

November 14, 2022

Crossroads of Michigan 2424 West Grand Blvd Detroit, MI 48208

### Dear Client:

We have prepared your 2021 Exempt Organization return. Please refer to the enclosed filing instructions for specific information regarding this return:

2021 Form 990

Michigan Renewal Solicitation Form

The return(s) were prepared from the information furnished by you. The tax laws provide that the obligation of a preparer is based only on the information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remains your responsibility. Therefore, you should review the return carefully before filing to ensure there are no omissions or misstatements of material facts.

Acceptance and filing of the return is your acknowledgement that this concludes our engagement to prepare the enclosed return.

The return may be selected for review by the tax authorities. We are available upon request to assist you in responding to tax authorities. Please contact us as soon as you receive notice of examination if you wish to employ our services. You must retain the documentation that supports the filed returns.

If you requested to receive your copies electronically, no paper copies will be provided for your records.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Kathleen M. Underhill, CPA Rehmann Robson LLC

Rehmann Lobar LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

December 31, 2021

Prepared For:	
	Crossroads of Michigan 2424 West Grand Blvd Detroit, MI 48208
Prepared By:	
	Rehmann Robson LLC 1500 W Big Beaver Rd, 2nd Flr Troy, MI 48084
Amount Due o	or Refund:
	Not applicable
Make Check P	ayable To:
	Not applicable
Mail Tax Retu	n and Check (if applicable) To:
	Not applicable

### **Return Must be Mailed On or Before:**

Not applicable

# Special Instructions:

We recommend that all mailings to tax authorities be sent using certified mail with a return receipt requested.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

# Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20	

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service

Name of filer EIN or SSN CROSSROADS OF MICHIGAN 38-2539852

**JERRY SUGRUE** Name and title of officer or person subject to tax

CURRENT TREASURER

Part I	Type of Ret	turn and Returr	n Information
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For

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

nan o	ic iii c ii i ait i.		
1a	Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<sub>.</sub> 1ь <u>1,226,923</u>
2a	Form 990-EZ check here >	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	. 3b
4a	Form 990-PF check here >	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	<b>b FMV</b> of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
of entit	y)	, (EIN) and that I hav	e examined a copy of the
:021 e	lectronic return and accompanying sch	nedules and statements, and, to the best of my knowledge and belief, they are tr	ue, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888.353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

					EDO firm nama	,	nter five number
X	I authorize	REHMANN	ROBSON	LLC		to enter my PIN	48208

ERU firm name

numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

anature of officer or person subject to tax

### Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

40428748084

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ <u>REHMANN</u> ROBSON LLC

Date ightharpoonup 11/14/22

### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

### EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

AF	or the	2021 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address	CROSSROADS OF MICHIGAN			
	Name change	Doing business as		38-25398	52
	Initial return	,	Room/suite		
	Final return/ termin-	2424 WEST GRAND BLVD		313-831-	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,259,728.
	_return ☐Applica-	DEIROII, MI 48208		H(a) Is this a group re	
	tion pending	F Name and address of principal officer: JERRY SUGRUE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		npt status: X 501(c)(3)	or 527	<b>⊣</b> ′	list. See instructions
		: ► WWW.CROSSROADSOFMICHIGAN.ORG	1	H(c) Group exemptio	
		rganization: X Corporation  Trust Association  Other ► Summary	<b>L</b> Year	of formation: 1984 N	■ State of legal domicile: MI
ГС		<u> </u>	ADE EC	D ANY DEDCOM	I IN NEED
ė		riefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t CB}$ BY PROVIDING COUNSELING, ADVOCACY AND MAT			
au	_	theck this box  if the organization discontinued its operations or dispos			
/err					14
Governance		lumber of independent voting members of the governing body (Part VI, line 1b)			13
∞ ′°		otal number of individuals employed in calendar year 2021 (Part V, line 1a)			22
iţi		otal number of volunteers (estimate if necessary)			1253
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		let unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	<b>8</b> C	contributions and grants (Part VIII, line 1h)		1,193,872.	1,229,377.
Revenue		rogram service revenue (Part VIII, line 2g)		0.	0.
eve		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,976.	10,368.
ď		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,448.	-12,822.
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,197,400.	1,226,923.
	<b>13</b> G	arants and similar amounts paid (Part IX, column (A), lines 1-3)		52,333.	401,934.
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		474,707.	464,394.
Expenses	<b>16</b> a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b T	otal fundraising expenses (Part IX, column (D), line 25)	0.		
ш	''	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,266.	351,816.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,021,306.	1,218,144.
	<b>19</b> F	levenue less expenses. Subtract line 18 from line 12		176,094.	8,779.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
Sset	20 T	otal assets (Part X, line 16)		2,438,675.	2,508,728.
et A	21 T	otal liabilities (Part X, line 26)		22,012.	43,968. 2,464,760.
Pa	22 N	let assets or fund balances. Subtract line 21 from line 20 Signature Block		2,410,003.	2,404,700.
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the heet of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is
uu,	0011001,	and complete. Declaration of preparer (ether than emech) is based on an information of win	non proparoi	nas any knowledge.	_
Sigr	,	Signature of officer		Date	
Her		JERRY SUGRUE, CURRENT TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid			ERHIL	L1/14/22 if self-employ	P00589677
		Firm's name ▶ REHMANN ROBSON LLC			38-3635706
Use		Firm's address 1500 W BIG BEAVER RD, 2ND FLR			
		TROY, MI 48084		Phone no. 24	8-952-5000
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No

	1990 (2021) CROBBROAD OF HICKORN 30 2337032 Page	<u>;                                    </u>
Pa	rt III Statement of Program Service Accomplishments	<del>.</del>
_		X
1	Briefly describe the organization's mission:  TO CARE FOR ANY PERSON IN NEED BY PROVIDING COUNSELING, ADVOCACY AND	
	MATERIAL ASSISTANCE WHEN POSSIBLE AND APPROPRIATE, AND TO RESPOND TO	_
	OTHER HUMAN NEEDS IN THE COMMUNITY.	_
	OTHER HOLLEY HELDS IN THE COMMONTALLY	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$349,084 • including grants of \$) (Revenue \$)	)
	THE ORGANIZATION PROVIDES LIFE SKILLS COUNSELING AND SOCIAL SERVICE	
	SYSTEM ADVOCACY TO THE NEEDY, UNEMPLOYED, HOMELESS, AND ELDERY. 2,396	
	INDIVIDUALS RECEIVED COUNSELING SERVICES IN 2021. THE ORGANIZATION	
	PROVIDES FUNDS AND GUIDANCE NECESSARY TO SECURE PHOTO IDENTIFICATION	
	AND BIRTH CERTIFICATES TO ENSURE ACCESS TO SOCIAL ASSISTANCE PROGRAMS.	
4b	(Code:) (Expenses \$ 367,471. including grants of \$ 367,471. (Revenue \$	_ )
	THE ORGANIZATION PROVIDES EMERGENCY SUPPLIES AND SERVICES - FOOD,	
	CLOTHING, PRESCRIPTIONS (ON A ONE-TIME BASIS), AND TRANSPORTATION. THE	
	ORGANIZATION OPERATES A FOOD PANTRY. THE ORGANIZATION PROVIDES FUNDS TO	
	TRANSPORT AT RISK FAMILIES FLEEING FROM DOMESTIC VIOLENCE. THE FOOD	
	PANTRY DISTRIBUTED 190,784 LBS OF FOOD TO NEEDY INDIVIDUALS IN 2021.	
		_
4-	(Code:) (Expenses \$ 60 , 439 • including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	_ )
	PROGRAM FOR THE CHRONICALLY UNEMPLOYED AND UNDEREMPLOYED. THE	_
	ORGANIZATION ASSISTS CLIENTS WITH CLOTHING, THE COSTS OF	_
	TRANSPORTATION, FOOD, AND OTHER NECESSARY ITEMS.	_
	TRANSFORTATION, FOOD, AND OTHER NECESSART TIEMS.	_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ 201, 267 • including grants of \$ 34, 463 • ) (Revenue \$ )	
4e	Total program service expenses ▶ 978,261.	

Form **990** (2021)

Form 990 (2021) CROSSROADS OF MICHIGAN

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	ــــــــــــــــــــــــــــــــــــــ		<u></u> -
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		<del></del>
.,	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	<b> </b>		<del>  ^</del>
18		40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

38-2539852

Form 990 (2021) CROSSROADS OF MICHIGAN

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na			
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Х				
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			$\overline{}$			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
		23		х			
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
<b>2</b> 40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
_	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
	Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l			
	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			7.7			
	"Yes," complete Schedule L, Part IV	28c	37	X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<del>                                     </del>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v			
0.4	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x			
20	Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х			
35.2	Did the appropriation have a controlled antihological the appropriate of control 540/hV40V4	35a		X			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ <del></del>			
~	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?						
	If "Yes," complete Schedule R, Part V, line 2	36		х			
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		Х			
38							
	Note: All Form 990 filers are required to complete Schedule O	38	X				
Par							
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X				

132004 12-09-21

CROSSROADS OF MICHIGAN 38-2539852 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

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.

800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					X
Sec	tion A. Governing Body and Management				Τ.,	·
		۱.	1.	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		╡		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	싀		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?	-	=	8a	х	
b				8b	X	$\vdash$
				OD	122	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Soc	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Τ.,	Γ
	5				Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	+	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	'es," d	escribe			
	on Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	77	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			IOD		
17 10	List the states with which a copy of this Form 990 is required to be filed MI  Section 6104 requires an exemplation to make its Forms 1023 (1034 or 1034 A. if applicable), 900, or	24 000	T (000tion F01/-)/0	ا محاد ا	l over!!	ble
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıu 990	- i (section 501(c)(3	is only	avalla	ule
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	ot interest policy, ar	id finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	CHARLES ZALUD - 313-831-2787					
	2424 WEST GRAND BLVD., DETROIT, MI 48208					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than of the structure o	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NICOLE WATTERS-HARRIS EXECUTIVE DIRECTOR THRU 08/2021	40.00	Х		Х				86,086.	0.	16,603.
(2) MARY MCLAREN HONSEL	40.00	^		^				00,000.	0.	10,003.
INTERIM EXEC DIRECTOR AS OF 09/2021	40.00	Х		X				28,410.	0.	0.
(3) SHAUN LOWERY	40.00							1	-	
ASSOCIATE DIRECTOR AS OF 10/2021				Х				10,242.	0.	1,005.
(4) TED HAGAN PRESIDENT	1.00	x		x				0.	0.	0.
(5) DAVID VERMIGLIO	1.00	^		^		$\vdash$		0.	0.	0.
VICE PRESIDENT	1.00	х		x				0.	0.	0.
(6) KIMBERLY KERSTEN	1.00								•	
SECRETARY		Х		х				0.	0.	0.
(7) CHARLIE ZALUD	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) BOB BEVERWYK	1.00	<b>.</b>							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(9) MATTHEW MORGAN TRUSTEE	1.00	х						0.	0.	0.
(10) DR. CARLY CASSLEMAN	1.00							•	•	
TRUSTEE		х						0.	0.	0.
(11) FR. BILL DANAHER	1.00									
TRUSTEE		Х						0.	0.	0.
(12) WENDY ELLIS	1.00							_		_
TRUSTEE		Х				_		0.	0.	0.
(13) KAJON FRANKLIN	1.00	ļ								
TRUSTEE	1	Х				_		0.	0.	0.
(14) CASIE OCANA	1.00	٠,,							•	_
TRUSTEE (15) POGG WOGEN	1 00	Х	-	-		-		0.	0.	0.
(15) ROSS KOGEL	1.00	₩.						0.	^	_
TRUSTEE (16) CORDELIA ZIRALDO	1.00	Х				$\vdash$		0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
		† <del></del>							3.	•
		1								

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	(A)	(B)			(0		,		ompensated Employee (D)	(E)		(F)	
	Name and title	Average hours per week	box	not c	Posi heck r ss per id a di	ition more son is	than o	an	Reportable compensation from	Reportable compensation from related		Estimate amount other	of
		(list any hours for related organizations	Individual trustee or director	institutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	,	ompensa from th organizat and relat	e tion
		below line)	Individua	Institutio	Officer	Key employee	Highest ( employe	Former			0	rganizati	ons
	Subtotal								124,738.			17,6	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)							<b>&gt;</b>	124,738.	0	+	17,6	0. 08.
2	Total number of individuals (including but compensation from the organization							o re		000 of reportable		•	0
													_
3	Did the organization list any former officer			кеу є	empl	oye	ə, or	hig	hest compensated emp	oyee on		Yes	No
3	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	such individual um of reportabl	 e cc	mpe	ensa	tion	and	oth	er compensation from the	ne organization	3		No X
	line 1a? If "Yes," complete Schedule J for	such individual um of reportabl 0,000? If "Yes,	e co	mple	ensate	tion Sche	and and	oth	er compensation from the such individual	ne organization	. 4		No
4	line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," control	such individual um of reportabl 0,000? If "Yes, accrue comper	e co " co nsati	ompe omple on fr	ensate S	tion Sche any	and dule	oth J fe	ner compensation from the compensation from the compensation from the compensation or individual compensation in the compensation in the compensation from the	ne organization			No X
4 5	line 1a? If "Yes," complete Schedule J for some some some some some some some some	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule	e co " co nsati e J f	ompe omple on fr or su	ensate Some	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the compensation from the compensation or individual compensation or individual compensation or individual compensation or individual compensation from the compensation of the compensa	ne organization dual for services	. 5		No X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule ompensated ince	e co " co nsati e J f	ompe omple on fr or su	ensate sete sete sete sete sete sete sete	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the compensation from the compensation or individual compensation or individual compensation or individual compensation or individual compensation from the compensation of the compensa	ne organization dual for services 100,000 of comperear.	. 4		X X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors.  (A)	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule ompensated ince	e co " co nsati e J f	ompe omple on fr or su ender	ensate sete sete sete sete sete sete sete	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the or such individualed organization or individual at received more than \$ the organization's tax y	ne organization dual for services 100,000 of comperear.	. 4	from	X X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors.  (A)	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule ompensated ince	e co " co nsati e J f	ompe omple on fr or su ender	ensate sete sete sete sete sete sete sete	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the or such individualed organization or individual at received more than \$ the organization's tax y	ne organization dual for services 100,000 of comperear.	. 4	from	X X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors.  (A)	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule ompensated ince	e co " co nsati e J f	ompe omple on fr or su ender	ensate sete sete sete sete sete sete sete	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the or such individualed organization or individual at received more than \$ the organization's tax y	ne organization dual for services 100,000 of comperear.	. 4	from	X X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors.  (A)	such individual um of reportabl 0,000? If "Yes, accrue comper mplete Schedule ompensated ince	e co " co nsati e J f	ompe omple on fr or su ender	ensate sete sete sete sete sete sete sete	tion Sche any perso	and edule unre on	oth J fo	ner compensation from the or such individualed organization or individual at received more than \$ the organization's tax y	ne organization dual for services 100,000 of comperear.	. 4	from	X X X
4 5 Sec	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors.  (A)	such individual um of reportable io,000? If "Yes, accrue comperentable Schedule compensated incente calendar years address	le consati	ompe on fire sure and the sure	ensate sete sete sete sete sete sete sete	ontra ith o	and dule unrecon actor with	oth J for	er compensation from the compensation or individual and organization or individual at received more than the organization's tax y (B)  Description of s	ne organization dual for services 100,000 of comperear. ervices	. 4	from	X X X

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			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Gricok ii Gerieddie G Goritains a response	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts its	1	а	Federated campaigns 1a					
irar		b	Membership dues 1b					
E, G		С	Fundraising events1c	6,167.				
ifts			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	31,416.				
Sir			All other contributions, gifts, grants, and	<u> </u>				
Ę Ę		١		191,794.				
들 된					-			
d t		_	Noncash contributions included in lines 1a-1f 1g \$	390,128.	1 000 000			
<u>8</u> 0		h	Total. Add lines 1a-1f	<b>)</b>	1,229,377.			
				<b>Business Code</b>				
ø	2	а						
, ķ		b						
še		c						
m S		_						
ar Re		d						
Program Service Revenue		е						
Δ.			All other program service revenue	•				
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-	est, and				
			other similar amounts)	<b>&gt;</b>	7,982.			7,982.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
	·		(i) Real	(ii) Personal				
	6	_		(.,,	-			
			Gross rents 6a		-			
			Less: rental expenses 6b		-			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<b>)</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 4,611.					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses 7b 2,225.					
ığ		_	Gain or (loss) 7c 2,386.					
Revenue			. ,		2,386.			2,386.
			Net gain or (loss)	<b>P</b>	2,300.			2,300.
ther	8	а	Gross income from fundraising events (not					
ð			including \$ 6 , 167 . of					
			contributions reported on line 1c). See					
			Part IV, line 18	17,758.				
		b	Less: direct expenses 8t	30,580.				
		С	Net income or (loss) from fundraising events	<b>•</b>	-12,822.			-12,822.
			Gross income from gaming activities. See					
	•	_	Part IV, line 19	J				
		h	Less: direct expenses 9t					
				<u>'I</u>				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory					
				Business Code				
ns	11	а						
Jec We	••	a b				1		
Miscellaneous Revenue					+	1		
Sce		C	All all and an area					
Ξ̈́			All other revenue		1			
		е	Total. Add lines 11a-11d		1 005 000		_	0 4= 4
	12		Total revenue. See instructions	<u></u>	1,226,923.	0.	0.	-2,454.

CROSSROADS OF MICHIGAN 38-2539852 Page **10** Form 990 (2021) 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 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 Grants and other assistance to domestic 401,934. 401,934. individuals. See Part IV, line 22 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 ..... Compensation of current officers, directors, 106,204. 142,346. 36,142. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 253,684. 201,493. 52,191. Other salaries and wages 7 Pension plan accruals and contributions (include 2,514. 1,661. 853. section 401(k) and 403(b) employer contributions) 35<u>,</u>265. 26,863. 8,402. Other employee benefits 9 30,585. 24,366. 6,219. 10 Payroll taxes Fees for services (nonemployees): Management Legal 52,658. 52,658. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 40,762. 17,610. 23,152. Office expenses 13 Information technology 14 15 Royalties 15,771. 78,909. 63,138. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19

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20

21

22

23

24

25

54,009.

14,053.

83,151.

25,366.

1,440.

1,124.

1,218,144.

344.

SOUP KITCHEN **MISCELLANEOUS** 

All other expenses

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

CHURCH COLLABORATION

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.

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

ST. MARTIN'S VISION

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.)

46,294.

83,151.

2,639.

1,440.

1,124.

978,261.

344.

7,715.

14,053.

22,727.

239,883.

0.

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Part X | Balance Sheet

<u>Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			634,941.	1	705,684.
	2	Savings and temporary cash investments			201,383.	2	201,400.
	3	Pledges and grants receivable, net	2,740.	3	0.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of the	nese persoi	ns		5	
its	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			20,330.	9	21,814.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,894,163.			
	b	Less: accumulated depreciation	. 10b	806,874.	1,133,606.	10c	1,087,289.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			85,225.	12	92,484.
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		262 452	14	400 055	
	15	Other assets. See Part IV, line 11	360,450.	15	400,057		
	16	Total assets. Add lines 1 through 15 (must ed			2,438,675.	16	2,508,728.
	17	Accounts payable and accrued expenses			22,012.	17	43,968.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub		·		00	
Lia		controlled entity or family member of any of the	-	· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrule				23 24	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir					
		- Co-le - de la D				25	
	26	Total liabilities. Add lines 17 through 25		·····	22,012.	26	43,968.
		Organizations that follow FASB ASC 958, c	heck here	► X			
es		and complete lines 27, 28, 32, and 33.					
anc.	27				2,279,175.	27	2,320,143.
Bak	28				137,488.	28	2,320,143. 144,617.
J pc		Organizations that do not follow FASB ASC			·		•
Fu		and complete lines 29 through 33.	<b>,</b>				
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,416,663.	32	2,464,760.
_	33	Total liabilities and net assets/fund balances			2,438,675.	33	2,508,728.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,21		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7'	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,41		
5	Net unrealized gains (losses) on investments	5	3	9,3	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,46	4,7	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2021)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization CROSSROADS OF MICHIGAN 38-2539852 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		• •			• •	
	membership fees received. (Do not						
	include any "unusual grants.")	1299895.	1266418.	1367832.	1193872.	1229377.	6357394.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	100000	1066110	106500	1100000	100000	
	Total. Add lines 1 through 3	1299895.	1266418.	1367832.	1193872.	1229377.	6357394.
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,						000 504
	column (f)						993,594.
	Public support. Subtract line 5 from line 4.						5363800.
	ndar year (or fiscal year beginning in)	(a) 2017 1299895.	(b) 2018 1266418.	(c) 2019 1367832.	(d) 2020 1193872.	(e) 2021 1229377.	(f) Total 6357394.
	Amounts from line 4	1499090.	1200410.	130/032.	1193072.	1449377.	033/394.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	6,569.	7,843.	8,973.	11,191.	7,982.	42,558.
_	and income from similar sources	0,309.	7,045.	0,313.	11,191.	1,302.	42,330.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	18,715.	18,481.	85,990.			123,186.
44	assets (Explain in Part VI.)	10,713.	10,401.	03,330.			6523138.
		oto (ooo inotruotio	no)			12	0323130.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax v		1	
10	organization, check this box and stor						
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li	• • • • • • • • • • • • • • • • • • • •		column (f))		14	82.23 %
	Public support percentage from 2020					15	84.57 %
	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not d	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	75		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	9с		
	30		
	10a		
	10b		
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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	or to oupport ou organization or it. TES DESCRIPE III I MILLINE FOR DIAVECTOVITIE OF CAMIZATION IN THIS FEDAM	, 55		

rai	t v   Type iii Noii-Fuilctionally liftegrated 303(a)(3) Support	nig Organ	nzauons	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MCGREGOR FUND	365,000.	234,537.
THOMPSON FOUNDATION	799,000.	668,537.
ROBERT & CATHERINE ANTHONY	186,079.	55,616.
DTE ENERGY FOUNDATION	165,367.	34,904.
_		
Total Excess Contributions to Schedule A, Part II, Line 5		993,594.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

CROSSROADS OF MICHIGAN 38-2539852 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# CROSSROADS OF MICHIGAN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FORGOTTEN HARVEST  21800 GREENFIELD ROAD  OAK PARK, MI 48237	\$141,892.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PANERA  3630 SOUTH GEYER ROAD  SUNSET HILLS, MO 63127	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT AND CATHERINE ANTHONY 49909 JONATHAN CT. NORTHVILLE, MI 48167	\$\$55,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HELEN L KAY CHARITABLE TRUST  101 N MAIN ST. ,STE 100  ANN ARBOR, MI 48104	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARLES AND YOLANDA TURNER  266 LEWISTON  GROSSE POINTE FARMS, MI 48236	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AMERISURE CHARITABLE FOUNDATION  26777 HALSTED RD  FARMINGTON HILLS, MI 48331	\$\$	Person X Payroll

Name of organization

Employer identification number

# CROSSROADS OF MICHIGAN

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRIST CHURCH GROSSE POINTE  61 GROSSE POINTE BLVD  GROSSE POINTE FARMS, MI 48236	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GROSSE POINTE MEMORIAL CHURCH  16 LAKESHORE DR  GROSSE POINTE FARMS, MI 48236	\$\$14,383.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ST. JOHN'S EPISCOPAL CHURCH  574 SOUTH SHELDON RD  PLYMOUTH, MI 48170	\$5,000 <b>.</b>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MR. AND MRS. JOSPEH MALLOURE  47629 BLUE HERON CT  NORTHVILLE, MI 48168	\$\$,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	ELIZABETH ALLEN AND WARREN SHELDEN FUND  17152 KERCHEVAL AVE  GROSSE POINTE, MI 48230	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452 11-1	VILLAGE CLUB FOUNDATION  190 EAST LONG LAKE RD  BLOOMFIELD HILLS, MI 48304	\$\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# CROSSROADS OF MICHIGAN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PETER SWIECICKI & SUSAN WARD  17 ROTMISTRZOWSKA  POLAND 02951	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	NANCY L. CAMPBELL TTEE  23013 WESTCHESTER BLVD. C 316  PORT CHARLOTTE, FL 33980	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JAMES MULLIGAN  151 SOUTH OLD WOODWARD AVE SUITE 200  BIRMINGHAM, MI 48009	\$ 15,975.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4  IHM SISTERS  610 WEST ELM AVENUE  MONROE, MI 48162	Total contributions  \$ 5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	COMERICA BANK 1717 MAIN STREET COMERICA BANK TOWER MC 6578  DALLAS, TX 75201	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	CHARLES STEWART MOTT FOUNDATION  503 S. SAGINAW ST., SUITE 1200  FLINT, MI 48502	\$	Person X Payroll

Name of organization Employer identification number

# CROSSROADS OF MICHIGAN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ST. MARY STUDENT PARISH  331 THOMPSON STREET  ANN ARBOR, MI 48104	\$6,472.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	BENEVITY FUND		Person X Payroll
	611 MEREDITH ROAD NE #700  CALGARY AB, T2E 2W5, CANADA	\$5,893.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE CIAO FUND  315 2ND STREET, APT. 417  ANN ARBOR, MI 48130	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	TOWNE MORTGAGE COMPANY  2170 E BIG BEAVER ROAD SUITE A  TROY, MI 48083	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	MR. & MRS. WILMOT & WANDA WHEELER  467 HIGHWAY 36  CHELSEA, AL 35043	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	LOTTE WINER  6517 PLEASANT LAKE COURT	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	WEST BLOOMFIELD, MI 48322	1	Cabadala P. (Farm 000) (0004)

Name of organization Employer identification number

# CROSSROADS OF MICHIGAN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	EFS NATIONAL BOARD  701 NORTH FAIRFAX STREET  ALEXANDRIA, VA 22314	\$31,416.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# CROSSROADS OF MICHIGAN

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD	-	
		\$\$	12/31/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$ 20,848.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -   \$	
123/153 11-11		· I · —	Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** CROSSROADS OF MICHIGAN 38-2539852 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CROSSROADS OF MICHIGAN

**Employer identification number** 38-2539852

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			<b>L</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		gani, provide
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	rt III   Organizations Maintaining C	collections of Art	t, Historical Tre	asures, or	Other :	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograi	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	how they further th	e organizatior	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of		•	•				_	_	_
	to be sold to raise funds rather than to be m							Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organization	n answered "\	res" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	i								
1a	Is the organization an agent, trustee, custod							٦		٦
	on Form 990, Part X?						L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A 122 0 1 122		
	Destruction below as					1		Amoun		
C	0 0					1c				
a	Additions during the year					1d				
e •	Distributions during the year					1e 1f				
f	Ending balance  Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII				•			_		
_	rt V Endowment Funds. Complete									
	Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	120,225.	116,093.		,745.		02,393.	( )		145.
b	Contributions	,	,		,		,			
c	Net investment earnings, gains, and losses	10,045.	4,132.	12	,348.		1,352.		4,	248.
d	Grants or scholarships		·		,					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	130,270.	120,225.	116	,093.	1	03,745.		102,	,393.
2	Provide the estimated percentage of the cur		e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	26.8670	_%							
b	Permanent endowment ► 44.3260	%								
С	Term endowment ▶ 28.8060	_%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	d administere	d for the	organiza	tion	r		
	by:								Yes	
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organization							3b		
4 Dar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment funds.							
ı aı	Complete if the organization answere		Part IV line 11a S	00 Form 000	Dart Y lir	na 10				
			1	<del>- i</del>				(d) Daa		
	Description of property	(a) Cost or o basis (investn	` '	I	` '	cumulate eciation	a	( <b>d</b> ) Boo	k valu	е
10	Land	<u> </u>		2,349.	ч	Colution		5.	2 3	49.
_	Land			7,772.	5	19,74	13.			29.
b	Buildings Leasehold improvements			0,705.		$\frac{10, 7}{21, 9}$				08.
				3,337.		65,13				03.
	Other			-,,-		, <del>- \</del>		`	-, <u>-</u>	- <del></del>
	I. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1					1,08	7.2	89.
. otal	, taa iirioo ta tiiroogii to. (Columii (d) must e	quai ruiiii 990, Fall	<u>n, colultili (D), IIIIE 1(</u>	<i></i>			<u> </u>	_ ,	. , -	<del></del>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CROSSROADS Part VII Investments - Other Securities.	OF MICHIGAN	38	-2539852 Page 3
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) BENEFICIAL INTEREST HELD	BY COMMUNITY	FOUNDATION	25,000
(2) HOPE WHITTEN TRUST INVEST	MENT		375,057
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	400,057
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)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8) (9)

Sche	dule D (Form 990) 2021 CROSSROADS OF MICHIGAN				2539852 <sub>Page</sub>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Witl	n Revenue per Re	turn.	
	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	1,271,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	39,318.		
b	Donated services and use of facilities	2b	39,318. 5,600.		
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	44,918
3	Subtract line <b>2e</b> from line <b>1</b>			3	44,918 1,226,923
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,226,923
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,223,744
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
а	Donated services and use of facilities	2a	5,600.		
b	Prior year adjustments	2b	, , , , , , , , , , , , , , , , , , , ,		
c	Other losses	2c			
d					
	Add lines 2a through 2d			2e	5,600
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,218,144
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a		4a			
	Other (Describe in Part XIII.)	4b		•	
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,218,144
	rt XIII Supplemental Information.				, , ,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1	b and 2b: Part V. line 4	: Part )	C. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			,	·, ····- —, · · ····,
	a.a.a. i.e, a.a.a. i.e.a.a. i.e.a.a. i.e.a. i.e.				
PAF	RT V, LINE 4:				
	·				
INC	COME FROM THE ENDOWMENT FUNDS ARE USED TO SU	UPPOI	RT THE ORGAN	IZA	rion's
OPI	ERATIONS.				
PAF	RT X, LINE 2:				
THE	E ORGANIZATION HAS EVALUATED ITS INCOME TAX	FIL	ING POSITION	SF	OR FISCAL
YE	ARS 2018 THROUGH 2021, THE YEARS THAT REMAIN	N SUI	BJECT TO EXA	MINZ	ATION AS
OF	DECEMBER 31, 2021. THE ORGANIZATION CONCLU	DED !	THAT THERE A	RE I	NO
				<u> </u>	
SIC	SNIFICANT UNCERTAIN TAX POSITIONS REQUIRING	REC	OGNITION IN	THE	
ORC	GANIZATION'S FINANCIAL STATEMENTS. THE ORGA	NIZA	TION DOES NO	T E	XPECT THE

EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY Schedule D (Form 990) 2021

TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS,

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CROSSROADS OF MICHIGAN

Building Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

required to complete this part	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>•</b>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit (	contrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	GOLF OUTING		col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue	1	Gross receipts	2,135.	21,790.		23,925.
	2	Less: Contributions	2,135.	4,032.		6,167.
	3	Gross income (line 1 minus line 2)		17,758.		17,758.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,500.	18,080.		30,580.
	10	,			<b>&gt;</b>	30,580.
Ds	11   11			. 000 Dort IV line 10 or		-12,822.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or i	reported more than	
		ψ10,000 0111 01111 000 E2, III1e 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>.</b>	
		Thet garming moome ourmary. Oubtract line ?	Trotti iiric 1, Goldinii (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re		-		Yes No
b	) If "	Yes," explain:				
	_					
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 CROSSROADS OF MICHIGAN	38-2339832 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	13a   %
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:
Name ▶	
- Marie P	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of continuous stands.	
Description of services provided	
·	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$	Tule
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dort III lines 0. Ob. 10b
	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	CROSSROADS	OF	MICHIGAN	38-2539852 Pa	ge <b>4</b>
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		(55.11.11.15.55)				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2021
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Inspection

Schedule I (Form 990) 2021

Name of the organization  CROSSROADS OF MICHIGAN							Employer identification number 38-2539852
Part I General Information on Grants a		101114					30 2333032
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	stance?ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> </ul>	-		le line 1 table				<b>&gt;</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT CLIENT AID/PRESCRIPTION ASSISTANCE	924	63,977.	0.		
DIRECT ASSISTANCE TO INDIGENTS FOR FOOD, HOUSEHOLD AND PERSONAL ITEMS, MEDICAL ASSISTANCE	1361	0.	337,957.	FOOD BANK NETWORK STUDY	FOOD
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
FOR DISBURSEMENTS MADE FOR CLIENT I	NEEDS WHI	CH INCLUDE	E PRESCRIPT	IONS,	
UTILITIES, WORK UNIFORMS, GLASSES,	AND DENT	URES, THE	INDIVIDUAL	IS REQUIRED	
TO PROVIDE WRITTEN DOCUMENTATION TO	O SUPPORT	THE NEED	FOR FINANC	IAL	
ASSISTANCE BEFORE PAYMENT IS MADE.	FOOD AN	D CLOTHING	ASSISTANC	E ARE	
PROVIDED TO INDIVIDUALS BASED ON PI	ROOF OF F	'INANCIAL N	NEED.		
	<del>-</del>				

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization CROSSROADS OF MICHIGAN Employer identification number 38-2539852

rai	LI	Types of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		Method of cash contri		_	3
1	Art -	Works of art									
2		Historical treasures									
3		Fractional interests									
4		ks and publications									
5		ning and household goods									
6		and other vehicles									
7		s and planes									
8		lectual property									
9		urities - Publicly traded	X	1	2,	225.	STOCE	K MARK	ET		
10		urities - Closely held stock		_							
11		urities - Partnership, LLC, or									
•		interests									
12		urities - Miscellaneous									
13		ified conservation contribution -									
		oric structures									
14		ified conservation contribution - Other									
15		estate - Residential									
16		estate - Commercial									
17		estate - Other									
18		ectibles									
19		d inventory	X		379,	584.	FOOD	BK NE	TWK	STUI	ΣΥ
20		s and medical supplies			<b>,</b>						
21		dermy									
22		prical artifacts									
23		ntific specimens									
24		eological artifacts									
25		er   (COMPUTER EQUI)	X	17	5,	950.	FAIR	MARKE	T VA	LUE	
26	Othe	er (HYGIENE PRODU)	X	1				MARKE			
27		er • (									
28	Othe	· · · — · · · · · · · · · · · · · · · ·									
29	Num	ber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions						
	for w	hich the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29					
					_					Yes	No
30a	Durir	ng the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, tha	t it			
	mus	t hold for at least three years from the date	of the initia	l contribution, and	which isn't required	I to be us	sed for				
	exen	npt purposes for the entire holding period?							30a		X
b		es," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31	Х		
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
		ributions?		•					32a	Х	
b	If "Y	es," describe in Part II.									
33		e organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a	a) is chec	ked,				
		cribe in Part II.									
		u Damanuania Danisatian Ast Nation and	Us a lus aluus al	fau Faura 000				Calaaduda	NA /E	- 000\	0004

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
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OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CROSSROADS OF MICHIGAN

Employer identification number 38-2539852

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POSSIBLE AND APPROPRIATE, AND TO RESPOND TO OTHER HUMAN NEEDS IN THE COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION PUBLISHES A NEWSLETTER IN SUPPORT OF ITS PROGRAMS AND SERVICES TO INFORM THE COMMUNITY. EXPENSES \$ 3,561. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THE ORGANIZATION OPERATES A SUNDAY SOUP KITCHEN FOR THE NEEDY. EXPENSES \$ 163,243. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THE ORGANIZATION PROVIDES A PARENTING SUPPORT PROGRAM. THE PROGRAM PROVIDES SUPPORT TO PARENTS WITH CLASSES ON EARLY CHILDHOOD DEVELOPMENT AND HOW TO DEAL WITH DIFFICULT SITUATIONS. THE ORGANIZATION ALSO SUPPLIES DIAPERS, FORMULA, CAR SEATS, STROLLERS, INCLUDING GRANTS OF \$ 34,463. EXPENSES \$ 34,463. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS GIVEN THE 990 IS REVIEWED BY THE FINANCE COMMITTEE. TO ALL BOARD MEMBERS BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE ANNUALLY REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST STATEMENTS. ANY NEW POTENTIAL CONFLICTS OF INTEREST ARE

DISCUSSED AT BOARD MEETINGS ON A REGULAR BASIS.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  CROSSROADS OF MICHIGAN	Employer identification number 38-2539852
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED B	Y THE BOARD BASED
ON CURRENT MARKET CONDITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUE	ST.
FORM 990, PART XII, LINE 2C	
THE PROCESS OF SELECTING AND OVERSEEING THE WORK OF THE IN AUDITOR DID NOT CHANGE FROM THE PRIOR YEAR.	IDEPENDENT
AUDITOR DID NOT CHANGE FROM THE FRIOR TEAR.	