Department of the Treasur Internal Revenue Service

B Check if applicable ☐ Address change

☐ Name change

☐ Initial return ☐ Final return/terminated

☐ Amended return

☐ Application pending

Tax-exempt status

OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization Crossroads Community Services Inc D Employer identification number 47-2676714 Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) (214) 560-2511 City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75201 G Gross receipts \$ 5,279,268 F Name and address of principal officer **H(a)** Is this a group return for Rev John W Cole III ☐Yes ☑No subordinates? 1822 Young Street Dallas, TX 75201 H(b) Are all subordinates ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www ccsdallas org L Year of formation 2015 M State of legal domicile TX ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities

el Ce		<u> </u>		
GOVERNATION	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asse Number of voting members of the governing body (Part VI, line 1a)	ts 3	13
♂	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ACTIVILIES &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	16
5	6	Total number of volunteers (estimate if necessary)	6	1,395
₹	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year		Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		5,126,449
Ĕ	9	Program service revenue (Part VIII, line 2g)		152,819
Rəvenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0		0
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,149,997		5,279,268
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 4,372,092		4,553,623
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
se.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 432,503		482,521
Expenses	16 a	a Professional fundraising fees (Part IX, column (A), line 11e)		0
e di	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶108,013		
ā	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		234,679
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 5,004,135		5,270,823
	19	Revenue less expenses Subtract line 18 from line 12		8,445
Net Assets of Fund Balances		Beginning of Current Year		End of Year
Bala	20	Total assets (Part X, line 16)		819,408
2 E	21	Total liabilities (Part X, line 26)		27,440
ΣŢ	22	Net assets or fund balances Subtract line 21 from line 20		791,968
Par	t II	Signature Block		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has

chowleage and	Delici,	1013	uc,	٠,
any knowledge				

Signature of officer

Rev John W Cole III Executive Director Type or print name and title

2018-08-21

	_
Paid	
Prepare	r

Use Only

Sign Here

> Print/Type preparer's name William H Sims Preparer's signature William H Sims Date PTIN Check \square if 2018-08-21 P00004539 self-employed Firm's name
> Salmon Sims Thomas & Associates PLLC Firm's EIN ▶ 05-0568611 Firm's address ► 12720 Hillcrest Road Suite 500 Phone no (972) 392-1143 Dallas, TX 752302039

May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

DLN: 93493233011158

Form	990 (201	7)				Page 2						
Par	t IIII S	tatement of Program Se	rvice Accomplish	nments								
				ny line in this Part III		🗹						
1	Briefly de	scribe the organization's miss	ion									
To no		community's low-income fami	lies by providing nutr	itious food and suppo	tive education At Crossroads we r	ourish people and power						
2		rganization undertake any sig Form 990 or 990-EZ?	. •			☐ Yes ☑ No						
	If "Yes," describe these new services on Schedule O											
3	services?	rganization cease conducting,		-	lucts, any program	☐ Yes ☑ No						
4	Describe Section 5	the organization's program se	rvice accomplishmen izations are required	to report the amount	e largest program services, as mea of grants and allocations to others,	sured by expenses the total						
4a	(Code See Addıtı) (Expenses \$	4,277,777	including grants of \$	3,870,349) (Revenue \$	152,819)						
4b	(Code See Addıtı) (Expenses \$	717,772	including grants of \$	683,274) (Revenue \$)						
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)						
4d		ogram services (Describe in S	,	.	\	,						
_	(Expense	<u> </u>	including grants of s) (Revenue \$)						
4e	rotai pr	ogram service expenses >	4,995,54	+3		Form 990 (2017)						

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Yes

Page 3

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

23

29

36

101111 555 (2027)								
Par	t IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No				

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21 Yes

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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32

33

34

35a

35h

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Yes

Form 990 (2017)

Yes

Yes

Νo

Νo

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Νo

Nο

Dage 1

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V \ldots			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	4 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ⁷	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
Qa.	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
9	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
D	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]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	İ

-orm	orm 990 (2017)						Page 6
Pai	Part VI Governance, Management, and Disclosure For each "Yes" response to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in the circumstances of the	ın Schedui			" respo	nse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>			✓
Se	Section A. Governing Body and Management						I
1 a	1a Enter the number of voting members of the governing body at the end of the tax	x year	1a	13		Yes	No
	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 commissimilar committee, explain in Schedule O						
b	b Enter the number of voting members included in line 1a, above, who are independent	ndent	1b	12			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a officer, director, trustee, or key employee?		s rela	tionship with any other	2		No
3	3 Did the organization delegate control over management duties customarily perform of officers, directors or trustees, or key employees to a management company of				3		No
4	4 Did the organization make any significant changes to its governing documents significant changes are considered in the constant of the constant changes are considered in the constant of the constant changes are constant of the con	ince the p	rıor F	form 990 was filed?	4		No
5	5 Did the organization become aware during the year of a significant diversion of t	the organı	zatio	n's assets? .	5		No
6	6 Did the organization have members or stockholders?				6		No
7a	7a Did the organization have members, stockholders, or other persons who had the members of the governing body?	e power to	elec	t or appoint one or more	7a		No
b	b Are any governance decisions of the organization reserved to (or subject to appr persons other than the governing body?			pers, stockholders, or	7b		No
8		actions u	ndert	aken during the year by			
а	a The governing body?				8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section organization's mailing address? If "Yes," provide the names and addresses in Sci.				9		No
Se	Section B. Policies (This Section B requests information about policies n	ot requir	ed b	y the Internal Revenu	e Code	⊋.)	
						Yes	No
10a	10a Did the organization have local chapters, branches, or affiliates?				10a		No
b	b If "Yes," did the organization have written policies and procedures governing the and branches to ensure their operations are consistent with the organization's ex				10b		
11a	11a Has the organization provided a complete copy of this Form 990 to all members form?	of its gov	ernın	g body before filing the	11a	Yes	
b	${f b}$ Describe in Schedule O the process, if any, used by the organization to review the	hıs Form 9	90				
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line	13			12a	Yes	
b	b Were officers, directors, or trustees, and key employees required to disclose and conflicts?	nually inte	rests	that could give rise to	12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance schedule O how this was done		olicy •	? If "Yes," describe in	12c	Yes	
13	13 Did the organization have a written whistleblower policy?				13	Yes	
14	Did the organization have a written document retention and destruction policy?				14	Yes	
15	Did the process for determining compensation of the following persons include a persons, comparability data, and contemporaneous substantiation of the deliberation of	review aration and	nd ap	proval by independent ion?			
а	a The organization's CEO, Executive Director, or top management official				15a	Yes	
b	b Other officers or key employees of the organization				15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions))					
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venti taxable entity during the year?	ure or sım	ıılar a •	rrangement with a	16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the oin joint venture arrangements under applicable federal tax law, and take steps to						
	status with respect to such arrangements?				16b		
	Section C. Disclosure						
17							
18	available for public inspection. Indicate how you made these available. Check all	l thát appĺ	у	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (expl			•			
19	policy, and financial statements available to the public during the tax year	-					
20	State the name, address, and telephone number of the person who possesses th ►Lori K Orta PC 5050 Quorum Drive S-312 Dallas, TX 75254 (972) 378-9510	ne organiz	ation	's books and records			

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

and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee												
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of tor/t	t cho unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations		
(1) Lynne Mabry Ex-Officer/Past Chair	2 00	Х		×				0	0	0		
(2) Hector Garcia Development & Marketing Chair/Director	2 00	Х		x				0	0	0		
(3) Tom Williams Board Chair/Director	15 00	Х		x				0	0	0		
(4) Rev Jay Cole Executive Director	40 00	Х		х				50,166	0	37,236		
(5) Veletta Lill Director	1 00	X						0	0	0		
(6) Lauren Syler Weendon Director	1 00	x						0	0	0		
(7) Kyle Elam CFA Vice Chair/Director	2 00	Х		х				0	0	0		
(8) Dr Tammy Leonard Director	2 00	Х						0	0	0		
(9) Beverly Godbey Secretary/Director	2 00	Х		х				0	0	0		
(10) Tim Powers Ex-Officer/Past Chair	1 00	Х						0	0	0		
(11) Oliver Bowe Director	1 00	Х						0	0	0		
(12) Rob Stovall Finance & Operations Chair/Director	1 00	Х		x				0	0	0		
(13) Sara Melnick Albert JD LLM Director	1 00	X						0	0	0		

Part VII

(F)

Page 8

	(A) Name and Title	Average hours per week (list any hours for related any hours are labeled.				on d (W-	compensation compe						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptoxee	Former	2/1099-MISC)	2/1099-M150		relat organiza	ed
-													
							<u> </u> 						
	Total from continuation sheets to P Total (add lines 1b and 1c)					•	>		50,166		0		37,236
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived more than \$1	00,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .										3		No
4	For any individual listed on line 1a, is organization and related organization									n the			
	ındıvıdual			•	•	•	•				4		No
5	Did any person listed on line 1a recei services rendered to the organization										5		No
	ection B. Independent Contract												
1	Complete this table for your five high from the organization Report compe	est compensate nsation for the c	d indep alendar	endei · year	nt co end	ntra ling	actors with o	that r wit	received more than thin the organization:	1 \$100,000 of co 1's tax year	mpen	sation	
	Name	(A) and business addre	ess						Desc	(B) ription of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

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

Part		<u> </u>	evenue							Page 9
		Check if Schedule C		a respo	onse or note to	anv line in	this Part VIII			🗆
			Gomanio				(A) revenue	(B) Related or exempt function	(C) Unrelat busine	(D) ted Revenue ess excluded from
	1a Federated campaigns 1a							revenue		512-514
ह इ				1a						
ran		Membership dues .		1b						
يَّ <u>و</u>		Fundraising events .	•	1c						
iffs ar /		d Related organizations		1d						
". ⊒.°		Government grants (contr		1e						
ution: ier Si	f	 All other contributions, gif and similar amounts not if above 	ts, grants, ncluded	1f	5,126,	449				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions in lines 1a-1f \$								
<u>ۃ ت</u>	_h	Total.Add lines 1a-1f					5,126,449			
<u>ا</u> ا					Bus	iness Code				
Program Service Revenue	2a	Service Fees				453310) 15	52,819 1	.52,819	
- 2 <u>₹</u>	b			_						
Š	C									
₹	d			_						
ranı	e f		so revenue							
Tog		All other program service				152,819	9			
<u>a</u>		Total.Add lines 2a-2f .			<u> </u>			Т		
	3 I	investment income (incli imilar amounts)	uding divid	ends, ı •	nterest, and o	ther •				
		income from investment			ond proceeds	▶				
	5 F	Royalties <u>.</u>				▶				
			(ı) Real		(II) Person	ıal				
	6a	Gross rents								
	b	Less rental expenses								
	c	Rental income or (loss)								
	d	Net rental income or (I	oss)			<u>▶</u>				
			(ı) Securit	ies	(II) Othe	r				
		Gross amount from sales of								
		assets other than inventory								
	h	Less cost or								
		other basis and sales expenses								
	c	Gain or (loss)								
	d	Net gain or (loss)				•				
		Gross income from function (not including \$	_	ents of						
Other Revenue		contributions reported of	on line 1c)							
e A		See Part IV, line 18 .								
ď		Less direct expenses Net income or (loss) fro		b						
the		Gross income from gam				<u> </u>				
ŏ		See Part IV, line 19								
				a						
		Less direct expenses Net income or (loss) fro		b	105					
		Gross sales of inventory		activit	les	<u> </u>				
		returns and allowances								
				a						
		Less cost of goods sold		b						
-	С	Net income or (loss) fro Miscellaneous Re		invent	Business Co	ode -				
	11									
	Ь				-					
	c					-				
	d	All other revenue .								
		Total. Add lines 11a-1:				>				
	12	Total revenue. See In:	structions			, 				
				•	- •		5,279,268	152,8	19	0 0

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>	<u></u>	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,553,623	4,553,623		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	87,402	57,800	22,492	7,110
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	340,363	202,810	89,316	48,237
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,900	5,921	1,979	
9 Other employee benefits	14,355	10,759	3,596	
10 Payroll taxes	32,501	19,869	8,263	4,369
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	26,436	4,843	19,943	1,650
d Lobbying		,,	,	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
_	46,406	32,292	2,063	12,051
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,406	32,292	2,003	12,031
12 Advertising and promotion				
13 Office expenses	64,020	34,081	7,516	22,423
14 Information technology				
15 Royalties				
16 Occupancy	82,947	62,429	10,287	10,231
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,908	1,336	286	286
23 Insurance	10,134	7,094	1,520	1,520
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Volunteer Development	2,828	2,692		136
<u>b</u>				
c .				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,270,823	4,995,549	167,261	108,013
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)		J		

12

13

14

15

16

Liabilities

Fund Balances

Assets or 30

Net

28

29

31

32

33

34

Page **11**

609,326

81,957

39,511

70.785

14,249

2.220

1.360

819,408

27,440

27,440

712.585

79.383

791,968

819.408

Form **990** (2017)

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22 23

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19.041

692,697

54.500

747,197

766,238

766,238

19.041

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

		Beginning of year		End of year
L	Cash-non-interest-bearing	462,125	1	
2	Savings and temporary cash investments		2	

Pledges and grants receivable, net . . 147,418 3 10.052 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 130.767 8 10.394 9 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 10a 50,889 basis Complete Part VI of Schedule D 48.669 4,128 b Less accumulated depreciation 10b 10c 1.354 11 Investments—publicly traded securities . 11

17 Accounts payable and accrued expenses 18 Grants payable . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 21

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Intangible assets

Other assets See Part IV, line 11 .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

Total assets.Add lines 1 through 15 (must equal line 34) . . .

22 23 24 Unsecured notes and loans payable to unrelated third parties 25

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26 27

Unrestricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Permanently restricted net assets

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

1 Accounting method used to prepare the Form 990

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο 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 Yes

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Yes

Nο

Form 990 (2017)

3a

3b

✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 47-2676714

Name: Crossroads Community Services Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

food for families to prepare approximately 1,920,000 balanced meals) This saved clients \$4 6M in household food costs - more than \$1,000 per household. Considering 55% of Crossroads' clients earn less than \$12,000 per year, this is a substantial amount of money that can be used for other important household expenses rather than food Crossroads' Food Distribution Program combats a growing and real problem food insecurity and the rising incidence of obesity that disproportionately affects low income families. Food insecurity occurs when an individual has inconsistent access to adequate food due to lack of financial and other resources. In Dallas County, approximately 18% of residents or 451,950 individuals, meet this troubling definition. Crossroads strives to efficiently meet the basic food needs of as many of those individuals as possible with an in-house food pantry and a network of over 60 Community Distribution Partners (CDPs). All clients served by Crossroads' in-house pantry and CDPs are low income individuals whose household income is less than or equal to 185% of the Federal Poverty Level (income is self-reported by clients). Even though it is difficult to measure the complete impact of an individual organization's food distribution program, Crossroads strives to evaluate and measure its effectiveness through the collection of demographic, health, mental and emotional well-being, program participation, financial, and behavioral data from its clients. With the assistance of research partners UT Southwestern Medical Center of Dallas, UT Dallas, University of Dallas, University of North Texas, and the UT Health Science Center of Houston this data is analyzed to better understand the broader impact among low-income populations. The unique nature of this data has even garnered interest from researchers in China and the United Kingdom This data has shown that when a CDP distributes food directly in their neighborhood, clients are served more efficiently and effectively. When a new CDP opens in a neighborhood, existing CCS clients living within 2km of the new site increase their visiting frequency by 4.4% This is likely due to the reduced travel costs necessary to obtain food and also because the CDP model involves a pre-commitment mechanism whereby clients enroll to receive food each month rather than coming on a drop-in basis Research data has also shown that Crossroads plays an important role in the social services safety net. Research Partner Dr. Xia Si's (University of Texas Dallas) study has found that Crossroads helped fill the void once a Women Infant and Children (WIC) recipient became ineligible for benefits due to the child's age. WIC recipients were 25% more likely to visit Crossroads' pantry or a CDP the month after losing benefits. The food Crossroads provides offsets 50 to 94% of the lost WIC benefits. The impact of the Food Distribution Program can also be illustrated through the eyes of Crossroads clients. One client, Maria, explained why she came into the food pantry for the first time in two years. She and her husband have three school age kids (ages 6, 12, and 14) and have struggled to feed the children, especially in the summer months when they do not have access to the meals they typically enjoy in the school cafeteria. Replacing these meals was difficult for Maria when it was compounded with her husband's declining income from his landscaping work. She had to make difficult decisions with the limited income purchasing smaller amounts of food to make ends meet. When Maria finally ran out of food in her pantry, she turned to Crossroads for assistance. Her shelves were bare there were no canned goods, fresh produce, not even rice (a normal a go-to staple in her pantry) Knowing that she had to do something to help her hungry children, Maria used part of her only remaining cash to buy gas and visit Crossroads With the help of volunteers and staff. Maria left with almost 200 pounds of food! Enough to make several meals and help her through this stressful time. Like many of Crossroads' pantry clients, Maria only comes when she is in dire need of assistance when her pantry is empty and she has no money to purchase food for her children In general, Crossroads' Food Distribution Program achieves the following outcomes 1) Clients spend less time and resources traveling to multiple pantries to gather food, 2) Families living in food deserts have easy access to substantial amounts of vegetables, fruits, proteins, grains, and dairy to prepare balanced meals, 3) Limited financial resources of the household become available to pay other significant expenses such as childcare, medical bills, or rent Crossroads Community Services' Food Distribution program is an innovative, research focused program. A Registered Dietitian with 30 years of experience helped develop the Crossroads Nutrition-Based Food Selection Systeman algorithm that helps match the kinds and amounts of food received to the age, gender, and activity level of each household member. In addition, Crossroads' pioneered a Hub-and-Spoke food distribution model where Crossroads serves as the Hub and CDPs serve as the Spokes. The organizations that make up Crossroads, CDP Network include community centers, retirement centers, places of worship, Dallas Housing Authority apartment complexes, and agencies. This model allows these varied organizations to distribute substantial amounts of nutritious food with the people they serve without having to meet the compliance standards required of a full-fledged North Texas Food Bank (NTFB) food pantry. Crossroads has the infrastructure, staff, consulting registered dietitian, and partnership with the NTFB. CDPs have the facility, vehicles, labor. passion and commitment to nourish their neighbors who have a chronic need for food. CDPs have reduced a client's average round-trip distance to the pantry from 15 to 3.2 miles, saying them valuable time and money. In 2015, NTFB incorporated Crossroads' Hub-and-Spoke food distribution model into their 10-year strategic expansion plan for their 13-county area While there are currently 265 NTFB pantries and 100+ other organizations that report to be operating some type of food pantry in Dallas County. Crossroads' approach is unique for the following reasons 1) The use of the Dietary Guidelines for Americans to drive food distribution 2) Distribution of more nutritious food per person per visit than many other pantries (approximately 100 pounds of food for a family of four)3) The use of the CDP network to leverage community resources to lower cost per person (65% of the food Crossroads distributed in 2017 went through the CDP network)4) The use of collaboration and leverage of existing community resources to increase efficiency 5) The use of a joint client database throughout the CDP network to reduce potential duplication of service within Dallas CountyCrossroads Community Services also believes being inclusive and equitability serving all clients that need food assistance. All volunteers and staff assisting clients must go through training, which includes the topics of empathy and inclusion, as well as Civil Rights Training and Reporting that is required for all Feeding America network providers

Food Distribution ProgramIn 2017, Crossroads distributed more than 2.3 million pounds of nutritious food to 11,056 individuals in Dallas County and Mabank, Texas (enough

Clothing DistributionAdditionally, Crossroads distributes gently used clothing at our in-house pantry. In 2017 our pantry clients selected 78,730 articles of clothing, saving them approximately \$472,000 based on average thrift store prices Through our partnership with the stewpot, 90-100 homeless individuals visit our clothing closet each week. Last year they selected a total of 34,600 articles of gently used clothing (total includes new socks and underwear). In addition to food and clothing, we also provide

blankets, sheets, pillows, bedspreads, towels, and small household goods for our pantry clients that include previously homeless individuals who now have a home

Form 990, Part III, Line 4b:

efile GRAPHIC print - DO NOT				IOT PROCESS As Filed Data -			DLN: 9349323301:			
	HED m 990	ULE A	Com		Charity Statu			ort	OMB No 1545-0047	
990I		0 01	Con	npiete ii the o	4947(a)(1) nonexe			a section	2017	
Depart	Pepartment of the Treasurv the male Revenue Service								_	
Nam	e of th	he organiza						Employer identific	ation number	
CIOSSI	oaus Co	ommunity Serv	ices file					47-2676714		
	rt I				us (All organization			See instructions.		
_	rganız —		•		it is (For lines 1 thro	3 ,	,			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).		
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))			
3		A hospital o	r a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).		
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170	
6 -			•	-	governmental unit de					
7	✓	section 17	0(b)(1)(A)	(vi). (Complete				init or from the genera	al public described in	
8	Ш	A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	Ι)			
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a	
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su		
11		An organiza	ition organiz	ed and operated	dexclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a		
a		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i					
С		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its	
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar		
e		Check this	box if the org	ganization recei	et IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally	
f	Enter			ion-functionally d organizations	integrated supporting	organization				
g				-	ipported organization(s)				
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
Tota	I							 Schedule A (Form 9		

Page 2

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

	III. If the organization fa	ils to qualify ui	nder the tests li	sted below, pleas	e complete Part	III.)	
_ 5	Section A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶		, ,	` ,		` '	
1	Gifts, grants, contributions, and			6,251,283	5,024,146	5,126,449	16,401,878
	membership fees received (Do not include any "unusual grant")			0,231,263	3,024,140	3,120,449	10,401,676
2	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			6,251,283	5,024,146	5,126,449	16,401,878
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	amount shown on line 11, column (i)						
6	Public support. Subtract line 5 from						16 401 979
	line 4						16,401,878
9	Section B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2013	(5)201	` '			
7	Amounts from line 4			6,251,283	5,024,146	5,126,449	16,401,878
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	Income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						

	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						16,401,87
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f) ⊤otal
7	Amounts from line 4			6,251,283	5,024,146	5,126,449	16,401,8
9	dividends, payments received on securities loans, rents, royalties and income from similar sources						
10	activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	` '						16,401,8
12		tc (see instructi	ons)	<u> </u>	'	12	438,88
13	First five years. If the Form 990 is for	-			•	· · · · · <u>-</u>	
	check this box and stop here			. .		<u> ▶ ⊻</u>]
	Section C. Computation of Public	Support Per	centage				

78 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2016 Schedule A, Part II, line 14

884 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly ▶□ supported organization 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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

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	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·		
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
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	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		\rightarrow	
	supervised by or in connection with its supported organizations	4b		
С	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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
С	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) nurroses			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

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.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

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. OMB No 1545-0047

DLN: 93493233011158

► Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Employer identification number

Open to Public Inspection

	ssroads Community Services Inc				p	loyer identification fidinger
					1	676714
Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye	sed Funds or O ' s" on Form 990	t her :	Similar Funds o V. line 6	r Acc	ounts.
	complete if the organization answered Te	(a) Dono				(b)Funds and other accounts
1	Total number at end of year	. , ,				` '
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ts held in donor ad	lvised f	unds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt III Conservation Easements. Complete if th	ie organization a	nswei	ed "Yes" on Forr	n 990,	
1	Purpose(s) of conservation easements held by the organ				,	
	Preservation of land for public use (e.g., recreation	•	\Box		histori	cally important land area
	Protection of natural habitat	, or cadeation,	$\overline{}$			historic structure
			Ш	rieservation of a (ertified	i mistoric structure
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion coi	ntribution in the for	m of a	
а	Total number of conservation easements			İ	2a [Held at the End of the Year
a b	Total acreage restricted by conservation easements				2b	
C	Number of conservation easements on a certified histori	s structure included	lin (a'		2c	
d	Number of conservation easements included in (c) acqui		•		2d	
	structure listed in the National Register					
3	Number of conservation easements modified, transferre tax year •	d, released, exting	uished	, or terminated by	the org	anization during the
4	Number of states where property subject to conservation	n easement is loca	ted >			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng, in:	spection, handling	of viola	tions,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olation	s, and enforcing co	onserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violation	ns, ar	d enforcing conser	vation (easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the r	equire	ments of section 1	70(h)(4	¥)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Par	Complete if the organization answered "Ye				er Sin	nilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducatı	on, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					> \$
(i	i)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncıal ga	
а	Revenue included on Form 990, Part VIII, line 1	, ,	-			> \$
b	Assets included in Form 990, Part X					▶ \$
or	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No.	52283	D Schedule D (Form 990) 20

Let	41111	Organizations Ma	aintaining Coil	ections c	JΓ ΑΓΙ,	HISTORI	cai ir	eası	ires, or	Otner	Similar A	issets (co	<u>intinuea)</u>	
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other	records	s, check a	any of t	he fo	llowing th	nat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provi Part	de a description of the XIII	organızatıon's coll	ections and	l explain	how the	y furth	er the	e organiza	ation's ex	empt purp	ose in		
5		ng the year, did the orga s to be sold to raise fur									ular	☐ Yes		No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on Fo	orm 990	, Part
1a		e organization an agent ded on Form 990, Part)		n or other	ınterme	diary for	contrib	ution	s or othe	r assets I	not	☐ Yes		No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the f	ollowina	table		Γ			Amount		_
c		nning balance								1c				_
d	-	ions during the year								1d				_
е		butions during the year	r							1e				
f		ng balance								1f				
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Pai	t X, line	21, for	escrow	or cu	stodial a	count lia	bility?	☐ Yes		— No
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here	e if the e	explanati	on has	been	provided	ın Part)	KIII		. \square	
Pa	rt V	Endowment Fund												
			· ·	(a)Currer			ıor year		(c) Two ye				e) Four ye	ars back
1 a	Beginn	ning of year balance .												
b	Contrib	butions												
C	Net inv	vestment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
e		expenditures for facilitie ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percei	ntage of the curre	nt year end	balance	e (line 1g	g, colur	nn (a)) held as	;				
а	Board	d designated or quasi-e	endowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	porarily restricted endov	wment 🟲											
	The p	percentages on lines 2a	, 2b, and 2c shou	d equal 100	0%									
3а		here endowment funds	not in the posses	sion of the	organıza	ition that	are he	ld an	d adminis	stered fo	r the		-	T
	-	nization by nrelated organizations						_				3a(Yes	No
		related organizations .										3a(
b		es" on 3a(II), are the rel		s listed as i	equired	on Sche	dule R	•				. 31		
4	Desci	ribe in Part XIII the inte	ended uses of the	organizatio	n's endo	wment f	unds						ı	·
Pai	rt VI													
		Complete if the ord										1		
	Descr	iption of property	(a) Cost or oth (investme		(b) Cos	t or other	basis (o	ther)	(c) Accı	imulated o	lepreciation	(d) Book val	ue
1a	Land													
b	Buildin	ngs												
С	Leaseh	nold improvements												
d	Equipn	ment					5	0,889			48,669			2,220
е	Other													
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must ed	gual Form 9	90, Part	X, colur	nn (B),	line .	10(c)) .	•	>			2,220

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
E)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (2) (3) (3) (4) (5) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
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Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains (losses) on investments 2a 2b 67.061 b 2c c

2a

2b

2c

2d

4a

4b

Explanation

Page 4

5,346,329

67,061

0

5,279,268

5,279,268

5,337,884

67,061

5,270,823

5.270.823

Schedule D (Form 990) 2017

4c

5

2e

3

4c

5

67,061

d 2d 2e e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

Add lines **4a** and **4b**

b

Add lines **4a** and **4b** c

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Schedule D (Form 990) 2017

Part XI

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 47-2676714

Name: Crossroads Community Services Inc

Explanation

Supplemental Information

Return Reference

	·
Part X, Line 2	Management has concluded that any tax positions that would not meet the more-likely-than-n ot criterion of Financial Accounting Standards Board (FASB) Accounting Standards Codificat ion (ASC) Topic 740-10, Accounting for Income Taxes, would be immaterial to the financial statements taken as a whole Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position. Federal and state tax returns of the Organization are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns a re filed

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -					DLI	N: 934932330	11158
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments omplete if the organiz	Other Assistane and Individual ation answered "Yes," Attach to Form le I (Form 990) and its	0	OMB No 1545-0047 2017 Open to Public Inspection				
Name of the organization Crossroads Community Service	tes Inc						loyer identific	ation number	
	rmation on Grants	s and Assistance				47-2	2676714		
the selection criteria us Describe in Part IV the Part II Grants and Oth	ed to award the grants organization's procedu er Assistance to Don	s or assistance? res for monitoring the unestic Organizations a	se of grant funds in the U	nited States	for the grants or assistance		, Part IV, line	✓ Yes 21, for any recip	□ No
(a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desc noncash a	ription of issistance	(h) Purpose of or assistance	f grant
(1)									
(2)									
(3)									
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For Paperwork Reduction Act N	lotice, see the Instruction	ons for Form 990.		Cat No 50055	5P		Scho	edule I (Form 990	2017

Schedule I (Form 990) 2017						Page 2
Part IIII Grants and Other Ass Part III can be duplicat	sistance to ted if additio	Domestic Individuonal space is needed	ıals. Complete if the org	janization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	, (f) Description of noncash assistance
(1) Clothing Assistance		4566		683,274	, FMV	Clothing
(2) Food Assistance		11000		3,870,349	FMV '	Food
(2)			l			
(3)			i	<u>'</u>		
(4)						
(5)						
(6)						
(7)			i	'		
Part IV Supplemental 1	Informatio	ງກ. Provide the inf	formation required in	Part I, line 2; Part III,	, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
Death T. Lance O.	C	alamata ana alamah la t			the Manager Hear Tarrage Communication	(T. CAB)

Schedule I (Form 990) 2017

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.	efil	e GRAPHIC pr	int - DO NOT PR	ROCESS	As Filed Data -		DLN: 9	349323	3011	158
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Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form/990 Implementation and the type of Property Check of Schedule M (Form 990) and its instructions is at www.irs.gov/form/990 Attach to Form 990. To	(For	m 990)		1	ioncasii contin	Dutions		20	1 /	7
Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990		▶Complete if the			ons answered "Yes" on Fo	orm 990, Part IV, lines 29	9 or 30.	ZU	1/	'
Inspection Remark of the organization Cress-casts Community Services Inc. Caption			► Attach to Form	990.						
Rame of the organization corresponds to the organization of the organization of the organization of control organization of the organization of control organization	Depar	tment of the Treasury	▶Information abo	out Schedu	le M (Form 990) and its in	nstructions is at <u>www.irs</u>	.gov/form990	Open to) Pub	lic
Types of Property (a) Check if Ant—Works of at										
Types of Property Types of Property Clase if Number of contributions or Art—Works of art Art—Works of art Art—Historical Interests Art—Historical Interests Art—Historical Interests Art—Fractional Interest Art—Fractional Interest Art—F							Employer identif	ication n	umbe	r
Check if Number of contributions or applicable with the spiral place of the spiral pla	0.000.	ouds community so					47-2676714			
Act—Works of act Authority Act—Practional interests Act—Practional	Pa	rt I Types	of Property							
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1 AT—Works of art				арріісавіе	items continuated		noncash con	cribation a	moun	.5
2 Art—Historical treasures						1g				
3 At —Fractonal interests	1									
8	2									
Securities	_									
Securities		•				680 918	FMV			
8 Boats and planes		_		X						
8 Intellectual property	6									
9 Securities—Publicity traded .										
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other			•				ENA) /			
11 Securities—Partnership, LLC, or trust interests				X	1		FMV			
or trust interests			•							
13 Qualified conservation contribution—Historic structures										
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structures	13									
14 Qualified conservation contribution—Other										
15 Real estate—Residential .	14									
16 Real estate—Commercial										
17 Real estate—Other										
18 Collectibles										
19 Food inventory										
20 Drugs and medical supplies .				X	2,226,051	3,717,504	FMV			
Historical artifacts	20	'			, ,					
23 Scientific specimens	21	Taxidermy .								
24 Archeological artifacts										
25 Other > ()) 26 Other > ()) 27 Other > ()) 28 Other > ()) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Vession of the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?										
26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No										
27 Other > (
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II										
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No		·	•							
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	33	_	•	amount in	column (c) for a type of pro	perty for which column (a)	s cnecked,			
				. T	f F 000	C N E10077	61.	1- 14 /5	000,	(2017)

Schedule M (Form 990) (2017)						
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
Part I, Column (b)	The number used to represent the number of contributions on line 19, food inventory, is the pounds of food invoiced by and received from the North Texas Food Bank in 2017					
	Schedule M (Form 990) (2017)					

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SCHEDINE O Supploi			ental Information to Form 990 or 990 F7			2017 Open to Public Inspection	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.					
Name of the ord Crossroads Commi	unity Service	s Inc			Employer iden 47-2676714	tification number	
Return Reference	e 0, Sup	piementai Imormatio	n	Explanation			
Form 990, Part VI, Section B, line 11b	The Form	n 990 is reviewed and appr	oved by the Board of [Directors prior to filing			

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 12c

Form 990,
Part VI,
Section B.

A separate committee of the board of directors is responsible for collecting this informat ion annunally from each director and key employees

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15

A separate committee of the board of directors reviews and approves not less frequently th
an annually, all compensation arrangements for the executive director and any other key em
ployees All factors are considered to ensure that compensation is reasonable and supporta

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C.

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. The organization will make Form 990 available on its website and other public websites upon filing.