12-31-18	38			v	
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1a 1a 3 Yes No 1a 1a 3 1b 0 <td< td=""><td>I ai</td><td></td><td></td><td></td><td></td></td<>	I ai				
1a 1a 3 b Enter the number of Forms W-2G included in 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 X 832004 12-31-18 Form 990 (2018)					
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ic X 832004 12-31-18			-		
(gambling) winnings to prize winners? 1c X 832004 12-31-18 Form 990 (2018)			-		
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Form 990 (2018)	CROSSROADS			
Part V Statemen	ts Regarding Other II	RS Filings and [•]	Tax Complia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
24	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		х
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		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	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 was required			
	to file Form 8282?	7c		Х
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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			
9	sponsoring organization have excess business holdings at any time during the year?	8		
э а		9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
a	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:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
	, ,			

Form **990** (2018)

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Form 990 (2018

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 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	Δ
Section A. Governing Body and Management	

	<u> </u>				~	_
4.	Enter the number of veting members of the governing body at the and of the tay year	4	1	6	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			4		
2				2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			-		<u> </u>
5	of officers, directors, or 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 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization become aware during the year of a significant diversion of the organization s as			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			F		<u> </u>
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					<u> </u>
D				76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?	-	-	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	Nonuo	Code)			
		venue	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			· · ·	10	5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11	a X	
b	Describe in 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			12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	5 X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "					
	in Schedule O how this was done	,		12	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	a X	
b	Other officers or key employees of the organization			15	s X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a			
	taxable entity during the year?			16	a 📃	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16	5	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	nd 990	T (Section 501(c)(3	8)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>)	n in Sc	,			
40	Describe in Schoolule O whether (and if as how) the examination mode its soverning desymptote as	- 41: -4 -	finterest notion on	A		

9	Describe in 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.

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	TIM STICKEL - 248-293-0070		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	►	

3205	SOUTH	BOULDVARD,	AUBURN	HILLS,	MI	48326

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Form **990** (2018)

CROSSROADS PREGNANCY CENTER, INC.

Part VII	Compensation of Officers	, Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independ	lent 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 (Ď), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	heck ss pe	more rson i	than of than of than of than of the state of the state of	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHUCK CAMERON	2.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(2) MARTY SCHMITT TREASURER	2.00	x		x				0.	0.	0.
(3) VICKIE MENDLER	2.00	^		<u> </u>				0.	0.	0.
PRESIDENT	2.00	x		x				0.	0.	0.
(4) MARY LOU TEMPLE	2.00									
DIRECTOR		х						0.	0.	0.
(5) ALAN VAN SLOTEN	2.00									
SECRETARY		Х		X		<u> </u>		0.	0.	0.
(6) MIKE BANERIAN	2.00	.,							0	0
DIRECTOR (7) E. TIM STICKEL	60.00	Х						0.	0.	0.
EXECUTIVE DIRECTOR	00.00			x				72,508.	0.	0.
								12,500		.
						<u> </u>				
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Form 990 (2018)

Form 990 (2018) CROSSROAL	OS PREGN	IAN	ICY	C	EN	ΤE	R,	INC.	38-250	09159	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more son is	l than c s both r/trust	an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Stimate mount	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) or ar	other npensa from the ganizati nd relate ganizatio	e ion ed
1b Sub-total								72,508.).		0.
c Total from continuation sheets to Part VI	, Section A							0.).		0.
d Total (add lines 1b and 1c)								72,508.).		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			~
compensation from the organization											Vee	0
											Yes	No
3 Did the organization list any former officer,												v
line 1a? If "Yes," complete Schedule J for su										. 3		X
4 For any individual listed on line 1a, is the su												х
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										. 4		<u></u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com												х
Section B. Independent Contractors		2 J 10	or su		Jers	<u>on</u> .						
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	nsation f	rom	
(A)				_				(B)			C)	_
Name and business		NC	ONE	5				Description of s	ervices	Comp	ensatio	
							_					
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	to t	thos		ted	above) who received mo	ore than			
						•			I	Form	990 (2	2018)

832008 12-31-18

Form	990 ((2018) CROSS	SROADS PRI	EGNANCY (CENTER, INC	2.	38-2509	159 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response o	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
۲ ۵		Fundraising events		201,907.				
ar /		Related organizations						
s, G	е	Government grants (contribut	tions) 1e					
r Si	f	All other contributions, gifts, grar	nts, and					
but		similar amounts not included abo	ove 1f	<u>261,911.</u>				
dti	g	Noncash contributions included in lines	1a-1f:\$					
aSu	h	Total. Add lines 1a-1f		►	463,818.			
				Business Code				
e	2 a							
e vi	b							
s Se	С							
ran ev	d							
Program Service Revenue	е							
ā		1 5						
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			20.	20.		
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
ē		Net gain or (loss) Gross income from fundraisin	ig events (not	····· •				
ent		including \$ 201,9						
Other Revenue		contributions reported on line	,	40 000				
er		Part IV, line 18		42,820.				
₹		Less: direct expenses		80,157.	27 227			27 227
		Net income or (loss) from fund		►	-37,337.			-37,337.
	9 а	Gross income from gaming a						
	F	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gan		•				
		Gross sales of inventory, less	-	····· 🕨				
	iu a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
ŀ	U	Miscellaneous Revenu		Business Code				
ŀ	11 a							
	b							
	c							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			426,501.	20.	0.	-37,337.
832009	9 12-31							Form 990 (2018

CROSSROADS PREGNANCY CENTER, INC. Form 990 (2018) 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, 72,508. 10,876. 43,505. 18,127. 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) 211,860. 160,071. 22,351. 29,438. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 22,020. 15,194. 3,523. 3,303. 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal 9,606. 961. 8,645. 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 1,464. 2,928. 1,464. column (A) amount, list line 11g expenses on Sch O.) 10,662. 10,662. Advertising and promotion 12 3,019. 2,113. 302. 604. Office expenses 13 3,363. 2,017. 673. 673. Information technology 14 15 Royalties 80,750. 17,765. 54,910. 8,075. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,736. 6,736. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21

8,710.

9,853.

6,968.

7,882.

above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 33,912. 33,912. MINISTRY EXPENSES а MEMBERSHIP FEES 2,455. 1,030. 786. b 730. 437. 219. EQUIPMENT MAINTENANCE С d All other expenses е 479,112. 347,862. 74,247. 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) 832010 12-31-18 10

12420905 131861 02048.000

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

22

23

24

Insurance

Form 990 (2018)

57,003.

871.

986.

639.

74.

871.

985.

12420905 131861 02048.000

Fai		Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,063.	1	45,608.
	2	Savings and temporary cash investments	102,163.	2	38,990.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	ion 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9,133.	9	9,342.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	126,044.			
	b	Less: accumulated depreciation	10b	100,503.	34,251.	10c	25,541.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	171,610.	16	119,481.
	17	Accounts payable and accrued expenses			2,051.	17	2,533.
	18	Grants payable		·····		18	
	19	Deferred revenue		·····		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
Se	22	Loans and other payables to current and former	officers,	directors, trustees,			
liti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		····· -		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	I third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	,				
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D		·····	2 0 5 1	25	0 500
	26				2,051.	26	2,533.
		Organizations that follow SFAS 117 (ASC 958)		nere			
ses		complete lines 27 through 29, and lines 33 and			165 020		112 027
anc	27	Unrestricted net assets			<u>165,029.</u> 4,530.	27	<u>112,027.</u> 4,921.
Bal	28	Temporarily restricted net assets	4,550.	28	4,941.		
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (As	50 958)	, cneck nere 🕨 🛄			
s or		and complete lines 30 through 34.		00			
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			169,559.	32	116,948.
	33	Total net assets or fund balances			171,610.	33	119,481.
	34	Total liabilities and net assets/fund balances			I/I,0IU.	34	$\frac{119,401}{5000}$

Form 990 (2018)

Form 990 (2018) Part X Balance Sheet

	990 (2018) CROSSROADS PREGNANCY CENTER, INC.	38-250	9159	Pag	_{ge} 12
Pa	t 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	426	, 50	<u>)1.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	479		
3	Revenue less expenses. Subtract line 2 from line 1	3	-52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169	, 5	59.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
De	column (B))	10	116	, 94	<u> 18.</u>
Pa	t 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 in Schedule	0.		37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	I
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	0			v
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				I
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		004 6

Form **990** (2018)

SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
2018
Open to Public Inspection

	Name	of the	organization	
--	------	--------	--------------	--

Nar	ne of t	e of the organization Employer identification number								
		CROS	SROADS PRE	GNANCY CENTE	R, INC	2.		3	8-2509159	
	art I	Reason for Public (ee instructions	S.		
	organ	ization is not a private found				,				
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative					•			
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,	
_		city, and state:							l :	
5		An organization operated for		bliege of university owned	i or operat	eu by a go	overnmentaru	nit describe		
6		section 170(b)(1)(A)(iv).		montal unit described in	ocation 1	70/6//4//4	()			
6	X	A federal, state, or local go An organization that norma	•				.,	no gonoral	public described in	
'	- 23	section 170(b)(1)(A)(vi). (C	-	antial part of its support in	on a yove	ennentai		le general		
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)					
9	\square	An agricultural research or	-		-	ed in conii	inction with a	land-grant	college	
Ū			-			-		-	-	
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10		An organization that norma	Illy receives: (1) mor	e than 33 1/3% of its sup	port from a	contributio	ons, membersl	nip fees, ar	nd gross receipts from	
		activities related to its exen								
		income and unrelated busir	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).			
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a through 12d that						-		
a		Type I. A supporting orga		-	• • • •	-				
		the supported organization			majority c	of the direc	ctors or truste	es of the si	upporting	
		organization. You must o	-							
k		Type II. A supporting org	-				•		-	
		control or management o		-	ame perso	ns that co	ntroi or manag	ge the sup	ported	
c		organization(s). You mus Type III functionally inte	-		in connoc	tion with	and functional	ly intograte	od with	
	·	its supported organizatio						iy integrate	su with,	
c		Type III non-functionally						ted organi [.]	zation(s)	
	•							-		
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e	•	Check this box if the orga						II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of								
		vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized in your govern	anization listed ing document?	(v) Amount or	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CENTER, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

38-2509159 Page 2

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.)

See	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	380,972.	425,113.	438,272.	495,138.	463,818.	2203313.
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						
5	furnished by a governmental unit to						
	the organization without charge						
		380,972.	425,113.	438,272.	495,138.	463,818.	2203313.
	Total. Add lines 1 through 3	500,572.	425,115.	430,272.	475,150.	405,010.	2203313.
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)						3,750. 2199563.
	Public support. Subtract line 5 from line 4.						2199563.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	380,972.	425,113.	438,272.	495,138.	463,818.	2203313.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34.	20.	17.	20.	20.	111.
9							
	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.)	40,340.	36,183.	34,962.	38,134.	201,907.	351,526.
44	Total support. Add lines 7 through 10	10,0100	00,2001	01/0010		20275077	2554950.
	Gross receipts from related activities,	oto (coo instructio	ne)			12	23319301
	First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	h fourth or fifth to	 x yoar as a soction		
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			olump (f))		14	86.09 %
						15	
	Public support percentage from 2017						
108	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b					line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	rt VI how the organ	lization
	meets the "facts-and-circumstances"	•		,	•		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 7	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					0.1	dulo A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
	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 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	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						
	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			 	
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 20)18 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
	1 0					18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-			• •		
b	33 1/3% support tests - 2017. If the						
	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, 19	a, or 19b, check t			
83202	23 10-11-18		15	5	Sch	edule A (Form 99	0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CENTER, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

Yes No

1

2

3a

3b

3c

16

Schedule A (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CENTER, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,	0		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion c. Type if Supporting Organizations		X	
			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	-		
<u> </u>	the supported organization(s).	1		
Sec	tion 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 in (2), 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.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CE			38-2509159 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
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):			
a	Average monthly value of securities	1a		
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		
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 1-1/2% 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 .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 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-functional	ly integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

Schedule A (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CENTER, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the)		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018	CROSSROADS	PREGNANCY	CENTER,	INC.	38-2509159	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, 0 lines 2 and 3; Part IV, 5	explanations requir 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 1b, and 11c; Pa 2a, 2b, 3a, and 3	e 10; Part II, line 1 rt IV, Section B, li b; Part V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2, 5, and 6.	Also complete ti	his part for any a	dditional information.	
832028 10-11-1	8		• • •		Sc	hedule A (Form 990 or 990-	EZ) 2018
			20				

SCHEDULE D)
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9 0)

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.



Department of the Treasury Internal Revenue Service

CROSSROADS PREGNANCY CENTER, INC.

Employer identification number 38 - 2509159

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefit? Partil Conservation Easements he do you be organization answered 'Yes' on Form 990, Part W, line 7. Purpose() or conservation easements he do you be organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements he do you be organization theid a qualified conservation of a conservation easement and the last day of the tax year. Total number of conservation easements 2a data any beam of conservation easements 2a data any beam of conservation easements included in (a) equipied after 725/06, and not on a histon: structure 2a data any conservation easements included in (a) equipied after 725/06, and not on a histon: structure 3 Number of conservation easements included in (a) equipied after 725/06, and not on a histon: structure 3 Number of conservation easements included in (a) equipied after 725/06, and not on a histon: structure 3 Number of states where property subject to conservation easement is located 4 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 enforcing conservation easements during the year > \$ 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h/(4/B)/0 6 Stat and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 5 Does each conservation easements in the revenue and expense statement, and bala	Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
1 Total number at end of year 2 Aggregate value of contributions to (Juning year) 3 Aggregate value of another of (Juning year) 4 Aggregate value of another of (Juning year) 6 Did the organization inform all donors and visions in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible invitable banefit? Part III Conservation Easements. Complete if the organization asswered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Part III Conservation easements held by the organization (check all that apply). Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of a conservation easements. 2 complete inse 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total arcegare restricted by conservation easements. 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 ad at the Ead of the Tax Year 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure as well by easements during the tax year. 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure and using the year is a distant wells wells as where property subject to conservation easement is located by the organization have a witten poly organization have a written poly organizati		organization answered "Yes" on Form 990, Part IV, lin	e 6.					
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Aggregate value at end of year Det the organization inform all grantees, doners, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, doners, and donor advisors in writing that grant funds can be used only for charitable purposes and to for the benefit meperinsible private benefit? Yes No Det the organization inform all grantees, doners, and donor advisors in writing that grant funds can be used only for charitable purposes and to for the benefit meperinsible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Protection of open space Complete lines 2a through 20 of it the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure Preservation of open space Zo Complete lines 2a through 20 of it the organization held a qualified conservation contribution in the form of a conservation easements Total number of conservation easements Za Za Za Vumber of conservation easements included in (c) acquired after 7/25/06, and net on a historic structure Za Vumber of states where property subject to conservation easements included in (d) Za Number of conservation easements modified, transferred, released, estinguished, or ferminated by the organization during the tax year Number of enservation easements modified, transferred, released, estinguished, or ferminated by the organization during the year Number of enservation easements included in lods? Number of enservation easements modified, transferred, released, estinguished, or generating on easements during the year Number of enservation easements modified, tra	2							
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are the organization's property, subject to the organization's exclusive legal control? Image: the organization inform all grantees, donors, and donor advisor, or for any other purpose conterning impermissible private benefit? No Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. No Part III Conservation Easements. Complete if the organization control (cleck all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements held by the organization (cleck all that apply). Protection of natural habitat Preservation of a conservation easements in easements Preservation of a conservation easement on a control (cleck all that apply). Preservation of a conservation easements Preservation of a conservation easement in a control (cleck all that apply). Preservation of a conservation easement in a control (cleck all that apply). Preservation of a conservation easements Preservation easements Preservation easements Preservation easements I Total number of conservation easements in included in (c) acquired after 7/25/06, and not on a historic structure Preservation easements Preservation easements I Number of conservation easements in included in (c) acquired after 7/25/06, and not on a historic structure Preservation easements Preservation easements So bes the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforci	4	Aggregate value at end of year						
6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importantiable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 380, Part N, Ine 7. Part O conservation Easements held by the organization (Ceck all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a trong pace Preservation of and the public use (e.g., recreation or education) Preservation of a conservation easements held by the organization for education in the form of a conservation easement on the last day of the tax year. Tatal number of conservation easements Total acreage restricted by conservation easements A number of conservation easements included in (c) acquired after 7/25/06, and net on a historic structure 2a 3 Number of conservation easements included in (c) acquired after 7/25/06, and net on a historic structure 3 Number of conservation easements included in (c) acquired after 7/25/06, and net on a historic structure 4 Number of states where property subject to conservation easement is located by the organization during the tax year. 5 Does the conservation easements included in (c) acquired after 7/25/06, and net on a historic structure 8 Nomber of states where property subject to conservation easement is located by the construction easements included in monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and violations, and enforcing conservation easements during the year by set of the donorted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year by set of sectors of action 170(h)(4/16)(0) 9 In Part XII, describe how the organization nepots conservation e	5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds				
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering Yes No Part II Conservation Easements. Complete if the organization answered "Vest" on Form 990, Part IV, Ine 7. Purpose(8) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easement on the last day of the tax year. It of a innumber of conservation easements It of a innumber of conservation easements a Total number of conservation easements It of a innumber of conservation easements It of a innumber of conservation easements Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easements included in (i) acquired after 7/25/06, and not on a historic gonservation easements during the year > Staff and volumber house a written policy regarding the periodic montroing, inspection, handling of violations, and enforcing conservation easements during the year > Staff and volumber house a written policy regarding the periodic montroing, inspection, handling of violations, and enforcing conservation easements during the year > Staff and volumber house a writ		are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
Impermissible pristile benefit? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 7. Important land area Purpose() of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Za b Total acreage restricted by conservation easements Za c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Za listed in the National Register Za 3 Number of states where property subject to conservation easements is located >	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only				
Part III Conservation Easements. complete if the organization answered "Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (g., recreation or education) Preservation of a net for public use (g., recreation or education) Preservation of pane space Preservation of a conservation easement in the last 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2a complete lines 2a through 2d if the organization theld a qualified conservation on a historic structure 2a b Total acreage restricted by conservation easements 2a conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a so bes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Im S Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Im s S S S Not section 170(h)(4 6 0 0) Im Yes No 0		for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring				
1 Purpose(a) of conservation easements held by the organization (check all that app). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Important land area 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last 1 Total number of conservation easements Important land Register 2 Complete lines 2a through 2d if the organization theld a full fistoric structure included in (a) Important land Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure instead in the National Register Important land Register 4 Number of states where property subject to conservation easement is located > Important land register 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and include, if applicable, the text of the footnote to the organization structure for onservation easements. 7 Amount of expenses incurred in monitoring, inspecting, handling of viol	D.							
Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of a trutual habitat Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement on the last 3 Total number of conservation easements 2a 4 Total arceage restricted by conservation easements 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation can abstorie structure 1 Total arceage restricted by conservation easements 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements where property subject to conservation easements it holds? 6 Unservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) b In Part XII, describe how the organization reports conservation easements in its r	Par			art IV, line	7			
□ Preservation of a cartified historic 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 easement on the last day of the tax year. a Total anomber of conservation easements 2a b Total acreage restricted by conservation easements 2a c Number of conservation easements included in (a) anot on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed on the National Register 2d 3 Number of states where property subject to conservation easements is located ►	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
□ Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a 4 Number of states where property subject to conservation easement is located >		Preservation of land for public use (e.g., recreation or e	ducation)	prically imp	ortant land area			
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 1 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements on a certified historic structure included in (a) 6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 1 Isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >			Preservation of a certi	fied histori	c structure			
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c Number of conservation easements included in (a)								
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 4 Number of states where property subject to conservation easement is located ▶								
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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	a							
 year ▶ A Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 	2							
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 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 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 the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts required to be reported under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held f	4	· · ·	sement is located					
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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ 1 8 Does each conservation easement reported on line 2(d) 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 the organization's accounting for conservation easements. Part IIII Organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iiii Assets included on Form 990, Part X (iiiii Assets included on Form 990, Part X (iiiii Assets included on Form 990, Part X (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Ũ				Yes No			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6							
 \$	•							
 \$	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easeme	ents during the year			
 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 the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990			5		5			
 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 the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990	8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)				
 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 the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X 14 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 					Yes No			
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b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018	-			•	¢			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018								
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Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, or	^r Other	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ny of the f	ollowing that	are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	🔄 La	oan or excl	nange progra	ıms					
b	Scholarly research	e	0 O	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	/ further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of		,		,	r similar	assets		-		-
	to be sold to raise funds rather than to be ma		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organization	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:					-		
									Amount		
	Beginning balance										
	Additions during the year										
-	e Distributions during the year 1e										
f	Ending balance										1
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										1
		(a) Current year		or year	(c) Two vear		(d) Three y	ware back	(e) Four	Veare	hack
1a	Beginning of year balance	(a) Ourrent year		or year		3 Dack			(e) i oui	yours	Jack
h	Contributions										
c c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_^_								
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion that a	are held an	d administer	ed for th	e organiza	ation			
	by:	-					-		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	/ · · · · · · · · · · · · · · · · · · ·								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	line 11a. Se	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		(b) Cost basis (• •	ccumulate preciation	ed	(d) Bool	k value	;
1a	Land										
b	Buildings										
с	Leasehold improvements				7,453.		65,03			2,42	
	Equipment			4	8,591.		35,4	71.	13	3,12	20.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 10)c.)				25	5,54	11.
								~ · · ·			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CROSSROADS PREGNANCY CENTER, INC.
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 CROSSROADS PREGNANCY C	ENTER, INC.	38-250915	59 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue p	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2 <u>.</u>)		
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expenses	; per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
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.)			
е	Add lines 2a through 2d		2e	
~				
3	Subtract line 2e from line 1		3	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
-		1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
4 a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	4c	

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 ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA REQU	JIRE THE ORGANIZATION TO EVALUATE TAX
POSITIONS TAKEN BY THE ORGANI	ZATION AND RECOGNIZE A TAX LIABILITY IF THE
ORGANIZATION HAS TAKEN AN UNC	CERTAIN POSITION THAT MORE LIKELY THAN NOT
WOULD NOT BE SUSTAINED UPON E	EXAMINATION BY THE IRS OR OTHER APPLICABLE
TAXING AUTHORITIES. MANAGEMEN	IT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE
ORGANIZATION AND HAS CONCLUDE	ED THAT AS OF DECEMBER 31, 2018, THERE ARE NO
UNCERTAIN POSITIONS TAKEN OR	EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY OF	R DISCLOSURE IN THE FINANCIAL STATEMENTS. THE
ORGANIZATION IS SUBJECT TO RO	OUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY	NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
832054 10-29-18	Schedule D (Form 990) 2018 29
12420905 131861 02048.000	2018.04020 CROSSROADS PREGNANCY CENT 02048.01

Schedule D (Form 990) 2018	CROSSROADS	PREGNANCY	CENTER,	INC.	38-2509159	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	rmation (continued)					
					Schedule D (Form 9	900) 2010
832055 10-29-18						<i>50) 20</i> 10

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	C) 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.							2018
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		ADS PREGNANCY CENT	ER,	INC	2.		Employer ide	entification number 9159
Part I Fundrais		Complete if the organization answe				ine 1		
· · ·	complete this part							
a Mail solicitat	-	e Solicitar e	-		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c 📃 Phone solici	tations	g 📃 Special	fundra	ising	events			
d In-person so								
•		or oral agreement with any individual art VII) or entity in connection with p		Ũ		tees,	or Ye	s 🗌 No
		viduals or entities (fundraisers) pursu			•	ne fur		
compensated at le	•	· / / ·		0				
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (func		(ii) Activity	fùndr have ci or con	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
	,			itions?		lis	ted in col. (i)	organization
			Yes	No	-			
								+
								+
								+
								+
								_
								1
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or 9	990-E	:Z. §	sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

 Schedule G (Form 990 or 990-EZ) 2018
 CROSSROADS
 PREGNANCY
 CENTER,
 INC.
 38-2509159
 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 gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL			(add col. (a) through
			DINNER	GOLF OUTING	3	col. (c)
р			(event type)	(event type)	(total number)	
	1	Gross receipts	153,753.	16,112.	74,862.	244,727
	2	Less: Contributions	118,763.	8,282.	74,862.	201,907
	3	Gross income (line 1 minus line 2)	34,990.	7,830.		42,820
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	34,990.	7,830.		42,820
	7	Food and beverages				
5	8	Entertainment	12,000.			12,000
		Other direct expenses	A /	5,039.	11,524.	25,337
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	80,157
	11	Net income summary. Subtract line 10 from I	line 3, column (d)		►	-37,337
Т		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant	- 	(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
Ľ١						
-	1	Gross revenue				
		Gross revenue				
	2					
+	2 3	Cash prizes				
	2 3 4	Cash prizes				
+	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes%	Yes %	
+	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes% No	□ Yes% □ No	Yes% No	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	□ No	<u>No</u> No	
	2 3 4 5 6 7 8	Cash prizes	h 5 in column (d)	No	No►	
	2 3 4 5 6 7 8 Ent	Cash prizes	No N	No	No►	
	2 3 4 5 6 7 8 Ent Is ti	Cash prizes	No N	No No	No►	Yes N
	2 3 4 5 6 7 8 Ent Is ti If "I	Cash prizes	No N	states?	No ►	
	2 3 4 5 6 7 8 Ent Is th Is th Is th If "f 	Cash prizes	No N	states?	No ►	
a b a	2 3 4 5 6 7 8 Ent Is th Is th Is th If "f 	Cash prizes	No N	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2018 CROSSROADS PREGNANCY CENTER, INC. 38-2	50915	9 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	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	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Namo		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗌 Yes	s 🗌 No
_			
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party ►\$		
U	in res, entername and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	Yes	s 🛄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	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 Par	t III. lines !	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	5, 65, 165,
83208	33 10-03-18 Schedule G (Forn	1 990 or 9	90-EZ) 2018
	33		

Schedule G	i (Form 990 or 990-EZ)	CROSSROADS	PREGNANCY	CENTER,	INC.	38-2509159	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
_						Schedule G (Form 990 or	r 990-EZ)
							,

832084 04-01-18

SCHEDULE L	Transactio	ns With	Intereste	d Person	S		С	MB No.	1545-00	047
(Form 990 or 990-EZ) Complete	if the organization an	swered "Ye	s" on Form 990, F	Part IV, line 25a, 2		27, 28	a,	20	18	3
Department of the Treasury	► Atta	ach to Form)-EZ, Part V, line 3 990 or Form 990	-EZ.			c	pen T	o Pul	-
Internal Revenue Service	Go to www.irs.gov/F	orm990 for	instructions and t	he latest information		Emplo	lı yer iden	nspect		mbor
-	ROADS PREGNA	NCY CE	NTER, INC	•			25091		on nu	Imper
Part I Excess Benefit Tran	sactions (section 5	501(c)(3), sec	tion 501(c)(4), and	501(c)(29) organi						
Complete if the organization				25b, or Form 990-	EZ, Part	V, line	40b.			0
1 (a) Name of disqualified person	(b) Relationship bet person and c		alified	(c) Description	of transa	ction			es	ected? No
								_	-+	
								_		
2 Enter the amount of tax incurred b	l v the organization mar	nagers or dis	qualified persons (during the vear ur	nder					
section 4958						. ►	\$ \$			
3 Enter the amount of tax, if any, on	line 2, above, reimburs	sed by the o	ganization			🕨	\$			
Part II Loans to and/or Fro	m Interested Per	sons.								
Complete if the organization	on answered "Yes" on	Form 990-E2	Z, Part V, line 38a (or Form 990, Part	IV, line 2	26; or if	the orga	anizatio	on	
reported an amount on Fo (a) Name of (b) Relati		6, or 22.		(4) Delevee		(m) In	(h) A	provec	(1)	Vritten
(a) Name of (b) Relativity (b) Relativity (c)		from the organization?		(f) Balance		(g) In default	bý bi	bard or nittee?		ement?
		To Fron	1		Y	'es N	o Yes	No	Yes	No
										+
										+
						_	_			
 Total			<u> </u>	\$						
Part III Grants or Assistanc	e Benefiting Inter	rested Pe	rsons.	Ŧ						
Complete if the organization		· · · · ·	T Ó	- (- (- 1						
(a) Name of interested person	(b) Relationship interested per the organiz	son and	(c) Amount assistance) Type of sistance			e) Purp assist		or
LHA For Paperwork Reduction Act N	lotice, see the Instruc	ctions for Fo	 rm 990 or 990-E2	 2.	Sched	ule L (I	 Form 99	0 or 9	90-E7	2018

832131 10-25-18

	(Form 990 or 990-EZ) 2018				INC.	
Part IV	Business Transaction	ons Involving Inte	rested Persons	5.		

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) Sha organiz rever	aring of zation's nues?	
				Yes	No	
ALAN VANSLOTEN	BOARD MEMBER	22,217.	WIFE IS EMP		X	

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

PART IV

HEATH PRESS IS OWNED BY A FAMILY MEMBER OF THE EXECUTIVE DIRECTOR.

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

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

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

CROSSROADS PREGNANCY CENTER, INC.

38-2509159

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. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)