Form

(Rev. January 2020) 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.

OMB No. 1545-0047 2019 Open to Public Inspection

| A | For the 2 | 019 calendar year, or tax year beginning $10/01/19$, and ending $09/30$ | /20 | | |
|---|-----------------------------|---|----------------------|--|--|
| В | Check if appli | | | D Employ | ver identification number |
| [| Address chan | Crossroads Center Inc. | | | |
| Ī. | Name change | Doing business as | | 47-0 | 0700215 |
| I | | Number and street (or P.O. box if mail is not delivered to street address) | Rcom/suite | E Telepho | one number |
| | Initial return | 702 W 14th Street | | 402- | -462-6460 |
| | Final return/ terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| - | Amended retu | Hastings NE 68901-3006 | | G Gross re | ceipts \$ 2,697,040 |
| | | F Name and address of principal officer: | | | |
| L. | Application pe | DITUIL DEVAUCET | H(a) Is this a g | roup return for | subordinates? Yes X No |
| | | 3620 West Old Potash Hwy | H(b) Are all su | bordinates inc | duded? Yes No |
| | | Grand Island NE 68803 | If "No | ," attach a list | :. (see instructions) |
| 1 | Tax-exempt s | | | | • |
| J | Website: | www.crossroadsmission.com | W/G) Cross as | | k . |
| K | Form of organ | Y | Year of formation: | | |
| *************************************** | Part I | Summary | Tear or ionnation: - | 1903 | M State of legal domicite: NE |
| *************************************** | 3 | fly describe the organization's mission or most significant activities: | | | |
| m | Tr. | o provide a Christ centered ministry of shelter, ass | | | |
| ຊັ | - | o the homeless in the area. | istance an | d acce | ptance |
| E | | o the homeress in the area. | | | |
| Activities & Governance | 3 Cho | of this has a lift to | | | |
| Ğ | 2 0116 | ck this box I if the organization discontinued its operations or disposed of more than | 25% of its net as | sets. | 1 |
| ර ග | 3 Nun | aber of voting members of the governing body (Part VI, line 1a) | | . 3 | 6 |
| ij | 4 1901 | oper of independent voting members of the governing body (Part VI, line 1b) | | 4 | 6 |
| 3 | 5 lota | I number of individuals employed in calendar year 2019 (Part V, line 2a) | | . 5 | 56 |
| Ac | 6 Tota | I number of volunteers (estimate if necessary) | | 6 | 75 |
| | 7a Tota | unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 12,966 |
| | b Net | unrelated business taxable income from Form 990-T, line 39 | | 7b | 0 |
| | | 11 · 12 · 13 · 14 · 14 · 14 · 14 · 14 · 14 · 14 | Prlor Ye | | Current Year |
| e | 8 Con | ributions and grants (Part VIII, line 1h) | 1,07 | 6,345 | |
| Revenue | a 1.00 | ram service revenue (Part VIII, line 2g) | 62 | 4,312 | |
| á | 10 Inve | stment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0,022 | |
| | 11 Othe | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,083 | |
| *************************************** | | revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,01 | 6,762 | 2,644,562 |
| | | ts and similar amounts paid (Part IX, column (A), lines 1–3) | | | 0 |
| | 14 Bene | fits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| S) | 15 Sala | ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 93 | 7,946 | 811,514 |
| Expenses | 16a Profe | essional fundraising fees (Part IX, column (A), line 11e) | 15 | 6,280 | 130,223 |
| χĎ | b Total | fundraising expenses (Part IX, column (D), line 25) ▶ 130,223 | | | |
| ш | 17 Othe | r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,12 | 3,066 | 1,028,070 |
| l | 18 Total | expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 7,292 | 1,969,807 |
| | | nue less expenses. Subtract line 18 from line 12 | | 0,530 | 674,755 |
| Net Assets or Fund Balances | | | Beginning of Cu | | End of Year |
| Set | | assets (Part X, line 16) | 6,07 | 6,457 | 6,593,457 |
| PA P | | liabilities (Part X, line 26) | 2,14 | 5,550 | 2,008,950 |
| ž | 22 Net a | ssets or fund balances. Subtract line 21 from line 20 | 3,93 | 0,907 | 4,584,507 |
| _Pa | art II | Signature Block | | ······································ | |
| Un | der penaltie: | s of perjury, I declare that I have examined this return, including accompanying schedules and staten | nents, and to the b | est of my kn | nwledge and holiof it is |
| tru | e, correct, ai | nd complete. Declaration of preparer (other than officer) is based on all information of which preparer | r has any knowledg | е. | emeago ana ponon na no |
| | A | | | 1 | |
| Sigi | n 🚩 | Signature of officer | | Date | |
| Her | e k | Brian Levander Press | dent | | |
| | | Type or print name and title | LUCIIC | | |
| | Print | Type preparer's name Preparer's signature | Date | To: 1 | ir PTIN |
| Paid | Gre | gory L. Thomsen | | Check | <u>1" </u> |
| Prep | arar | sname > Harger CPA Group, P.C. | 1 | /21 self-em | |
| Use | | 5701 Thompson Creek Blvd Ste 100 | F | irm's EIN ▶ | 47-0841667 |
| | E12 | Lincoln, NE 68516 | · · | | 400 400 000 |
| May | | cuss this return with the preparer shown above? (see instructions) | | hone no. | 402-420-2900 |
| ForP | aperwork F | eduction Act Notice, see the separate instructions. | | | X Yes No |
| DAA | | | | | Form 990 (2019) |

| Form 990 (2019) Crossroads | | 47-0700215 | Page 2 |
|---|-------------------------------|--|---------------|
| | gram Service Accor | | AT 41500 |
| | | se or note to any line in this Part III | |
| 1 Briefly describe the organization | | ministry of shelter, assistance and | aggentange |
| to the homeless i | n the area | initiativ of sherter, assistance and | acceptance |
| to the nomeress i | ii tile area. | | ******* *** |
| • | | | ****** |
| 2 Did the organization undertake a | ny significant program ser | vices during the year which were not listed on the | |
| · · · · · · · · · · · · · · · · · · · | | | Yes X No |
| If "Yes," describe these new sen | | | |
| 3 Did the organization cease cond | ucting, or make significant | changes in how it conducts, any program | |
| services? | | | Yes X No |
| If "Yes," describe these changes | on Schedule O. | | |
| | | ents for each of its three largest program services, as measured by | |
| • | | re required to report the amount of grants and allocations to others, | |
| the total expenses, and revenue, | , if any, for each program s | service reported. | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 701 404 | | |
| 4a (Code:) (Expenses \$ | 1,701,484 | including grants of \$) (Revenue \$ emergency aid, individual and famil |) |
| provide sherter a | nu gurdance, 1 preparation | and clothing to homeless. | Y TTATHS |
| quarters, not mea | r preparacion | and crothing to nomeress. | |
| | | | • • • • • • • |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b (Code:) (Expenses \$ | | including grants of \$ (Revenue \$ |) |
| N/A | | | |
| | | | |
| | | | |
| | | ······································ | |
| . , , | ., | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | , | | |
| | | | |
| 4c (Code:) (Expenses \$ N/A | | including grants of \$ (Revenue \$ | |
| N/A | | | |
| | | | |
| • | | | |
| | | | |
| | | | ** ***** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d Other program services (Describ | | ar n | |
| (Expenses \$ | including grants ► 1,701, | | |
| 4e Total program service expenses | <i>></i> | TOT | |

Form 990 (2019) Crossroads Center Inc. 47-0700215 Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|---|
| 1 | The state of the s | | | |
| _ | complete Schedule A | 1 | X | |
| 2 | The same services and services of services (see mandators). | 2 | X | |
| 3 | 5. Sagar and the manager destructed out botter of or mopposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | 1-71-7 - Service Dia allo argumento di gago in lobbying acavides, of flavo a socion so i(ii) | | | |
| 5 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | ļ | X |
| • | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _ | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | - | X |
| · | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Vos " complete Cahadula D. Best I | | | * |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | X |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | 1 | |
| | 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 | - | | 1 |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, iX, or X as applicable. | | | |
| а | 5 darking the same adaption at the 10th 100 | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | The state of the s | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | by the state of th | | | |
| .a | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| e | *************************************** | 11d | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | X |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 446 | | · |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | X |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 124 | | <u> </u> |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | *************************************** |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 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 | | | |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| 18 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | X | |
| 10 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | <u> </u> |
| . • | If "Yes," complete Schedule G, Part III | 45 | | v |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | <u> </u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| - | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| DAA | | | 000 | |

| <u></u> | officerist of Required Schedules (continued) | *************************************** | T | V | NI |
|---|--|--|----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | f | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | | : |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | | E |
| | employees? If "Yes," complete Schedule J | | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | I | | ı |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | | ı |
| | through 24d and complete Schedule K. If "No," go to line 25a | 2 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 2 | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | | |
| | to defease any tax-exempt bonds? | 2 | 4c | | - |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 2 | 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? If "Yes," complete Schedule L, Part I | 2 | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | | |
| | If "Yes," complete Schedule L, Part I | | 5b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | [| 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | 1 | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | | |
| | persons? If "Yes," complete Schedule L, Part III | | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | Table Annual Control of Control o | | | |
| | IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | - | |
| | "Yes," complete Schedule L, Part IV | | 8a | | <u>X</u> |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 2 | 8b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | | |
| | "Yes," complete Schedule L, Part IV | | 8c | | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | | |
| | conservation contributions? If "Yes," complete Schedule M | · · · · · · · · · · · · · · · · · · · | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | ĺ | 7. |
| | complete Schedule N, Part II | <u> </u> | 32 | + | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | 3.5 |
| | 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, | | | | v |
| | 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)? | | 5a | | |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | | |
| | | | 5b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | 26 | 1 | x |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1 | x |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | 20 | х | |
| n - | 19? Note: All Form 990 filers are required to complete Schedule O. | | 38 | A | |
| ۲а | art 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 | | T | V1 | <u> </u> |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | _ | \dashv | Yes | No |
| 1a | · · · · · · · · · · · · · · · · · · · | Market and the second s | | | |
| b | | | | 1 | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| *************************************** | reportable gaming (gambling) winnings to prize winners? | | | | |

| 2- | Enter the number of early and a second of a Second of Se | ſ | Yes | No |
|----------|--|-----|-----|--------------|
| 40 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 56 | | | |
| b | | | 77 | |
| U | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | X | |
| 3a | | | · · | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3a | X | ļ |
| 4a | | 3b | X | <u> </u> |
| **** | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4. | | ·Ur |
| b | The state of the s | 4a | | X |
| | *************************************** | | | |
| 5a | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 32 |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| va | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| 7 | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | ĺ |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | İ |
| L | and services provided to the payor? | 7a | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | İ |
| | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year Did the exceptivation receive any funds directly a facility of the state of the s | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 0. | İ | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a | | · |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | l | |
| 11 | Section 501(c)(12) organizations. Enter: | - | 1 | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - | | |
| | against amounts due or received from them.) | | l | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | l | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 1 | 1 | |
| 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. | 100 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the approximation is lineared to increase the state of th | | | |
| С | Enter the amount of recovery at head | - | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tay year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14a | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 140 | | ********** |
| | evenes perpeture permetal desire the const | 15 | ŀ | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 10 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| | - your and a series and an area and an area and are area and are area. | 1.0 | | |

47-0700215 Form 990 (2019) Crossroads 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X Other officers or key employees of the organization 15b 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 arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

702 W 14th St

State the name, address, and telephone number of the person who possesses the organization's books and records

402-462-6460

NE 68901

Al Goetz

Hastings

20

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

| (A) Name and title Average hours per week (list any hours for | | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | ie an e) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|---|---|--|-----------------------|---------|--------------|------------------------------|----------------|--|--|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (1. 2 /000 miles) | (11 2 1000 miles) | related organizations |
| (1) Gene Boner | | | <u> </u> | | | | | | | |
| Member | 0.00 | x | | | | | | o | 0 | 0 |
| (2) Gayle Bonnes | | | | | | | | | | |
| Vice President | 0.00 | v | | v | | | | | | |
| (3) James Carson | 0.00 | X | | X | | | | 0 | 0 | 0 |
| Treasurer | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (4) Brian Levander | | | | | | | | | | |
| President | 0.00 | х | | x | | | | 0 | 0 | 0 |
| (5) Craig Ostermeye | + | | | -12 | | | | <u> </u> | | <u> </u> |
| Member | 0.00 | x | | | | | | 0 | 0 | 0 |
| (6) Dustin Stuehren | erg | | | | | | | | | |
| Secretary | 0.00 | х | | х | | | | 0 | 0 | 0 |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | | | | | | | | |
| (9) | | | | | | | | | The state of the s | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | | - | *************************************** | | |
| | | | | | | | | | | |

| Pai | t VII Section A. Officers (A) | s, Directors, Tru (B) | ıstee | s, K | | mp c) | loyee | s, ai | nd Highest Compensated (D) | Employees (continued) | | (F) | |
|----------------|---|---|--|-----------------------|---|---------------|--|----------------------------------|--|---|--|---------------------------------|--|
| Name and title | | Average hours per week | Position (do not check more than or box, unless person is both officer and a director/truste | | | | is both | Reportable compensation from the | | Reportable compensation from related | Estimated amount of other compensation | | |
| | | (list any nours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | organ | om the ization a organiza | |
| , | | | | | | | | | | | | ******************************* | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | when his half on a resonance to the same | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| C | Subtotal Total from continuation shed Total (add lines 1b and 1c) | | Secti | on A | ١ | | | > > > | | | | | |
| 2 | Total number of individuals (in reportable compensation from | cluding but not li | imite | d to | *************************************** | ~~~~ | ted a | bove |) who received more than | \$100,000 of | | | |
| | Did the organization list any fo | | | | | | | | | | Γ. | | es No X |
| 1 | employee on line 1a? If "Yes,' For any individual listed on line organization and related orgar individual | e 1a, is the sum nizations greater | of re than | porta \$15 | able 0,00 | com 0? // | pens f "Yes | ations," cc | and other compensation omplete Schedule J for such | from the ch | | | X |
| 5 | Did any person listed on line 1 for services rendered to the or | a receive or acc | rue c | omp | ensa | atior | from | n any | unrelated organization or | individual | | i | X |
| | on B. Independent Contracto Complete this table for your fiv | ······································ | ensa | ted i | ndep | end | ent o | ontra | actors that received more t | han \$100,000 of | | terminate and a section of | *************************************** |
| | compensation from the organi | zation. Report co (A) business address | ompe | ensa | tion 1 | for th | ne ca | lenda | ar year ending with or with | in the organization's tax yea (B) ion of services | ır. | Compo | c) nsation |
| | Inquie and | onsiliess addiess | | | | | | | Без апр | out or services | | COMP | 1153EQH |
| | | | | | | | | | | | | | |
| | | | | - | nya ja nkan | | Application of the state of the | | | | | | Sphagarad Agri (100) Add Stadiovalesh agrifu |
| | | | | | | | The second secon | | | | | | |
| 2 | Total number of independent or received more than \$100,000 | contractors (inclu of compensation | iding fron | but the | not l orga | ımite aniz | ed to ation | those | e listed above) who | 0 | | Form 9 | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt function revenue (C) Unrelated (D) Revenue excluded business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,488,742 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f. 1,488,742 Business Code Program Service Revenue Client Rental Reimbursements 762,615 762,615 Thrift Store Receipts 214,545 214,545 f All other program service revenue g Total. Add lines 2a-2f 977,160 • 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (ii) Other sales of assets 200,000 7a other than inventory b Less: cost or other basis and sales exps. 7b 52,478 c Gain or (loss) 7c 147,522 d Net gain or (loss) 147,522 147,522 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 11a 18,172 Miscellaneous Income 18,172 Just For Ladies b 446199 12,966 12,966 d All other revenue 31,138 12 Total revenue. See instructions . 2,644,562 147,522 12,966 995,332

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 (C) Management and general expenses (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 732,387 674,306 58,081 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,367 7,698 669 Other employee benefits 70,760 65,099 5,661 Payroll taxes Fees for services (nonemployees): a Management b Legal 12,837 13,057 220 c Accounting d Lobbying 130,223 130,223 Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,708 2,708 (A) amount, list line 11g expenses on Schedule O.) 4,361 Advertising and promotion 4,361 12 44,625 44,625 Office expenses 13 37,753 7,134 30,619 14 Information technology 15 Royalties 303,755 332,574 28,819 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 84,377 14,890 99,267 20 Payments to affiliates 21 180,122 180,122 22 Depreciation, depletion, and amortization 77,139 77,139 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 163,948 163,948 Other Program Costs 39,956 39,956 Vehicle Expenses 25,057 22,551 2,506 Dues & Subscriptions 7,503 7,503 Bank & Credit Card Charge e All other expenses 1,701,484 138,100 130,223 1,969,807 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) Form 990 (2019)

Part X Balance Sheet

| Name and Administrative Name a | nyaqinjasimitya, yanojas ji | Check if Schedule O contains a response or note | to any lir | ne in this Part X | | | |
|--|---|--|------------|-------------------|---|--|--------------------|
| | | | | | (A) Beginning of year | Practical designation of the same of the s | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 190,458 | 1 | 489,924 |
| | 2 | | | | 4,242 | | 153,798 |
| | 3 | Pledges and grants receivable, net | | | 109,750 | 3 | 96,833 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or former | officer, d | irector, | | | |
| | | trustee, key employee, creator or founder, substantial co | ontributor | r, or 35% | | | |
| | | controlled entity or family member of any of these person | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | | | | | |
| Ø | | under section 4958(f)(1)), and persons described in sect | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | ````` | | 7 | |
| Ř | 8 | Inventories for sale or use | | | · · · · · · · · · · · · · · · · · · · | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 7,616 | | |
| | 10a Land, buildings, and equipment: cost or other | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 7,351,776 | | | |
| | ь | Less: accumulated depreciation | 10b | 1,498,874 | 5,764,391 | 100 | 5,852,902 |
| | 11 | Investments—publicly traded securities | | | 11 | 3,003,302 | |
| | 12 | Investments other convities Cas Bort IV line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33 | 3) | | 6,076,457 | 16 | 6,593,457 |
| | 17 | A service and serv | | | 110,639 | 17 | 88,285 |
| | 18 | Grante novebla | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of | f Schedu | le D | | 21 | |
| g | 22 | Loans and other payables to any current or former office | | | *************************************** | -: + | |
| Liabilities | | trustee, key employee, creator or founder, substantial co | | | | | |
| abi | | controlled entity or family member of any of these persor | | | | 22 | |
| ב | 23 | Secured mortgages and notes payable to unrelated third | parties | | 2,034,911 | 23 | 1,920,665 |
| | 24 | Unsecured notes and loans payable to unrelated third pa | rties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to | related | third | | | |
| | | parties, and other liabilities not included on lines 17-24). | | | | | |
| | | of Schedule D | • | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,145,550 | 26 | 2,008,950 |
| | | Organizations that follow FASB ASC 958, check here | ► X | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 3,709,969 | 27 | 4,264,458 |
| Bal | 28 | Net assets with donor restrictions | | į į | 220,938 | | 320,049 |
| 5 | | Organizations that do not follow FASB ASC 958, chec | | | | | |
| J. | | and complete lines 29 through 33. | | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| iets | | Paid-in or capital surplus, or land, building, or equipment | fund | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or | other fu | nds | | 31 | |
| Net Assets or Fund Balan | | Total net assets or fund balances | | | 3,930,907 | 32 | 4,584,507 |
| 4 | 33 | Total liabilities and net assets/fund balances | | | 6,076,457 | 33 | 6,593,457 |
| | | | | | | | E 990 (2010) |

Form **990** (2019)

| orn | 990 (2019) Crossroads Center Inc. | 47-0700215 | | | Pa | ge 12 |
|-----|--|-------------------------------------|--------|-----|---------------|-----------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any | ine in this Part XI | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | 2,6 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 1,9 | 69, | 807 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 3 | 6 | 74, | <u> 755</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 3 | 2, column (A)) | 4 | 3,9 | 30, | 907 |
| 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 | | | 9 | - : | 21, | 155 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (mu | | | | | |
| | 32, column (B)) | | 10 | 4,5 | 84, | 507 |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any l | ine in this Part XII | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X A | ccrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or cl | necked "Other," explain in | | - | | |
| | Schedule O. | • | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an ir | dependent accountant? | | 2a | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | [| and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent ac | • | | 2b | | Х |
| _ | If "Yes," check a box below to indicate whether the financial statements for | | | | | |
| | separate basis, consolidated basis, or both: | • | | | | |
| | | and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assur | mes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of | an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection proces | | | | | |
| | Schedule O. | | | | | |
| За | As a result of a federal award, was the organization required to undergo an | audit or audits as set forth in the | | | | |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization | | ****** | | | |
| | required audit or audits, explain why on Schedule O and describe any step | | | 3b | | |
| | | | | For | m 99 (|) (2019) |

SCHEDULE A (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization Employer identification number Crossroads Center Inc. 47-0700215 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2019 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| MANAGEMENT LANGE OF | tion A. Public Support | - | | | ************************************** | | |
|---|--|------------------------|---------------------|-----------|---|------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,135,876 | 1,393,388 | 1,776,364 | 1,076,345 | 1,488,742 | 6,870,71 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,135,876 | 1,393,388 | 1,776,364 | 1,076,345 | 1,488,742 | 6,870,715 |
| 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) | | | | | | 6,870,715 |
| <u>6</u> | Public support. Subtract line 5 from line 4 | | | | | 1 | 0,870,713 |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 1,135,876 | 1,393,388 | 1,776,364 | 1,076,345 | 1,488,742 | 6,870,715 |
| 8 | Gross income from interest, dividends, payments received on securities loans, | 1,133,070 | 1,333,333 | | | | 0,0,0,7,2 |
| | rents, royalties, and income from similar sources | 22,556 | 53,900 | 26,821 | 81 | | 103,358 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 14,722 | 44,781 | 21,185 | 1,417 | 3,953 | 86,058 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 163,745 | 178,569 | 263,180 | 624,312 | 977,160 | 2,206,966 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9,267,097 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first, | | | | | |
| *************************************** | organization, check this box and stop her | e | <u> </u> | | | | <u> </u> |
| Sec | tion C. Computation of Public Sเ | | | | | | |
| 14 | Public support percentage for 2019 (line 6 | , column (f) divided | by line 11, column | (f)) | | 14 | 74.14% |
| 15 | Public support percentage from 2018 Sch | edule A, Part II, line | 14 | | | 15 | 82.58% |
| 16a | 33 1/3% support test—2019. If the organ | | | | | | . 150 |
| | box and stop here. The organization qual | ifies as a publicly su | ipported organizati | on | | | > X |
| b | 33 1/3% support test—2018. If the organ | | | | is 33 1/3% or mo | ore, check | |
| | this box and stop here . The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test-201 | | | | | | |
| | 10% or more, and if the organization meet | | | | | | |
| | Part VI how the organization meets the "fa organization | | | | *************************************** | ****** | |
| b | 10%-facts-and-circumstances test-201 | - | | | | lline | |
| | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part VI how the organization me | | | | | | junto |
| 40 | supported organization | | | | , | | P L |
| 18 | Private foundation. If the organization did | | | | | | ⊾ □ |
| | instructions | | | | | | |

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.)

| Se | ction A. Public Support | | | | | , | |
|------|--|------------------------|---|--------------------------------|---------------------|----------|-------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 performed, 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 business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | *************************************** | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | <u> </u> | <u> </u> | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | 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 first | second third for | urth or fifth tax ves | ar as a section 501 | /c)(3) | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | | age | ****************************** | | | ···· |
| 15 | Public support percentage for 2019 (line 8, | | | n (f)) | | 15 | % |
| 16 | Public support percentage from 2018 Sche | edule A. Part III. lin | e 15 | | | 16 | |
| | tion D. Computation of Investme | nt Income Per | centage | | | 10 | |
| 17 | Investment income percentage for 2019 (li | | | Column (f)) | | 17 | 0/ |
| 18 | Investment income percentage from 2018 | | U line 17 | • | | 40 | <u>%</u> |
| 19a | 33 1/3% support tests—2019. If the organ | | | 14 and line 4F is | | | % |
| . u | 17 is not more than 33 1/3%, check this bo | | | | | | . |
| b | 33 1/3% support tests—2018. If the organ | | | | | | , , , > |
| - | line 18 is not more than 33 1/3%, check this | | | | | | . |
| 20 | Private foundation. If the organization did | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 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 Sup | porting | Organi | zations |
|------------|---------|---------|--------|---------|

- 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.
- 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.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----|--------|-----------|---|
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | _ | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | 3с | | |
| : | 4a | | |
| | -14 | | |
| | 4b | | |
| | -12 | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | _ | | |
| | 5a | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | | | |
| | 6 | | |
| | _ | | |
| | 7 | | *************************************** |
| | 8 | | |
| | | | |
| | 9a | | |
| | 9b | | |
| | | | |
| | 9c | | |
| | | | |
| | 10a | | |
| | 10b | | |
| (Fo | orm 99 | 0 or 990- | EZ) 2019 |

| - | lule A (Form 990 or 990-EZ) 2019 Crossroads Center Inc. | 47-0700215 | | Page 5 |
|---------------|--|----------------------------|-------------|--|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | on the state of th |
| а | , | | | |
| | below, the governing body of a supported organization? | 11a | | - |
| | A family member of a person described in (a) above? | 11b | | |
| Sect | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part ion B. Type I Supporting Organizations | <i>VI.</i> 11c | Ĺ | <u> </u> |
| 000 | ion D. Type roupporting organizations | | V | T No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | Yes | No |
| • | 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 | | ı | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | ı | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | i | - |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | ı | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | L |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | 110 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | L |
| ************* | | | 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 | r 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? | | - | |
| 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 ha | ow . | | |
| | 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 | | |
| Secti | on 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. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government | entity (see instructions). | | |
| | | ٢ | | |
| | 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 | 7 | | |
| | 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 | | |
| þ | 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. <i>Answer (a) and (b) below.</i> | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| i. | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | ****** |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each fit a supported are principles 2. If IV can be described in Part VIII to such a support of the suppo | ! ! | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 35 | Į | |

| Schedule A (Form 990 or 990-EZ) 2019 Crossroads Center Inc. | | 47-0700 |)215 Page 6 |
|--|----------------------------|---|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng <mark>Organizati</mark> | ons | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying true | ust on Nov. 20, 19 | 970 (explain in Part VI). | See |
| instructions. All other Type III non-functionally integrated supporting organiza | tions must compl | ete Sections A through E | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in 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 | | |
| Section 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-functionally int | egrated Type III s | supporting organization (| see |
| instructions). | - | - | |

| | tule A (Form 990 or 990-EZ): 2019 | | 47 - 0700 Itions (continued) | 213 P: | | |
|-------|---|---|--|---|--|--|
| Sec | tion D - Distributions | | , and the tenth of | Current Year | | |
| | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt p | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purp | oses of supported | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | supported organizations | | | | |
| 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 organizations | anization is responsive | | | | |
| | (provide details in Part VI). See instructions. | *************************************** | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | *************************************** | | |
| 10 | Line 8 amount divided by line 9 amount | | | *************************************** | | |
| | . . | (i) | (ii) | (iii) | | |
| | Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable | | |
| | | | Pre-2019 | Amount for 2019 | | |
| 1_ | Distributable amount for 2019 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | acontrol of | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | | |
| • | instructions. | | | *************************************** | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | | |
| ~~~~~ | From 2014 | | | | | |
| | From 2015 | | | | | |
| | From 2016 | | | | | |
| | From 2017 | | | | | |
| | From 2018 | | | | | |
| | Total of lines 3a through e | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| ~~~ | Applied to 2019 distributable amount | | | | | |
| | Carryover from 2014 not applied (see instructions) | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2019 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| ~~~~ | Applied to 2019 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | *************************************** | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | and the same of th | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | 1 | | | | |

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

| Part VI | III, line 12; Par B, lines 1 and 3a, and 3b; Pa | Information. Fit IV, Section A, I 2; Part IV, Section TV, Inc. 1; Part IV, Inc. 1; Part 6. Also complete | lines 1, 2, 3b on C, line 1; V, Section E | xplanations i , 3c, 4b, 4c, Part IV, Seci B, line 1e; Pa | required by Pa 5a, 6, 9a, 9b, tion D, lines 2 rt V, Section D | rt II, line 10; Pa 9c, 11a, 11b, a and 3; Part IV, D, lines 5, 6, ar | and 11c; Part Section E, lind ad 8; and Part | or 17b; Pa IV, Section nes 1c, 2a, | 1 2b, |
|---------|---|---|---|---|--|---|--|--|----------|
| Part I | I, Line 10 |) - Other | Income I | etail | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Miscel | laneous Ot | her | | \$ | 2,206,96 | 56 | | | |
| | | | | | | | | | |
| | | | | *** * | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | , | | | | | | |
| | | | | | | | | | |
| | | * | | | | | | ., ., | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | *** | | | | • • • • • | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | , | | |
| | | | | | | | | | |
| | | | | | | ***. | | | |
| | | | | | | *** | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | . , | • | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |