| Form <b>990</b> |
|-----------------|
|-----------------|

Check if applicable:

Address change

Name change

A

в

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

C Name of organization

Doing business as

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

For the 2023 calendar year, or tax year beginning

Do not enter social security numbers on this f Go to www.irs.gov/Form990 for instruction

| enter social security numbers on this form as it may be       |              | Open to Public |                          |
|---|--------------|----------------|--------------------------|
| o www.irs.gov/Form990 for instructions and the latest         | information. |                | Inspection               |
| eginning 07–01 , 2023, and ending                             |              |                | 30,2024                  |
| Crossroads Community Food Network, Inc.                       |              |                | er identification number |
|   |              |                | 36-4635237               |
| D. box if mail is not delivered to street address) Room/suite |              |                | ne number                |

|      | Initial retu                         | urn             | 6930 Carroll Ave  | 426                 | (301)615-3806                           |  |  |  |
|------|--------------------------------------|-----------------|---|---------------------|---|--|--|--|
|      | Final retu                           | urn/terminated  | City or town, state or province, country, and ZIP or foreign postal code        |                     | G Gross receipts                        |  |  |  |
|      | Amended return Takoma Park, MD 20912 |                 |   |                     | \$ 742,158                              |  |  |  |
|      | Applicatio                           | on pending      | F Name and address of principal officer:  | H(a) Is this a      | group return for subordinates? Yes X No |  |  |  |
|      |                                      |                 |   | H(b) Are all        | subordinates included? Yes No           |  |  |  |
| I    | Tax-exen                             | npt status:     | 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                             | lf "No,"            | " attach a list. See instructions       |  |  |  |
| J    | Website:                             | : WWI           | I. CROSSROADSCOMMUNITYFOODNETWORK. ORG  | H(c) Group          | c) Group exemption number               |  |  |  |
| к    | Form of c                            | organization: X | Corporation Trust Association Other L Year of formation                         | on: 2008 M          | State of legal domicile: MD             |  |  |  |
| P    | art I                                | Summar          | 'y  |                     |   |  |  |  |
|      | 1                                    | Briefly desci   | ibe the organization's mission or most significant activities: Improving con    | mmunity heal        | Lth through local food                  |  |  |  |
| -    |                                      | access.         |   |                     |   |  |  |  |
| DCe  |                                      |                 |   |                     |   |  |  |  |
| rnal |                                      |                 |   |                     |   |  |  |  |
| ē    | 2                                    | Chook this h    | ox in the organization discontinued its operations or disposed of more than 255 | % of its not assots | ,                                       |  |  |  |

| Š                          | 2   | Check this box is the organization discontinued its operations or disposed of more than 25% | of its net assets.  |        |              |
|----------------------------|-----|---|---------------------|--------|--------------|
| G                          | 3   | Number of voting members of the governing body (Part VI, line 1a)                           | •••••               | 3      | 8            |
| ې<br>کې                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b)               | • • • • • • •       | 4      | 8            |
| Activities                 | 5   | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                |                     |        | 10           |
| ctiv                       | 6   | Total number of volunteers (estimate if necessary)  |                     | 6      |              |
| Ā                          | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12                        | •••••               | 7a     | 0            |
|                            | b   | Net unrelated business taxable income from Form 990-T, Part I, line 11                      | •••••               | 7b     | 0            |
|                            |     |   | Prior Year          |        | Current Year |
| Revenue                    | 8   | Contributions and grants (Part VIII, line 1h)   | 670,                | 518    | 565,971      |
|                            | 9   | Program service revenue (Part VIII, line 2g)  | 149,                | 733    | 133,358      |
|                            | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                               |                     |        | 14,396       |
|                            | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                    | 49,                 | 718    | 28,433       |
|                            | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)          | 869,                | 969    | 742,158      |
|                            | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                            |                     |        | 0            |
|                            | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                               |                     |        | 0            |
|                            | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)           | 403,                | 512    | 347,458      |
| Expenses                   | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                               |                     |        | 0            |
| G                          | b   | Total fundraising expenses (Part IX, column (D), line 25) 32,164                            |                     |        |              |
| Ă                          | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                | 465,271             |        | 390,968      |
|                            | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                   | 868,                | 783    | 738,426      |
|                            | 19  | Revenue less expenses. Subtract line 18 from line 12  | 1,                  | 186    | 3,732        |
| ۲ S                        |     |   | Beginning of Curren | t Year | End of Year  |
| t Assets or<br>Id Balances | 20  | Total assets (Part X, line 16)  | 853,                | 090    | 886,561      |
| Ass<br>d Ba                | 21  | Total liabilities (Part X, line 26)   | 45,                 | 518    | 75,257       |
| Pup                        | 22  | Net assets or fund balances. Subtract line 21 from line 20                                  | 807,                | 572    | 811,304      |
|                            |     |   |                     |        |              |

Signature Block Part II

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

|             | Lauren Go  | oldberg       |                       |            |               |           |  |
|-------------|--|---------------|-----------------------|------------|---------------|-----------|--|
| Sign        | Signature of officer   |               |                       |            | Da            | te        |  |
| Here        | Lauren Go  | oldberg, Exec | utive Director        |            |               |           |  |
|             | Type or print name and tit   | tle           |                       |            |               |           |  |
|             | Print/Type preparer's n  | ame           | Preparer's signature  | Date       | Check if      | PTIN      |  |
| Paid        | Tim Abercro  | mbie          | Tim Abercrombie       | 01-30-2025 | self-employed | P01254858 |  |
| Preparer    | Firm's name  | Abercron      | nbie and Associates I | TC         | Firm's EIN    |           |  |
| Use Only    | Firm's address   | 8609 Sec      | cond Avenue 507B      |            | Phone no.     |           |  |
|             |  | Silver S      | Spring MD 20910       |            | 301-          | 585-5050  |  |
| May the IRS | ay the IRS discuss this return with the preparer shown above? See instructions |               |                       |            |               |           |  |

| Form | 990 (2023) Crossroads Community Food Network, Inc.  | 36-4635237 Page 2                     |
|------|---|---------------------------------------|
| Pa   | rt III Statement of Program Service Accomplishments   |                                       |
|      | Check if Schedule O contains a response or note to any line in this Part III  | · · · · · · · · · · · · · · · · · · · |
| 1    | Briefly describe the organization's mission:  |                                       |
|      | Improving community health through local food access.   |                                       |
|      |   |                                       |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the  |                                       |
|      | prior Form 990 or 990-EZ?   | Yes <u>x</u> No                       |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  | 🗌 Yes 🕱 No                            |
|      | If "Yes," describe these changes on Schedule O.   | us al la c                            |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. |                                       |
| 4a   | (Code:) (Expenses \$ 449,435 including grants of \$) (Revenue Crossroads Farmers Market has been making fresh, healthy food more accessible   | \$ <u>400,792</u> )<br>le in the      |
|      | Takoma/Langley Crossroads since 2007. The Fresh Checks program, which double  |                                       |
|      | federal nutrition benefits like SNAP, is based on a simple idea: make fresh   |                                       |
|      | more affordable, and people will buy them.  |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
| 4b   | (Code: ) (Expenses \$ 160,542 including grants of \$ ) (Revenue   | \$ 66,889)                            |
| -10  | CCFN opened the shared use Takoma Park Silver Spring Community Kitchen to p   | · /                                   |
|      | means of production, since most small-scale food business entrepreneurs lack  |                                       |
|      | invest in their own manufacturing facility.   |                                       |
|      | ¥ =   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
| 4.0  | (Code: ) (Expenses \$ 47,597 including grants of \$ ) (Revenue  | \$)                                   |
| 4c   | (Code:) (Expenses \$ 47,597 including grants of \$) (Revenue CCFN's Microenterprise Development Program offers free, bilingual business a   |                                       |
|      | entrepreneurs. It features one-on-one technical assistance and monthly virt   |                                       |
|      | topics as licensing, recipe development, food costing and pricing, packaging  |                                       |
|      | copies as ficensing, feetpe development, food costing and pifeting, packaging   | y, and marketing.                     |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
|      |   |                                       |
| 4d   | Other program services (Describe on Schedule O.)  |                                       |
|      | · · · · · · · · · · · · · · · · · · ·   | ,225)                                 |
| 4e   | Total program service expenses     657,574  |                                       |
| ΕA   |   | Form <b>990</b> (2023)                |

| _   | 990 (2023) Crossroads Community Food Network, Inc. 36-463  | 5237 | F   | Page 3 |
|-----|--|------|-----|--------|
|     | t IV Checklist of Required Schedules   |      | Yes | No     |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |      |     |        |
|     | complete Schedule A  | 1    | x   |        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2    | x   |        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                     |      |     |        |
|     | candidates for public office? If "Yes," complete Schedule C, Part L  | 3    |     | x      |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |      |     |        |
|     | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4    |     | x      |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |      |     |        |
|     | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5    |     | x      |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |      |     |        |
|     | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |      |     |        |
|     | "Yes," complete Schedule D, Part I   | 6    |     | X      |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |      |     |        |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7    |     | X      |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                  |      |     |        |
| _   | complete Schedule D, Part III • • • • • • • • • • • • • • • • •  | 8    |     | X      |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                      |      |     |        |
|     | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |      |     |        |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV.   | 9    |     | X      |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 10   |     |        |
|     | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10   |     | X      |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |      |     |        |
| ~   | VII, VIII, IX, or X, as applicable.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> |      |     |        |
| а   | complete Schedule D, Part VI   | 11a  |     |        |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                                      | Tia  | X   |        |
| D   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |     | x      |
| ~   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more                                       | 110  |     | •      |
| C   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c  |     | x      |
| Ь   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                                    | 110  |     | •      |
| u   | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  |     | x      |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                | 11e  | x   | А      |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                              | 110  |     |        |
| -   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.                              | 11f  | x   |        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                  |      |     |        |
|     | Schedule D, Parts XI and XII   | 12a  |     | x      |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If   |      |     |        |
|     | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                   | 12b  |     | x      |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |     | х      |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | х      |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |      |     |        |
|     | fundraising, business, investment, and program service activities outside the United States, or aggregate  |      |     |        |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |     | х      |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                    |      |     |        |
|     | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |     | х      |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |      |     |        |
|     | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV  | 16   |     | х      |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                       |      |     |        |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17   |     | x      |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |      |     |        |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.  | 18   |     | x      |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |      |     |        |
|     | If "Yes," complete Schedule G, Part III  | 19   |     | x      |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |     | x      |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?  | 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   |     | X      |

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|-----|--|-------------|-------|-------|----------|
| Pa  | rt IV Checklist of Required Schedules (continued)  |             |       |       |          |
|     |  |             |       | Yes   | No       |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on        |             |       |       |          |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and IIL  | ••••        | 22    |       | X        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the                 |             |       |       |          |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated              |             |       |       |          |
|     | employees? If "Yes," complete Schedule J   | ••••        | 23    |       | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                  |             |       |       |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b        |             |       |       |          |
|     | through 24d and complete Schedule K. If "No," go to line 25a   |             | 24a   |       | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                    | ••••        | 24b   |       |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year            |             |       |       |          |
|     | to defease any tax-exempt bonds?   |             | 24c   |       | <u> </u> |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?              | ••••        | 24d   |       | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit         |             |       |       |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                        | • • • • • • | 25a   |       | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior     |             |       |       |          |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?         |             |       |       |          |
|     | If "Yes," complete Schedule L, Part I  | • • • • • • | 25b   |       | X        |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current      |             |       |       |          |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%              |             |       |       |          |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part. II                  | • • • • • • | 26    |       | X        |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key    |             |       |       |          |
|     | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee               |             |       |       |          |
|     | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these               |             |       |       |          |
|     | persons? If "Yes," complete Schedule L, Part III   | • • • • • • | 27    |       | x        |
| 28  | Was the organization a party to a business transaction with one of the following parties (See the Schedule           |             |       |       |          |
|     | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).                              |             |       |       |          |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     |             |       |       |          |
|     | "Yes," complete Schedule L, Part IV  |             | 28a   |       | x        |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                      | • • • • • • | 28b   |       | x        |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If             |             |       |       |          |
|     | "Yes," complete Schedule L, Part IV  |             | 28c   |       | x        |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M              |             | 29    |       | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified       |             |       |       |          |
|     | conservation contributions? If "Yes," complete Schedule M  |             | 30    |       | x        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J . |             | 31    |       | x        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"              |             |       |       |          |
|     | complete Schedule N, Part II   |             | 32    |       | x        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations           |             |       |       |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L  | • • • • • • | 33    |       | x        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,       |             |       |       |          |
|     | or IV, and Part V, line 1  |             | 34    |       | x        |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                              | • • • • • • | 35a   |       | x        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a              |             |       |       |          |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2            | • • • • • • | 35b   |       |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                 |             |       |       |          |
|     | related organization? If "Yes," complete Schedule R, Part V, line 2  | • • • • • • | 36    |       | X        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization     |             |       |       |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part-VI         | • • • • • • | 37    |       | x        |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and           |             |       |       |          |
|     | 19? Note: All Form 990 filers are required to complete Schedule O  | • • • • • • | 38    | x     |          |
| Par | rt 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   | ••••        | • • • | • • • |          |
|     |  | 1           |       | Yes   | No       |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 16          |       |       |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                      | 0           | -     |       |          |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and                     |             |       |       |          |
|     | reportable gaming (gambling) winnings to prize winners?  | ••••        | 1c    |       | X        |

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|--------|--|----------|----------|-----|-------|
| Pa     | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |          | Yes | No    |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          |          |     |       |
|        | Statements, filed for the calendar year ending with or within the year covered by this returm 2a                                   | 10       |          |     |       |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     |          | 2b       | x   |       |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      |          | 3a       |     | х     |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        |          | 3b       |     |       |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |          |          |     |       |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 |          | 4a       |     | х     |
| b      | If "Yes," enter the name of the foreign country  |          |          |     |       |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |          |          |     |       |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              |          | 5a       |     | х     |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | F        | 5b       |     | х     |
| с      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | H        | 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       |     | x     |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |          |          |     |       |
| -      | gifts were not tax deductible?   |          | 6b       |     |       |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |          | •=       |     |       |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |          |          |     |       |
| ŭ      | and services provided to the payor?  |          | 7a       |     | x     |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | F        | 7b       |     |       |
| c      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           | ••••     | 10       |     |       |
| U      | required to file Form 8282?  |          | 7c       |     | x     |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | ••••     | 70       |     | •     |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    |          | 7e       |     | x     |
| e<br>f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | F        | 7f       |     |       |
|        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required    | F        |          |     | X     |
| g      |  | F        | 7g<br>7h |     |       |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | •••••    | 7h       |     |       |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |          |          |     |       |
| •      | sponsoring organization have excess business holdings at any time during the year?   | ••••     | 8        |     |       |
| 9      | Sponsoring organizations maintaining donor advised funds.  |          | 0-       |     |       |
| a<br>L | Did the sponsoring organization make any taxable distributions under section 4966?   | F        | 9a       |     |       |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | ••••     | 9b       |     |       |
| 10     | Section 501(c)(7) organizations. Enter:  |          |          |     |       |
| a      | Initiation fees and capital contributions included on Part VIII, line 12   |          |          |     |       |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |          |     |       |
| 11     | Section 501(c)(12) organizations. Enter:   |          |          |     |       |
| а      | Gross income from members or shareholders 11a  |          |          |     |       |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources  |          |          |     |       |
|        | against amounts due or received from them.)  |          |          |     |       |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | ••••     | 12a      |     |       |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |          |     |       |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |          |     |       |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | ••••     | 13a      |     |       |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                                  |          |          |     |       |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which                                       |          |          |     |       |
|        | the organization is licensed to issue qualified health plans   |          |          |     |       |
| С      | Enter the amount of reserves on hand   |          |          |     |       |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | F        | 14a      |     | X     |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          | ••••     | 14b      |     |       |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |          |          |     |       |
|        | excess parachute payment(s) during the year?   | ••••     | 15       |     | x     |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |          |          |     |       |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | ••••     | 16       |     | х     |
|        | If "Yes," complete Form 4720, Schedule O.  |          |          |     |       |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities                     |          |          |     |       |
|        | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  | ••••     | 17       |     | _     |
|        | If "Yes," complete Form 6069.  |          |          |     |       |

|        | m 990 (2023) Crossroads Community Food Network, Inc. 36-46352   |        |         | Page 6   |
|--------|---|--------|---------|----------|
| Pa     | art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,   | and fo | or a "l | Vo"      |
|        | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.   | See i  | nstruc  | ctions.  |
|        | Check if Schedule O contains a response or note to any line in this Part VI   | • • •  |         | X        |
| Se     | ction A. Governing Body and Management  |        |         |          |
|        |   |        | Yes     | No       |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year   |        |         |          |
|        | If there are material differences in voting rights among members of the governing body, or  |        |         |          |
|        | if the governing body delegated broad authority to an executive committee or similar  |        |         |          |
|        | committee, explain on Schedule O.   |        |         |          |
| b      | Enter the number of voting members included in line 1a, above, who are independent 1b 8   |        |         |          |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |        |         |          |
|        | any other officer, director, trustee, or key employee?  | 2      |         | X        |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct   |        |         |          |
|        | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3      |         | x        |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |         | x        |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5      |         | X        |
| 6      | Did the organization have members or stockholders?  | 6      |         | X        |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   |        |         |          |
|        | one or more members of the governing body?  | 7a     |         | X        |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |        |         |          |
|        | stockholders, or persons other than the governing body?   | 7b     |         | X        |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during  |        |         |          |
|        | the year by the following:  |        |         |          |
| а      | The governing body?   | 8a     | x       |          |
| b      | Each committee with authority to act on behalf of the governing body?   | 8b     | x       |          |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  |        |         |          |
|        | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q   | 9      |         | X        |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |        |         |          |
|        |   |        | Yes     | No       |
| 10a    | Did the organization have local chapters, branches, or affiliates?  | 10a    |         | X        |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  |        |         |          |
|        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b    |         |          |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a    | X       |          |
| b      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |        |         |          |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13.  | 12a    | x       | <u> </u> |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b    | x       |          |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |        |         |          |
|        | describe on Schedule O how this was done  | 12c    | X       |          |
| 13     | Did the organization have a written whistleblower policy?   | 13     | x       | <u> </u> |
| 14     | Did the organization have a written document retention and destruction policy?  | 14     | X       |          |
| 15     | Did the process for determining compensation of the following persons include a review and approval by  |        |         |          |
| _      | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 45-    |         |          |
| a<br>⊾ | The organization's CEO, Executive Director, or top management official  | 15a    | x       |          |
| b      | Other officers or key employees of the organization   | 15b    |         | X        |
| 160    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |        |         |          |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayoble optity during the year?   | 160    |         | v        |
| h      | with a taxable entity during the year?  | 16a    |         | X        |
| b      | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |        |         |          |
|        | organization's exempt status with respect to such arrangements?   | 16b    |         |          |
| Sec    | tion C. Disclosure  | 100    |         |          |
| 17     | List the states with which a copy of this Form 990 is required to be filed Maryland   |        |         |          |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)  |        |         |          |
|        | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |        |         |          |
|        | Image: The second state of the seco |        |         |          |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,   |        |         |          |
| -      | and financial statements available to the public during the tax year.   |        |         |          |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and records.   |        |         |          |
|        | Lauren Goldberg (301)615-3806, 6930 Carroll Ave, Suite 426, Takoma Park, MD 20912   |        |         |          |
|        |   |        |         |          |

| Form 990 (20                   | 23) Crossroads Community Food Network, Inc.   | 36-4635237        | Page 7  |
|--------------------------------|---|-------------------|---------|
| Part VII                       | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co  | mpensated Employe | es, 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 En  | nployees          |         |
| 1a Complete                    | this table for all persons required to be listed. Report compensation for the calendar year ending with o           | r within the      |         |
| organization's                 | s tax year.   |                   |         |
| <ul> <li>List all c</li> </ul> | f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardles | s of amount of    |         |
| compensatior                   | n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  |                   |         |
| • List all c                   | f the organization's current key employees, if any. See the instructions for definition of "key employee."          |                   |         |
| <ul> <li>List the</li> </ul>   | organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or k    | ey employee)      |         |
| who received                   | reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NE                   | C) of more than   |         |
| \$100,000 from                 | n the organization and any related organizations.   |                   |         |
| <ul> <li>List all c</li> </ul> | f the organization's former officers, key employees, and highest compensated employees who received                 | d more than       |         |

\$100,000 of reportable compensation from the organization and any related organizations. · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

|                      | y relateu organizat    |                                   | mpen                  | sale    | <del>.</del> u a | ny cun                          | ent          | onicer, ulrector, or        | liusiee.                            |                          |
|----------------------|------------------------|-----------------------------------|-----------------------|---------|------------------|---------------------------------|--------------|-----------------------------|-------------------------------------|--------------------------|
|                      |                        |                                   |                       | (       | C)               |                                 |              |                             |                                     |                          |
| (A)                  | (B)                    |                                   |                       |         | sition           |                                 |              | (D)                         | (E)                                 | (F)                      |
| Name and title       | Average                |                                   |                       |         |                  | nan one<br>s both an            |              | Reportable                  | Reportable                          | Estimated amount         |
|                      | hours                  |                                   |                       |         |                  | /trustee)                       |              | compensation                | compensation                        | of other                 |
|                      | per week               |                                   |                       |         |                  |                                 |              | from the organization (W-2/ | from related<br>organizations (W-2/ | compensation<br>from the |
|                      | (list any<br>hours for | or d                              | Inst                  | Officer | Key              | emp                             | Forme        | 1099-MISC/                  | 1099-MISC/                          | organization and         |
|                      | related                | lirect                            | itutio                | cer     | em               | hest<br>ploye                   | rmer<br>plov | 1099-NEC)                   | 1099-NEC)                           | related organizations    |
|                      | organizations          | or al tru                         | onalt                 |         | Key employee     | è com                           |              |                             |                                     |                          |
|                      | below                  | Individual trustee<br>or director | Institutional trustee |         | ĕ                | pens                            |              |                             |                                     |                          |
|                      | dotted line)           |                                   | 96                    |         |                  | Highest compensated<br>employee |              |                             |                                     |                          |
| (1)Lauren Goldberg   | 40.00                  |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Executive Director   |                        |                                   |                       | x       |                  |                                 |              | 76,886                      | 0                                   | 5,661                    |
| (2)Colleen Normile   | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Member         |                        | x                                 |                       |         |                  |                                 |              | 0                           | 0                                   | 0                        |
| (3)Raul Medrano      | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Member         |                        | x                                 |                       |         |                  |                                 |              | 0                           | 0                                   | 0                        |
| (4)Stephanie Powell  | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Member         |                        | x                                 |                       |         |                  |                                 |              | 0                           | 0                                   | 0                        |
| (5)Vanessa Pierre    | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Member         |                        | x                                 |                       |         |                  |                                 |              | 0                           | 0                                   | 0                        |
| (6)Catherine Nardi   | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Vice President |                        | X                                 |                       | x       |                  |                                 |              | 0                           | 0                                   | 0                        |
| (7)Bea Zuluaga       | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board President      |                        | x                                 |                       | x       |                  |                                 |              | 0                           | 0                                   | 0                        |
| (8) Amyre Barker     | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Secretary      |                        | x                                 |                       | х       |                  |                                 |              | 0                           | 0                                   | 0                        |
| (9)Michael Rubin     | 2.00                   |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| Board Treasurer      |                        | X                                 |                       | x       |                  |                                 |              | 0                           | 0                                   | 0                        |
| (10)                 |                        |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| (11)                 |                        |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
|                      |                        |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| <u>(13)</u>          |                        |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
| <u>(14)</u>          |                        |                                   |                       |         |                  |                                 |              |                             |                                     |                          |
|                      |                        |                                   |                       |         |                  |                                 |              |                             |                                     | E 000 (0000              |

| Form 990 (2023) Crossroads Commun   | nity Food   | l Net       | wor                   | :k,                     | In           | c.  |      |   |  | 5-46352               |         |   | age <b>8</b> |
|---|---|-------------|-----------------------|-------------------------|--------------|---|------|---|--|-----------------------|---------|---|--------------|
| Part VII Section A. Officers, Directors,  | Frustees,   | Key I       | Emp                   |                         |              | s, ar   | nd I | Highest Comp                                  | ensated  | Emplo                 | yees    | (conti                                  | inued,       |
| (A)<br>Name and title   | <b>(B)</b><br>Average<br>hours<br>per week                                  | box         | , unles               | Pos<br>eck m<br>ss pers | son is       | nan one<br>s both ai<br>/trustee)               | n    | (D)<br>Reportable<br>compensation<br>from the | (E)<br>Reporta<br>compensa<br>from rela        | able<br>ation<br>ated | cor     | (F)<br>ated amo<br>of other<br>mpensati |              |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | or director | Institutional trustee | Officer                 | Key employee | Highest compensated<br>employee<br>Key employee |      | organization (W-2/<br>1099-MISC/<br>1099-NEC) | organizations (W-2/<br>1099-MISC/<br>1099-NEC) |                       | orgai   | rom the<br>nization a<br>d organiz      |              |
| (15)  | ·   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| <br>[16)  | ·   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (17)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (18)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (19)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (20)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (21)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (22)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (23)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (24)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| (25)  |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| 1b         Subtotal   | tion A  | •••         | •••                   | •••                     | •••          | •••   | •    |   |  |                       |         |   |              |
| dTotal (add lines 1b and 1c)2Total number of individuals (including but r   |   |             |                       |                         |              |   |      | 76,886<br>received more th                    | nan \$100,                                     | <b>0</b> 00 of        |         | 5,6                                     | 661          |
| reportable compensation from the organiza   | ation   |             |                       |                         |              |   |      |   |  |                       |         |   | 0            |
| 3 Did the organization list any former officer, direct  |   |             |                       |                         |              | -   |      |   |  |                       |         | Yes                                     | No           |
| <ul><li>employee on line 1a? <i>If "Yes," complete Schedu</i></li><li>For any individual listed on line 1a, is the sum of a</li></ul> |   |             |                       |                         |              |   |      |   | ••••   | • • • •               | 3       |   | X            |
| organization and related organizations greater th   | •   | •           |                       |                         |              |   | •    |   |  |                       |         |   |              |
|   |   |             |                       |                         |              |   |      |   | • • • • •                                      | ••••                  | 4       |   | X            |
| 5 Did any person listed on line 1a receive or accrue<br>for services rendered to the organization? If "Ye                             |   |             |                       |                         |              | -   |      |   |  |                       | 5       |   | x            |
| Section B. Independent Contractors  | <u>e, compiete</u>  | Conoc       |                       |                         | 000          | ii pore   | ~    |   |  |                       |         | I                                       |              |
| 1 Complete this table for your five highest co<br>compensation from the organization. Repo  |   | -           |                       |                         |              |   |      |   |  |                       |         | tax v                                   | ear          |
| (A)   | n compens   | allon       |                       |                         | alei         |   | Jea  | (B)   |  | organiz               | (C)     | tax y                                   | cai.         |
| Name and business addre   | SS  |             |                       |                         |              |   |      | Description of servic                         | es   |                       | Compens | ation                                   |              |
|   |   |             |                       |                         |              |   | -    |   |  |                       |         |   |              |
|   |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
|   |   |             |                       |                         |              |   |      |   |  |                       |         |   |              |
| 2 Total number of independent contractors (<br>received more than \$100,000 of compensa   | -   |             |                       |                         |              | ose li  | iste | d above) who                                  |  |                       |         |   |              |

| Form 9  |      | 023) Cross   | roa    | ds Comm        | unity      | y Food Netwo       | rk, Inc.                    |  | 36-46352                             | 37 Page 9   |
|---|------|--|--------|----------------|------------|--------------------|-----------------------------|--|--------------------------------------|---|
| Part  | VIII | Statement of Rev                                     |        |                |            |                    |                             |  |                                      |   |
|   |      | Check if Schedule C                                  | ) coi  | ntains a res   | spons      | e or note to any l | line in this Part V         | <u>/III</u>                                  | •••••                                | <u></u>   |
|   |      |  |        |                |            |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
|   | 1a   | Federated campaigns .                                |        |                | 1a         |                    |                             |  |                                      |   |
| <b>()</b>   | b    | Membership dues                                      |        |                | 1b         |                    |                             |  |                                      |   |
| ants<br>unts  | c    | Fundraising events                                   | ••     |                | 1c         |                    | ]                           |  |                                      |   |
| ũ g   | d    | Related organizations .                              | ••     |                | 1d         |                    | _                           |  |                                      |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | e    | Government grants (contr                             | ributi | ions)          | 1e         | 240,805            |                             |  |                                      |   |
| imil, C   | f    |  | . 0    |                |            |                    |                             |  |                                      |   |
| utio<br>er S  |      | and similar amounts not i                            |        |                | 1f         | 325,166            |                             |  |                                      |   |
| Gr  | g    |  |        |                |            |                    |                             |  |                                      |   |
| and   |      | lines 1a-1f  |        |                | 1g         |                    |                             |  |                                      |   |
|   | h    | Total. Add lines 1a-1f                               | ••     | • • • • • •    | • • •      |                    | 565,971                     |  |                                      |   |
|   | 20   | Community Support                                    | 4      | 7              |            | Business Code      | 62 472                      | 62 472                                       |                                      |   |
| 8   |      | Community Support<br>Fee for Service                 | Lea    | AGI            |            | 900099             | 62,473<br>251               | 62,473<br>251                                |                                      |   |
| ervi<br>ue  |      | ATM Revenues   |        |                |            | 900099             | 39,300                      | 39,300                                       |                                      |   |
| Program Service<br>Revenue                                |      | Vendor Fees  |        |                |            | 900099             | 13,791                      | 13,791                                       |                                      |   |
| Bey   |      | Kitchen Revenue                                      |        |                |            | 900099             | 17,517                      | 17,517                                       |                                      |   |
| Р.<br>О   |      | All other program service                            | reve   | nue            | ••         | 900099             | 26                          | 26   |                                      |   |
| _   |      | Total. Add lines 2a-2f                               |        |                |            |                    | 133,358                     |  |                                      |   |
|   | 3    | Investment income (includ                            |        |                |            |                    |                             |  |                                      |   |
|   |      | other similar amounts) .                             |        |                |            | ••••               | 14,396                      |  |                                      | 14,396  |
|   | 4    | Income from investment of                            | f tax- | exempt bon     | d proc     | eeds               |                             |  |                                      |   |
|   | 5    | Royalties  | ••     | • • • • • •    |            | • • • • • • • • •  |                             |  |                                      |   |
|   |      |  |        | (i) Rea        | ıl         | (ii) Personal      | -                           |  |                                      |   |
|   |      | Gross rents  |        |                |            |                    | -                           |  |                                      |   |
|   |      | Less: rental expenses                                |        |                |            |                    | -                           |  |                                      |   |
|   |      | Rental income or (loss)                              | 6C     |                |            |                    |                             |  |                                      |   |
|   | d    | Net rental income or (loss)                          | )      |                |            | ••••               |                             |  |                                      |   |
|   | 7a   | Gross amount from                                    |        | (i) Securit    | ies        | (ii) Other         | -                           |  |                                      |   |
|   |      | sales of assets                                      | 7a     |                |            |                    |                             |  |                                      |   |
|   | h    | other than inventory ••<br>Less: cost or other basis | 10     |                |            |                    | -                           |  |                                      |   |
| a)  |      | and sales expenses                                   | 76     |                |            |                    |                             |  |                                      |   |
| nue   | c    | Gain or (loss)                                       |        |                |            |                    | -                           |  |                                      |   |
| Seve  |      | Net gain or (loss)                                   |        |                |            | ••••               |                             |  |                                      |   |
| Other Revenue   |      | Gross income from fundra                             |        |                |            |                    |                             |  |                                      |   |
| đ   |      | events (not including \$                             | -      |                |            |                    |                             |  |                                      |   |
|   |      | of contributions reported of                         | on lin | е              | _          |                    |                             |  |                                      |   |
|   |      | 1c). See Part IV, line 18                            | ••     |                | 8a         | I                  | _                           |  |                                      |   |
|   | b    | Less: direct expenses .                              | ••     | • • • • • •    | 8b         |                    |                             |  |                                      |   |
|   |      | Net income or (loss) from                            |        | raising even   | ts 🔒       | ••••               |                             |  |                                      |   |
|   | 9a   | Gross income from gamin                              | -      |                |            |                    |                             |  |                                      |   |
|   |      | activities. See Part IV, line                        |        |                |            |                    |                             |  |                                      |   |
|   |      | Less: direct expenses .                              |        |                | 9b         |                    |                             |  |                                      |   |
|   |      | Net income or (loss) from                            | -      | ing activities | · · ·      | ••••               |                             |  |                                      |   |
|   | 10a  | Gross sales of inventory, l returns and allowances . |        |                | 100        |                    |                             |  |                                      |   |
|   | h    | Less: cost of goods sold                             |        |                | 10a<br>10b |                    | -                           |  |                                      |   |
|   |      | Net income or (loss) from                            |        |                |            | _                  |                             |  |                                      |   |
|   |      |  | Saies  |                | y • •      | Business Code      |                             |  |                                      |   |
| ú   | 112  | CCFN Farmers Mark                                    | (et    |                |            | 900099             | 28,433                      | 28,433                                       |                                      |   |
| ue<br>ue  | b    | -  |        |                |            |                    | 20,333                      | 20,133                                       |                                      |   |
| Miscellanous<br>Revenue                                   | c    |  |        |                |            |                    |                             |  |                                      |   |
| isce<br>Rev   |      | All other revenue                                    |        |                |            |                    |                             |  |                                      |   |
| Σ   | -    | Total. Add lines 11a-11d                             |        |                |            |                    | 28,433                      |  |                                      |   |
|   |      | Total revenue. See instru                            |        |                |            |                    | 742,158                     | 161,791                                      | 0                                    | 14,396  |

#### Part IX **Statement of Functional Expenses**

Form 990 (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Crossroads Community Food Network, Inc.

| Section 501(c)(3) and 501(c)(4) organizations must comp  |                       |                        | •                                     |                           |
|--|-----------------------|------------------------|---------------------------------------|---------------------------|
| Check if Schedule O contains a response or   | -                     |                        | · · · · · · · · · · · · · · · · · · · |                           |
| Do not include amounts reported on lines 6b, 7b,   | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and                 | <b>(D)</b><br>Fundraising |
| 8b, 9b, and 10b of Part VIII.  |                       | expenses               | general expenses                      | expenses                  |
| 1 Grants and other assistance to domestic organizations  |                       |                        |                                       |                           |
| and domestic governments. See Part IV, line 21   |                       |                        |                                       |                           |
| 2 Grants and other assistance to domestic  |                       |                        |                                       |                           |
| individuals. See Part IV, line 22  |                       |                        |                                       |                           |
| 3 Grants and other assistance to foreign   |                       |                        |                                       |                           |
| organizations, foreign governments, and  |                       |                        |                                       |                           |
| foreign individuals. See Part IV, lines 15 and 16 • • • •  |                       |                        |                                       |                           |
| 4 Benefits paid to or for members  |                       |                        |                                       |                           |
| 5 Compensation of current officers, directors,   |                       |                        |                                       |                           |
| trustees, and key employees  | 82,242                | 63,738                 | 8,224                                 | 10,280                    |
| 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   | 229,046               | 211,533                | 7,188                                 | 10,325                    |
| 8 Pension plan accruals and contributions (include   |                       |                        |                                       | · · · · · ·               |
| section 401(k) and 403(b) employer contributions) .  | 5,029                 | 3,898                  | 502                                   | 629                       |
| 9 Other employee benefits  | 7,335                 | 5,684                  | 734                                   | 917                       |
| 10         Payroll taxes   | 23,806                | 18,449                 | 2,976                                 | 2,381                     |
| 11 Fees for services (nonemployees):   |                       |                        |                                       | 2,001                     |
| a Management   |                       |                        |                                       |                           |
| b Legal  |                       |                        |                                       |                           |
| <b>c</b> Accounting  | 22,960                |                        | 22,960                                |                           |
| d Lobbying   | 22,900                |                        | 22,900                                |                           |
| e Professional fundraising services. See Part IV, line 17.   |                       |                        |                                       |                           |
| f Investment management fees   |                       |                        |                                       |                           |
| • · · · · · · · · · · · · · · · · · · ·  |                       |                        |                                       |                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 202 226               | 200,000                | 1 470                                 | 1 040                     |
|  | 203,326               | 200,000                | 1,478                                 | 1,848                     |
| 12 Advertising and promotion   | 601                   | 556                    | 20                                    | 25                        |
| 13 Office expenses   | 2,849                 | 2,435                  | 184                                   | 230                       |
| 14 Information technology  | 5,236                 | 4,406                  | 369                                   | 461                       |
| <b>15</b> Royalties  |                       |                        |                                       |                           |
| 16 Occupancy   | 35,624                | 30,024                 | 2,489                                 | 3,111                     |
| <b>17</b> Travel   | 2,634                 | 2,478                  | 69                                    | 87                        |
| 18 Payments of travel or entertainment expenses  |                       |                        |                                       |                           |
| for any federal, state, or local public officials  |                       |                        |                                       |                           |
| <b>19</b> Conferences, conventions, and meetings   |                       |                        |                                       |                           |
| <b>20</b> Interest   |                       |                        |                                       |                           |
| 21 Payments to affiliates  |                       |                        |                                       |                           |
| <b>22</b> Depreciation, depletion, and amortization  | 3,273                 | 2,536                  | 328                                   | 409                       |
| <b>23</b> Insurance  | 6,137                 | 4,832                  | 580                                   | 725                       |
| 24 Other expenses. Itemize expenses not covered  |                       |                        |                                       |                           |
| above (List miscellaneous expenses on line 24e. If   |                       |                        |                                       |                           |
| line 24e amount exceeds 10% of line 25, column   |                       |                        |                                       |                           |
| (A), amount, list line 24e expenses on Schedule O.)  |                       |                        |                                       |                           |
| a Vendor & Incentive Reimb   | 94,205                | 94,205                 |                                       |                           |
| b Program Supplies   | 13,325                | 12,182                 | 507                                   | 636                       |
| c Staff Development  | 798                   | 618                    | 80                                    | 100                       |
| d  |                       |                        |                                       |                           |
| e All other expenses   |                       |                        |                                       |                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 738,426               | 657,574                | 48,688                                | 32,164                    |
| <b>26</b> Joint costs. Complete this line only if the  |                       |                        |                                       |                           |
| organization reported in column (B) joint costs<br>from a combined educational campaign and                            |                       |                        |                                       |                           |
| fundraising solicitation. Check here if  |                       |                        |                                       |                           |
| following SOP 98-2 (ASC 958-720)   |                       |                        |                                       |                           |
| EEA  |                       |                        |                                       | Form 990 (2023)           |

### 36-4635237

|                             | 990 (20 |  | 3                 | 6-46352   | 237 Page 11 |
|-----------------------------|---------|--|-------------------|-----------|-------------|
| Par                         | t X     | Balance Sheet  |                   |           |             |
|                             |         | Check if Schedule O contains a response or note to any line in this Part X   | ••••              | • • • • • |             |
|                             |         |  | (A)               |           | (B)         |
|                             |         |  | Beginning of year |           | End of year |
|                             | 1       | Cash - non-interest-bearing  | 130,602           | 1         | 75,574      |
|                             | 2       | Savings and temporary cash investments   | 651,861           | 2         | 679,235     |
|                             | 3       | Pledges and grants receivable, net   |                   | 3         |             |
|                             | 4       | Accounts receivable, net   | 48,754            | 4         | 87,589      |
|                             | 5       | Loans and other receivables from any current or former officer, director,  |                   |           |             |
|                             |         | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |           |             |
|                             |         | controlled entity or family member of any of these persons   |                   | 5         |             |
|                             | 6       | Loans and other receivables from other disqualified persons (as defined  |                   |           |             |
|                             |         | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\hfill \hfill \hf$ |                   | 6         |             |
| s                           | 7       | Notes and loans receivable, net  |                   | 7         |             |
| Assets                      | 8       | Inventories for sale or use  |                   | 8         |             |
| As                          | 9       | Prepaid expenses and deferred charges  | 2,370             | 9         | 2,088       |
|                             | 10a     | Land, buildings, and equipment: cost or other  |                   |           |             |
|                             |         | basis. Complete Part VI of Schedule D 10a 27,617   |                   |           |             |
|                             | b       | Less: accumulated depreciation   | 19,503            |           | 16,230      |
|                             | 11      | Investments - publicly traded securities   |                   | 11        |             |
|                             | 12      | Investments - other securities. See Part IV, line 11   |                   | 12        |             |
|                             | 13      | Investments - program-related. See Part IV, line 11  |                   | 13        |             |
|                             | 14      | Intangible assets  |                   | 14        |             |
|                             | 15      | Other assets. See Part IV, line 11   |                   | 15        | 25,845      |
|                             | 16      | Total assets. Add lines 1 through 15 (must equal line 33)  | 853,090           | 16        | 886,561     |
|                             | 17      | Accounts payable and accrued expenses  | 45,518            | 17        | 49,412      |
|                             | 18      | Grants payable   |                   | 18        |             |
|                             | 19      |  |                   | 19        |             |
|                             | 20      | Tax-exempt bond liabilities  |                   | 20        |             |
|                             | 21      | Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 21        |             |
| ies                         | 22      | Loans and other payables to any current or former officer, director,   |                   |           |             |
| Liabilities                 |         | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |           |             |
| Lial                        |         | controlled entity or family member of any of these persons   |                   | 22        |             |
|                             | 23      | Secured mortgages and notes payable to unrelated third parties   |                   | 23        |             |
|                             | 24      | Unsecured notes and loans payable to unrelated third parties   |                   | 24        |             |
|                             | 25      | Other liabilities (including federal income tax, payables to related third   |                   |           |             |
|                             |         | parties, and other liabilities not included on lines 17-24). Complete Part X   |                   | 05        | 25 045      |
|                             | 26      | of Schedule D  | 45 510            | 25        | 25,845      |
|                             | 26      | Organizations that follow FASB ASC 958, check here X   | 45,518            | 26        | 75,257      |
|                             |         |  |                   |           |             |
| ses                         | 27      | and complete lines 27, 28, 32, and 33.<br>Net assets without donor restrictions  | 788,457           | 27        | 772 522     |
| anc                         | 27      | Net assets with donor restrictions   |                   | 27        | 773,533     |
| Bal                         | 20      | Organizations that do not follow FASB ASC 958, check here  | 19,115            | 20        | 37,771      |
| pu                          |         |  |                   |           |             |
| Net Assets or Fund Balances | 29      | and complete lines 29 through 33.<br>Capital stock or trust principal, or current funds  |                   | 29        |             |
| Ō                           | 30      | Paid-in or capital surplus, or land, building, or equipment fund   |                   | 30        |             |
| iset                        | 30      | Retained earnings, endowment, accumulated income, or other funds   |                   | 30        |             |
| tA₅                         | 32      | Total net assets or fund balances  | 807,572           | 31        | 911 204     |
| Ne:                         | 32      | Total liabilities and net assets/fund balances   | 807,572           |           | 811,304     |
|                             | 55      |  | 053,090           | 55        | 886,561     |

EEA

Form 990 (2023)

| Form | 990 (2023) Crossroads Community Food Network, Inc.  | 36-46352 | 237  | Pa           | age <b>12</b> |
|------|---|----------|------|--------------|---------------|
| Pa   | rt XI Reconciliation of Net Assets  |          |      |              |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |          |      |              |               |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |      | 742,         | 158           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        |      | 738,         | 426           |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3        |      | 3,           | 732           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4        |      | 807,         | 572           |
| 5    | Net unrealized gains (losses) on investments  | 5        |      |              |               |
| 6    | Donated services and use of facilities  | 6        |      |              |               |
| 7    | Investment expenses   | 7        |      |              |               |
| 8    | Prior period adjustments  | 8        |      |              |               |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |      |              | 0             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |          |      |              |               |
|      | 32, column (B))   | 10       |      | 811,         | 304           |
| Pa   | t XII Financial Statements and Reporting  |          |      |              |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |          |      | • • •        |               |
|      |   |          |      | Yes          | No            |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          |      |              |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on           |          |      |              |               |
|      | Schedule O.   |          |      |              |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |          | 2a   | X            |               |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |          |      |              |               |
|      | reviewed on a separate basis, consolidated basis, or both.  |          |      |              |               |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |          |      |              |               |
| b    | Were the organization's financial statements audited by an independent accountant?                              |          | 2b   |              | x             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |          |      |              |               |
|      | separate basis, consolidated basis, or both.  |          |      |              |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |              |               |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |          |      |              |               |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |          | 2c   | X            |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |          |      |              |               |
|      | 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 |          |      |              |               |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a   |              | X             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |          |      |              |               |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |          | 3b   |              |               |
| EEA  |   |          | Forn | n <b>990</b> | (2023)        |

| SCHEDULE   | A |
|------------|---|
| (Form 990) |   |

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Crossroads Community Food Network, Inc. 36-4635237 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f . Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D)

(E) Total

| Schedu<br>Part | le A (Form 990) 2023 Crossroads                   |                   |                  |                    | $1)(\Delta)(iy)$ and | 36-463523<br>170(b)(1)(A) |           |
|----------------|---|-------------------|------------------|--------------------|----------------------|---------------------------|-----------|
| ı arı          | (Complete only if you checked th                  |                   |                  |                    |                      |                           |           |
|                |   |                   |                  |                    |                      |                           | any under |
| 0              | Part III. If the organization fails to            | o quality unde    | er the tests lis | sted below, pl     | ease complet         | te Part III.)             |           |
|                | on A. Public Support                              |                   |                  | 1                  |                      |                           |           |
| Calen          | dar year (or fiscal year beginning in)            | (a) 2019          | <b>(b)</b> 2020  | (c) 2021           | (d) 2022             | (e) 2023                  | (f) Total |
| 1              | Gifts, grants, contributions, and                 |                   |                  |                    |                      |                           |           |
|                | membership fees received. (Do not                 |                   |                  |                    |                      |                           |           |
|                | include any "unusual grants.") ••••               | 751,062           | 652,656          | 581,637            | 670,518              | 575,971                   | 3,231,844 |
| 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              | <b>Total.</b> Add lines 1 through 3               | 751,062           | 652,656          | 581,637            | 670,518              | 575,971                   | 3,231,844 |
| 5              | The portion of total contributions by             | 751,062           | 052,050          | 561,057            | 670,518              | 575,971                   | 3,231,044 |
| 5              |   |                   |                  |                    |                      |                           |           |
|                | 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)                      |                   |                  |                    |                      |                           | 967,053   |
| 6              | Public support. Subtract line 5 from line 4.      |                   |                  |                    |                      |                           | 2,264,791 |
| Secti          | on B. Total Support                               |                   |                  |                    |                      |                           |           |
| Calen          | dar year (or fiscal year beginning in)            | (a) 2019          | (b) 2020         | (c) 2021           | (d) 2022             | (e) 2023                  | (f) Total |
| 7              | Amounts from line 4                               | 751,062           | 652,656          | 581,637            | 670,518              | 575,971                   | 3,231,844 |
| 8              | Gross income from interest, dividends,            |                   |                  |                    |                      |                           |           |
| -              | payments received on securities loans,            |                   |                  |                    |                      |                           |           |
|                | rents, royalties, and income from                 |                   |                  |                    |                      |                           |           |
|                | similar sources                                   |                   |                  |                    |                      |                           |           |
| 9              | Net income from unrelated business                |                   |                  |                    |                      |                           |           |
| 3              |   |                   |                  |                    |                      |                           |           |
|                | activities, whether or not the business           |                   |                  |                    |                      |                           |           |
|                | is regularly carried on                           |                   |                  |                    |                      |                           |           |
| 10             | Other income. Do not include gain or              |                   |                  |                    |                      |                           |           |
|                | loss from the sale of capital assets              |                   |                  |                    |                      |                           |           |
|                | (Explain in Part VI.)                             |                   |                  |                    |                      |                           |           |
| 11             | Total support. Add lines 7 through 10             |                   |                  |                    |                      |                           | 3,231,844 |
| 12             | Gross receipts from related activities, etc.      |                   |                  |                    |                      | 12                        |           |
| 13             | First 5 years. If the Form 990 is for the or      | rganization's fir | st, second, thi  | rd, fourth, or fif | th tax year as       | a section 501(            | c)(3)     |
|                | organization, check this box and stop her         | re                |                  |                    |                      |                           |           |
| Secti          | on C. Computation of Public Suppo                 |                   |                  |                    |                      |                           |           |
| 14             | Public support percentage for 2023 (line 6        |                   |                  | 1. column (f))     |                      | 14                        | 70.08 %   |
| 15             | Public support percentage from 2022 Sch           |                   | -                |                    |                      | 15                        | 71.52 %   |
| 16a            | <b>33 1/3% support test - 2023.</b> If the organ  |                   |                  |                    |                      |                           |           |
| Tou            | box and <b>stop here.</b> The organization qua    |                   |                  |                    |                      |                           |           |
| h              | 33 1/3% support test - 2022. If the organ         |                   |                  | -                  |                      |                           |           |
| b              |   |                   |                  |                    |                      |                           |           |
|                | this box and <b>stop here.</b> The organization   |                   |                  | -                  |                      |                           |           |
| 17a            | 10%-facts-and-circumstances test - 20             | -                 |                  |                    |                      |                           |           |
|                | 10% or more, and if the organization mee          |                   |                  |                    |                      | •                         |           |
|                | Part VI how the organization meets the fa         |                   |                  | -                  | -                    |                           |           |
|                | organization                                      |                   |                  |                    |                      |                           |           |
| b              | 10%-facts-and-circumstances test - 202            | 22. If the organ  | ization did not  | check a box o      | n line 13, 16a,      | 16b, or 17a, a            | nd line   |
|                | 15 is 10% or more, and if the organization        | n meets the fac   | ts-and-circums   | stances test, ch   | neck this box a      | nd stop here.             | Explain   |
|                | in Part VI how the organization meets the         |                   |                  |                    |                      |                           |           |
|                | organization                                      |                   |                  |                    |                      |                           |           |
| 18             | <b>Private foundation.</b> If the organization di |                   |                  |                    |                      |                           |           |
|                | instructions                                      |                   |                  |                    |                      |                           |           |
| EEA            |   |                   |                  | ••••               |                      | Schedule                  |           |

| Schedu            | le A (Form 990) 2023 Crossroads   | Community       | Food Netwo       | rk, Inc.          |                 | 36-463523         | 7 Page 3        |
|-------------------|---|-----------------|------------------|-------------------|-----------------|-------------------|-----------------|
| Part              | III Support Schedule for Organiza   | ations Desci    | ribed in Sect    | ion 509(a)(2)     |                 |                   |                 |
|                   | (Complete only if you checked th  | e box on line   | e 10 of Part I o | or if the organ   | nization failed | l to qualify und  | der Part II.    |
|                   | If the organization fails to qualify  |                 |                  |                   |                 |                   |                 |
| Secti             | on A. Public Support  |                 |                  | ,                 |                 | //                |                 |
| -                 | dar year (or fiscal year beginning in)  | (a) 2019        | <b>(b)</b> 2020  | (c) 2021          | (d) 2022        | (e) 2023          | (f) Total       |
| 1                 | Gifts, grants, contributions, and membership fees   | (4) 2010        | (6) 2020         | (0) 2021          | (u) LOLL        | (0) 2020          |                 |
|                   |   |                 |                  |                   |                 |                   |                 |
| •                 | received. (Do not include any "unusual grants.")<br>Gross receipts from admissions, merchandise |                 |                  |                   |                 |                   |                 |
| 2                 | sold or services performed, or facilities   |                 |                  |                   |                 |                   |                 |
|                   | furnished in any activity that is related to the  |                 |                  |                   |                 |                   |                 |
|                   | organization's tax-exempt purpose   |                 |                  |                   |                 |                   |                 |
| 3                 | Gross receipts from activities that are not an  |                 |                  |                   |                 |                   |                 |
|                   | unrelated trade or business under section 513   |                 |                  |                   |                 |                   |                 |
| 4                 | Tax revenues levied for the   |                 |                  |                   |                 |                   |                 |
|                   | organization's benefit and either paid  |                 |                  |                   |                 |                   |                 |
|                   | to or expended on its behalf  |                 |                  |                   |                 |                   |                 |
| 5                 | The value of services or facilities   |                 |                  |                   |                 |                   |                 |
|                   | furnished by a governmental unit to the   |                 |                  |                   |                 |                   |                 |
|                   | organization without charge   |                 |                  |                   |                 |                   |                 |
| 6                 | <b>Total.</b> Add lines 1 through 5   |                 |                  |                   |                 |                   |                 |
| -                 | Amounts included on lines 1, 2, and 3   |                 |                  |                   |                 |                   |                 |
| 74                | received from disqualified persons  |                 |                  |                   |                 |                   |                 |
| <b>b</b>          |   |                 |                  |                   |                 |                   |                 |
| b                 | Amounts included on lines 2 and 3   |                 |                  |                   |                 |                   |                 |
|                   | received from other than disqualified   |                 |                  |                   |                 |                   |                 |
|                   | persons that exceed the greater of \$5,000  |                 |                  |                   |                 |                   |                 |
|                   | or 1% of the amount on line 13 for the year   |                 |                  |                   |                 |                   |                 |
| С                 | Add lines 7a and 7b   |                 |                  |                   |                 |                   |                 |
| 8                 | Public support. (Subtract line 7c from  |                 |                  |                   |                 |                   |                 |
|                   | line 6.)  |                 |                  |                   |                 |                   |                 |
| Secti             | on B. Total Support   |                 |                  |                   |                 |                   |                 |
| Calen             | dar year (or fiscal year beginning in)  | <b>(a)</b> 2019 | (b) 2020         | (c) 2021          | (d) 2022        | (e) 2023          | (f) Total       |
| 9                 | Amounts from line 6   |                 |                  |                   |                 |                   |                 |
| 10a               | Gross income from interest, dividends,  |                 |                  |                   |                 |                   |                 |
|                   | payments received on securities loans, rents,   |                 |                  |                   |                 |                   |                 |
|                   | royalties, and income from similar sources •  |                 |                  |                   |                 |                   |                 |
| b                 | Unrelated business taxable income (less   |                 |                  |                   |                 |                   |                 |
| 2                 | 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 on line 10b, whether  |                 |                  |                   |                 |                   |                 |
|                   | or not the business is regularly carried on   |                 |                  |                   |                 |                   |                 |
| 12                | Other income. Do not include gain or  |                 |                  |                   |                 |                   |                 |
|                   | loss from the sale of capital assets  |                 |                  |                   |                 |                   |                 |
|                   | (Explain in Part VI.)   |                 |                  |                   |                 |                   |                 |
| 13                | Total support. (Add lines 9, 10c, 11,   |                 |                  |                   |                 |                   |                 |
|                   | and 12.)  |                 |                  |                   |                 |                   |                 |
| 14                | First 5 years. If the Form 990 is for the or  | ganization's fi | rst, second, thi | rd, fourth, or fi | fth tax year as | a section 501(c   | :)(3)           |
|                   | organization, check this box and stop her   |                 |                  |                   |                 | · · · · · · · · · |                 |
| Secti             | on C. Computation of Public Suppor  |                 |                  |                   |                 |                   | <u> </u>        |
| 15                | Public support percentage for 2023 (line 8  |                 |                  | 3 column (f))     |                 | 15                | %               |
| 16                | Public support percentage from 2022 Sch   |                 | •                |                   |                 | 16                | %               |
|                   | on D. Computation of Investment In  |                 |                  |                   | <u></u>         |                   | /0              |
| <u>3ecu</u><br>17 | Investment income percentage for 2023 (I  |                 |                  | v line 12 colu    | mn (f))         | 17                | %               |
|                   |   |                 |                  | •                 |                 |                   |                 |
| 18<br>10a         | Investment income percentage from 2022  |                 |                  |                   |                 | 18                | %<br>v and line |
| 19a               | 33 1/3% support tests - 2023. If the orga   |                 |                  |                   |                 |                   |                 |
|                   | 17 is not more than 33 1/3%, check this b   | -               | -                | -                 |                 | • • •             |                 |
| b                 | 33 1/3% support tests - 2022. If the organizati   |                 |                  |                   |                 |                   |                 |
| _                 | line 18 is not more than 33 1/3%, check this bo   | -               | -                |                   |                 | -                 | _               |
| 20                | Private foundation. If the organization di  | d not check a   | box on line 14.  | 19a, or 19b. c    | heck this box a | and see instruct  | tions 🗌         |

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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

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

| Part | IV Supporting Organizations (continued)  |      | V      |    |
|------|--|------|--------|----|
|      |  |      | Yes    | N  |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |      |        |    |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                 |      |        |    |
|      | 11c below, the governing body of a supported organization?   | 11a  |        |    |
| b    | A family member of a person described on line 11a above?   | 11b  |        |    |
| С    | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,                          |      |        |    |
|      | provide detail in Part VI.   | 11c  |        |    |
| ecti | on B. Type I Supporting Organizations  |      |        |    |
|      |  |      | Yes    | No |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or     |      |        |    |
|      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |      |        |    |
|      | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |      |        |    |
|      | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |      |        |    |
|      | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |      |        |    |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.               | 1    |        |    |
| 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    |        |    |
| ecti | on C. Type II Supporting Organizations   |      |        |    |
|      |  |      | Yes    | No |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors               |      |        |    |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                  |      |        |    |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                         |      |        |    |
|      | the supported organization(s).   | 1    |        |    |
| ecti | on D. All Type III Supporting Organizations  |      |        |    |
|      |  |      | Yes    | No |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                 |      |        |    |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax          |      |        |    |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |      |        |    |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?               | 1    |        |    |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported               |      |        |    |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI                 |      |        |    |
|      | how the organization maintained a close and continuous working relationship with the supported organization(s).                | 2    |        |    |
| 3    | By reason of the relationship described in line 2, above, did the organization's supported organizations have                  |      |        |    |
| •    | a significant voice in the organization's investment policies and in directing the use of the organization's                   |      |        |    |
|      | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's            |      |        |    |
|      | supported organizations played in this regard.   | 3    |        |    |
| ecti | on E. Type III Functionally Integrated Supporting Organizations  | 5    |        |    |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see             | inet | ructio | ne |
| a    | The organization satisfied the Activities Test. <i>Complete line 2 below.</i>  | ,    | aone   |    |
| a    | $\Box$ The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                    |      |        |    |

Inc

**b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* 

Crossroads Community Food Network,

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).\_\_
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2023

- **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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990) 2023

Yes

2a

2b

3a

3b

No

36-4635237

Page 5

| Schedule A (Form 990) 2023     | Crossroads | Community    | Food | Network, | Inc. |  |
|--------------------------------|------------|--------------|------|----------|------|--|
| 20110000171 (1 01111 000) 2020 | 0100010440 | 00mmun 2 0 j |      |          |      |  |

36-4635237

Page 6

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 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.

 Section A - Adjusted Net Income
 (A) Prior Year

| Secti | on A - Adjusted Net Income  |    | (A) Prior Year | (B) Current Year<br>(optional) |
|-------|---|----|----------------|--------------------------------|
| 1     | Net short-term capital gain   | 1  |                |                                |
| 2     | Recoveries of prior-year distributions                                      | 2  |                |                                |
| 3     | Other gross income (see instructions)                                       | 3  |                |                                |
| 4     | Add lines 1 through 3.  | 4  |                |                                |
| 5     | Depreciation and depletion  | 5  |                |                                |
| 6     | Portion of operating expenses paid or incurred for production or collection |    |                |                                |
|       | of gross income or for management, conservation, or maintenance of          |    |                |                                |
|       | property held for production of income (see instructions)                   | 6  |                |                                |
| 7     | Other expenses (see instructions)   | 7  |                |                                |
| 8     | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                | 8  |                |                                |
| Secti | on B - Minimum Asset Amount   |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1     | Aggregate fair market value of all non-exempt-use assets (see               |    |                |                                |
|       | instructions for short tax year or assets held for part of year):           |    |                |                                |
| а     | Average monthly value of securities   | 1a |                |                                |
| b     | Average monthly cash balances   | 1b |                |                                |
| С     | Fair market value of other non-exempt-use assets                            | 1c |                |                                |
| d     | Total (add lines 1a, 1b, and 1c)  | 1d |                |                                |
| е     | Discount claimed for blockage or other factors                              |    |                |                                |
|       | (explain in detail in <b>Part VI</b> ):                                     |    |                |                                |
| 2     | Acquisition indebtedness applicable to non-exempt-use assets                | 2  |                |                                |
| 3     | Subtract line 2 from line 1d.   | 3  |                |                                |
| 4     | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, |    |                |                                |
|       | see instructions).  | 4  |                |                                |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)            | 5  |                |                                |
| 6     | Multiply line 5 by 0.035.   | 6  |                |                                |
| 7     | Recoveries of prior-year distributions                                      | 7  |                |                                |
| 8     | Minimum Asset Amount (add line 7 to line 6)                                 | 8  |                |                                |
| Secti | on C - Distributable Amount   |    |                | Current Year                   |
| 1     | Adjusted net income for prior year (from Section A, line 8, column A)       | 1  |                |                                |
| 2     | Enter 0.85 of line 1.   | 2  |                |                                |
| 3     | Minimum asset amount for prior year (from Section B, line 8, column A)      | 3  |                |                                |
| 4     | Enter greater of line 2 or line 3.  | 4  |                |                                |
| 5     | Income tax imposed in prior year  | 5  |                |                                |
| 6     | Distributable Amount. Subtract line 5 from line 4, unless subject to        |    |                |                                |
|       | emergency temporary reduction (see instructions).                           | 6  |                |                                |
|       |   | 1  |                |                                |

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

EEA

Schedule A (Form 990) 2023

|   | e A (Form 990) 2023 Crossroads Community Food                        |                                    |                    | 46352 | 37 Page 7                                 |
|---|--|------------------------------------|--------------------|-------|---|
| Part  | V Type III Non-Functionally Integrated 509(a)(3                      | <ol><li>Supporting Organ</li></ol> | izations (continue | ed)   |   |
| Sect  | on D - Distributions   |                                    |                    |       | Current Year                              |
| 1   | Amounts paid to supported organizations to accomplish e              | xempt purposes                     |                    | 1     |   |
| 2   | Amounts paid to perform activity that directly furthers exer         |                                    |                    |       |   |
|   | organizations, in excess of income from activity                     | 2                                  |                    |       |   |
| 3   | Administrative expenses paid to accomplish exempt purpo              | oses of supported organ            | izations           | 3     |   |
| 4   | Amounts paid to acquire exempt-use assets                            |                                    |                    | 4     |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)            | - provide details in Part          | VI)                | 5     |   |
| 6   | Other distributions (describe in Part VI). See instructions.         |                                    |                    | 6     |   |
| 7   | Total annual distributions. Add lines 1 through 6.                   |                                    |                    | 7     |   |
| 8   | Distributions to attentive supported organizations to which          | the organization is resp           | onsive             |       |   |
|   | (provide details in Part VI). See instructions.                      |                                    |                    | 8     |   |
| 9   | Distributable amount for 2023 from Section C, line 6                 |                                    |                    | 9     |   |
| 10  | Line 8 amount divided by line 9 amount                               |                                    |                    | 10    |   |
| Section E - Distribution Allocations (see instructions)       (i)       (ii)         Excess Distributions       Underdistribution |  |                                    |                    |       | (iii)<br>Distributable<br>Amount for 2023 |
| 1   | Distributable amount for 2023 from Section C, line 6                 |                                    |                    |       |   |
| 2   | Underdistributions, if any, for years prior to 2023                  |                                    |                    |       |   |
|   | (reasonable cause required - explain in Part VI). See                |                                    |                    |       |   |
|   | instructions.  |                                    |                    |       |   |
| 3   | Excess distributions carryover, if any, to 2023                      |                                    |                    |       |   |
| а   | From 2018  |                                    |                    |       |   |
| b   | From 2019  |                                    |                    |       |   |
| С   | From 2020  |                                    |                    |       |   |
| d   | From 2021  |                                    |                    |       |   |
| е   | From 2022  |                                    |                    |       |   |
| f   | Total of lines 3a through 3e   |                                    |                    |       |   |
| g   | Applied to underdistributions of prior years                         |                                    |                    |       |   |
| h   | Applied to 2023 distributable amount                                 |                                    |                    |       |   |
| i   | Carryover from 2018 not applied (see instructions)                   |                                    |                    |       |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.               |                                    |                    |       |   |
| 4   | Distributions for 2023 from  |                                    |                    |       |   |
|   | Section D, line 7: \$  |                                    |                    |       |   |
| а   | Applied to underdistributions of prior years                         |                                    |                    |       |   |
| b   | Applied to 2023 distributable amount                                 |                                    |                    |       |   |
| C   | Remainder. Subtract lines 4a and 4b from line 4.                     |                                    |                    |       |   |
| 5   | Remaining underdistributions for years prior to 2023, if             |                                    |                    |       |   |
|   | any. Subtract lines 3g and 4a from line 2. For result                |                                    |                    |       |   |
|   | greater than zero, explain in Part VI. See instructions.             |                                    |                    |       |   |
| 6   | Remaining underdistributions for 2023. Subtract lines 3h             |                                    |                    |       |   |
|   | and 4b from line 1. For result greater than zero, explain in         |                                    |                    |       |   |
|   | Part VI. See instructions.   |                                    |                    |       |   |
| 7   | <b>Excess distributions carryover to 2024</b> . Add lines 3j and 4c. |                                    |                    |       |   |
| 8   | Breakdown of line 7:   |                                    |                    |       |   |
| <u> </u>  | Evenes from 2010   |                                    |                    |       |   |
| a<br>b  | Evenes from 0000   |                                    |                    |       |   |
| <br>C   | Europe from 0001   |                                    |                    |       |   |
| d   | Europe from 0000   |                                    |                    |       |   |
| e   | Evenes from 0000   |                                    |                    |       |   |
| EEA   | Excess from 2023   |                                    |                    | S     | chedule A (Form 990) 2023                 |
| •   |  |                                    |                    |       |   |

|         | Page 8  |
|---------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part       |
|         | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section  |
|         | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b |
|         |   |
|         | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E   |
|         | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)                        |
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## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

## Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

| Name of the organization                | Employer identification number |
|---|--------------------------------|
| Crossroads Community Food Network, Inc. | 36-4635237                     |
| Organization type (check one):          |                                |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | <b>X</b> 501(c)( <b>3</b> ) (enter number) organization                          |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |
|                    |  |

#### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

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

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

Boston MA 02108

| (Farm 000) (0000)  |                                      | Dens (  |
|--|--------------------------------------|---|
| (Form 990) (2023)<br>organization  | Emple                                | Page 2  |
| oads Community Food Network, Inc.  |                                      | 36-4635237  |
| <b>Contributors</b> (see instructions). Use duplicate copies                     | s of Part I if additional space is r | needed.   |
| (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions           | (d)<br>Type of contribution   |
| Adventist Healthcare<br>820 West Diamond Ave. Suite 600<br>Gaithersburg MD 20878 | \$18,000                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions           | (d)<br>Type of contribution   |
| Montgomery County Dept. of Health a  | \$64,519                             | Person x<br>Payroll<br>Noncash  |
| 401 Hungerford Drive, 6th Floor<br>Rockville MD 20850                            | \$64,519<br>                         | (Complete Part II for<br>noncash contributions.)                                |
| (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions           | (d)<br>Type of contribution   |
| Prince George's County Community Pa<br>1301 McCormick Drive                      | \$                                   | Person x<br>Payroll<br>Noncash  |
| Upper Marlboro MD 20774  | _                                    | (Complete Part II for noncash contributions.)                                   |
| (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions           | (d)<br>Type of contribution   |
| SMADC<br>15045 Burnt Store Rd  | \$30,869                             | Person x<br>Payroll<br>Noncash<br>(Complete Part II for                         |
| Hughesville MD 20637<br>(b)  | (c)                                  | noncash contributions.)   |
| Name, address, and ZIP + 4   | Total contributions                  | Type of contribution  |
| The Morris and Gwendolyn Cafritz Fo  |                                      | Person x<br>Payroll   |
| 1825 K St NW #1400<br>Washington DC 20006  | \$55,000                             | Noncash (Complete Part II for noncash contributions.)                           |
| (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions           | (d)<br>Type of contribution   |
| Parker Tiampo<br>10 Otis St, Apt. 4B   | \$50,000                             | Person x<br>Payroll<br>Noncash  |

(Complete Part II for

| Schedule B (Form 990)  |
|------------------------|
| New set of some stands |

Part I (a) No.

\_\_\_\_1

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

6

Name of organ

Crossroads

noncash contributions.)

(a) No.

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Schedule B (Form 990) (2023) Name of organization Crossroads Community Food Network, Inc. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** NTP FV22\_26 7 USDA C 1400 Wash (a) No. 8 THE 1325 Wash (a) No. 9 CITY 7500 Tako (a) No. 10 Mich 1940 Luth (a) No. Off 11

| USDA GUSNIP FY22-26                 |                            | Person x<br>Payroll                              |
|-------------------------------------|----------------------------|--|
| 1400 Independence Avenue, SW, MS 22 | \$ 47,893                  | Noncash  |
| Washington DC 20250                 |                            | (Complete Part II for noncash contributions.)    |
| (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| THE CLIFF AND DEBORAH WHITE FAMILY  |                            | Person <u>x</u><br>Payroll                       |
| 1325 G Street NW Suite 480          | \$\$22,500                 | Noncash  |
| Washington DC 20005                 |                            | (Complete Part II for noncash contributions.)    |
| (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| CITY OF TAKOMA PARK                 |                            | Person x   |
| 7500 Maple Ave.                     | \$37,500                   | Payroll<br>Noncash                               |
| Takoma Park MD 20912                |                            | (Complete Part II for noncash contributions.)    |
| (b)                                 | (c)                        | (d)<br>Turce of constribution                    |
| Name, address, and ZIP + 4          | Total contributions        | Type of contribution                             |
| Michele's Granola                   |                            | Person x<br>Payroll                              |
| 1940 Greenspring Dr Ste G           | \$\$                       | Noncash  |
| Lutherville Timonium MD 21093       |                            | (Complete Part II for noncash contributions.)    |
| (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| Offices of the County Executive     |                            | Person 🕱   |
| 101 Monroe St 2nd Floor             | \$33,372                   | Payroll<br>Noncash                               |
| Rockville MD 20850                  |                            | (Complete Part II for noncash contributions.)    |
| (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| GWCF Sharing Montgomery             |                            | Person x<br>Payroll                              |
| 1325 G Street NW Suite 480          | \$15,000                   | Noncash  |
| Washington DC 20005                 |                            | (Complete Part II for<br>noncash contributions.) |

Employer identification number 36-4635237

Page 2

(d)

Type of contribution

| (a) | (b)   | (c)                 | (d)  |
|-----|---|---------------------|--|
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     | North Star Charitable Foundation<br>140 Broadway - 5th Floor<br>New York NY 10005 | \$\$                | Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a) | (b)   | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     |   | \$                  | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                           |
| (a) | (b)   | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     |   | \$                  | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                  |
| (a) | (b)   | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     |   | \$                  | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                           |
| (a) | (b)   | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     |   | \$                  | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                           |
| (a) | (b)   | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4  | Total contributions | Type of contribution   |
|     |   | \$                  | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                           |

Schedule B (Form 990) (2023) Name of organization

Part I

Crossroads Community Food Network, Inc.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

36-4635237

Employer identification number

| SCHEDULE D | Supplemental                     |
|------------|----------------------------------|
| (Form 990) | Complete if the organization     |
|            | Part IV. line 6, 7, 8, 9, 10, 11 |

## Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

| Open to Public |
|----------------|
| Inspection     |

| Go to www.irs.gov/Form990 for instructions and the latest information. |                    |              |
|--|--------------------|--------------|
|  | Employer identific | ation number |

Department of the Treasury Internal Revenue Service Name of the organization

| Cross |                | mmunity Food Network, Inc.                                  |                             |                            | 36-4635237                      |
|-------|----------------|---|-----------------------------|----------------------------|---------------------------------|
| Par   | tl Orga        | anizations Maintaining Donor Advised                        | Funds or Other Sim          | ilar Funds or Accou        | unts                            |
|       | Com            | plete if the organization answered "Yes" of                 | on Form 990, Part IV        | , line 6.                  |                                 |
|       |                |   | (a) Donor ad                | vised funds                | (b) Funds and other accounts    |
| 1     | Total numbe    | r at end of year  |                             |                            |                                 |
| 2     | Aggregate v    | alue of contributions to (during year)                      |                             |                            |                                 |
| 3     | Aggregate v    | alue of grants from (during year)                           |                             |                            |                                 |
| 4     | Aggregate v    | alue at end of year   |                             |                            |                                 |
| 5     | Did the orga   | nization inform all donors and donor advisors in            | writing that the assets h   | neld in donor advised      |                                 |
|       | funds are th   | e organization's property, subject to the organiza          | ation's exclusive legal c   | ontrol?                    | Yes 🗌 No                        |
| 6     | Did the orga   | nization inform all grantees, donors, and donor a           | advisors in writing that g  | rant funds can be used     |                                 |
|       | only for char  | itable purposes and not for the benefit of the do           | nor or donor advisor, or    | for any other purpose      |                                 |
|       | conferring in  | npermissible private benefit?                               |                             |                            | Yes No                          |
| Parl  | II Con         | servation Easements   |                             |                            |                                 |
|       | Com            | plete if the organization answered "Yes" of                 | on Form 990, Part IV        | , line 7.                  |                                 |
| 1     | Purpose(s)     | of conservation easements held by the organiza              | tion (check all that apply  | /).                        |                                 |
|       | Preserva       | tion of land for public use (for example, recreation        | on or education)            | Preservation of a hist     | orically important land area    |
|       | Protectio      | n of natural habitat  | [                           | Preservation of a cer      | tified historic structure       |
|       | Preserva       | tion of open space  |                             |                            |                                 |
| 2     | Complete lin   | es 2a through 2d if the organization held a quali           | fied conservation contril   | bution in the form of a co | onservation                     |
|       | easement or    | n the last day of the tax year.                             |                             |                            | Held at the End of the Tax Year |
| а     | Total numbe    | r of conservation easements                                 |                             |                            | 2a                              |
| b     | Total acreag   | e restricted by conservation easements                      |                             |                            | 2b                              |
| с     |                | conservation easements on a certified historic st           |                             |                            | 2c                              |
| d     | Number of c    | conservation easements included on line 2c, acq             | uired after July 25, 200    | 6, and not                 |                                 |
|       | on a historic  | structure listed in the National Register                   |                             |                            | 2d                              |
| 3     | Number of c    | conservation easements modified, transferred, re            | eleased, extinguished, o    | r terminated by the orga   | inization during the            |
|       | tax year       |   |                             |                            |                                 |
| 4     | Number of s    | tates where property subject to conservation ea             | sement is located           |                            |                                 |
| 5     | Does the org   | ganization have a written policy regarding the pe           | eriodic monitoring, inspe   | ction, handling of         |                                 |
|       | violations, a  | nd enforcement of the conservation easements i              | t holds?                    |                            | Yes 🗌 No                        |
| 6     | Staff and vol  | unteer hours devoted to monitoring, inspecting,             | handling of violations, a   | nd enforcing conservation  | on easements during the year    |
|       |                |   |                             |                            |                                 |
| 7     | Amount of e    | xpenses incurred in monitoring, inspecting, hand            | lling of violations, and e  | nforcing conservation ea   | asements during the year        |
|       |                |   |                             |                            |                                 |
| 8     | Does each c    | conservation easement reported on line 2d abov              |                             | ( )( )(                    | , , , ,                         |
|       |                | 170(h)(4)(B)(ii)?   |                             |                            |                                 |
| 9     | In Part XIII,  | describe how the organization reports conserva              | tion easements in its re    | venue and expense state    | ement and balance               |
|       | sheet, and in  | clude, if applicable, the text of the footnote to the       | e organization's financia   | al statements that describ | bes the                         |
| _     |                | 's accounting for conservation easements                    |                             |                            |                                 |
| Part  |                | anizations Maintaining Collections                          |                             |                            | er Similar Assets               |
|       |                | plete if the organization answered "Yes" of                 |                             | •                          |                                 |
| 1a    | If the organiz | zation elected, as permitted under FASB ASC 9               | 58, not to report in its re | evenue statement and ba    | alance sheet works              |
|       |                | cal treasures, or other similar assets held for pu          |                             |                            | ance of public                  |
|       | service, prov  | vide in Part XIII the text of the footnote to its fina      | ancial statements that de   | escribes these items.      |                                 |
| b     | If the organiz | zation elected, as permitted under FASB ASC 9               | 58, to report in its rever  | nue statement and balan    | ce sheet works of               |
|       | art, historica | l treasures, or other similar assets held for publi         | c exhibition, education,    | or research in furtherand  | e of public service,            |
|       | •              | ollowing amounts relating to these items:                   |                             |                            |                                 |
|       |                | e included on Form 990, Part VIII, line 1                   |                             |                            |                                 |
|       | (ii) Assets i  | ncluded in Form 990, Part X • • • • • • • •                 |                             |                            | •••• \$                         |
| 2     | If the organiz | zation received or held works of art, historical tre        | easures, or other similar   | assets for financial gair  | n, provide the                  |
|       | -              | ounts required to be reported under FASB ASC                | -                           |                            |                                 |
| а     | Revenue inc    | luded on Form 990, Part VIII, line 1 • • • • •              | ••••                        |                            | ••••• \$                        |
| b     | Assets inclu   | ded in Form 990, Part X • • • • • • • • • • • • • • • • • • |                             |                            | ••••                            |
| or Pa | perwork Red    | uction Act Notice, see the Instructions for Fo              | orm 990.                    |                            | Schedule D (Form 990) 2023      |

|          | le D (Form 990) 2023 Crossroads Comm              |                               |                |               |                         |             | 36-4635                 |             |         | Page 2   |
|----------|---|-------------------------------|----------------|---------------|-------------------------|-------------|-------------------------|-------------|---------|----------|
| Par      |   |                               |                |               |                         |             |                         | sets (co    | ontinu  | Jed)     |
| 3        | Using the organization's acquisition, accession   | on, and other record          | s, check a     | ny of the fo  | ollowing that i         | make sig    | gnificant use of its    |             |         |          |
|          | collection items (check all that apply):          |                               |                |               |                         |             |                         |             |         |          |
| а        | Public exhibition                                 |                               | d              | 🗌 Loan o      | r exchange p            | orogram     |                         |             |         |          |
| b        | Scholarly research                                |                               | е              | Other         |                         |             |                         |             |         |          |
| С        | Preservation for future generations               |                               |                |               |                         |             |                         |             |         |          |
| 4        | Provide a description of the organization's co    | ollections and explai         | n how they     | / further the | e organizatio           | n's exen    | npt purpose in Part     |             |         |          |
|          | XIII.   |                               |                |               |                         |             |                         |             |         |          |
| 5        | During the year, did the organization solicit or  | r receive donations           | of art, histo  | orical treas  | ures, or othe           | r similar   |                         |             |         |          |
|          | assets to be sold to raise funds rather than to   | o be maintained as I          | part of the    | organizati    | on's collectio          | n?          |                         | Yes         | s 🗌     | No       |
| Par      | t IV Escrow and Custodial Arra                    | ngements                      |                |               |                         |             |                         |             |         |          |
|          | Complete if the organization a                    | answered "Yes"                | on Forr        | n 990, P      | art IV, line            | 9, or i     | reported an am          | ount on     | Form    | ۱        |
|          | 990, Part X, line 21.                             |                               |                |               |                         |             |                         |             |         |          |
| 1a       | Is the organization an agent, trustee, custodia   | an or other intermed          | iary for cor   | ntributions   | or other asse           | ets not     |                         |             |         |          |
|          | included on Form 990, Part X?                     |                               |                |               |                         |             |                         | . 🗌 Yes     | s 🗌     | No       |
| b        | If "Yes," explain the arrangement in Part XIII    | and complete the fo           | llowing tat    | ole.          |                         |             |                         |             |         |          |
|          |   |                               | •              |               |                         |             | Am                      | ount        |         |          |
| с        | Beginning balance                                 |                               |                |               |                         | . 10        | ;                       |             |         |          |
| d        | Additions during the year                         |                               |                |               |                         | . 10        | Ł                       |             |         |          |
| е        | Distributions during the year                     |                               |                |               |                         |             | •                       |             |         |          |
| f        | Ending balance                                    |                               |                |               |                         | . 1f        |                         |             |         |          |
| 2a       | Did the organization include an amount on Fo      | orm 990, Part X, line         | e 21, for es   | crow or cu    | stodial accou           | unt liabili | ty?                     | Yes         | s 🗌     | No       |
| b        | If "Yes," explain the arrangement in Part XIII.   | . Check here if the e         | xplanation     | has been      | provided on             | Part XIII   | ••••••                  |             | . 🗇     |          |
| Par      |   |                               | •              |               |                         |             |                         |             |         |          |
|          | Complete if the organization a                    | answered "Yes"                | on Forr        | n 990, P      | art IV, line            | 10.         |                         |             |         |          |
|          |   | (a) Current year              | <b>(b)</b> Pri |               | (c) Two years           |             | (d) Three years back    | (e) Four    | years b | ack      |
| 1a       | Beginning of year balance                         | ••                            |                |               |                         |             |                         |             |         |          |
| b        |   |                               |                |               |                         |             |                         |             |         |          |
| с        | Net investment earnings, gains, and               |                               |                |               |                         |             |                         |             |         |          |
|          |   |                               |                |               |                         |             |                         |             |         |          |
| d        | Grants or scholarships                            |                               |                |               |                         |             |                         |             |         |          |
| e        | Other expenditures for facilities and             |                               |                |               |                         |             |                         |             |         |          |
|          | programs  |                               |                |               |                         |             |                         |             |         |          |
| f        | Administrative expenses                           |                               |                |               |                         |             |                         |             |         |          |
| g        | End of year balance                               |                               |                |               |                         |             |                         |             |         |          |
| 2        | Provide the estimated percentage of the curre     | ent vear end balanc           | e (line 1a     | column (a)    | )) held as:             |             | 1                       | I           |         |          |
| a        | Board designated or quasi-endowment               | •                             | - (            |               | ,,                      |             |                         |             |         |          |
| b        | Permanent endowment %                             |                               |                |               |                         |             |                         |             |         |          |
| c        | Term endowment %                                  |                               |                |               |                         |             |                         |             |         |          |
|          | The percentages on lines 2a, 2b, and 2c show      | uld equal 100%.               |                |               |                         |             |                         |             |         |          |
| 3a       | Are there endowment funds not in the posse        |                               | ation that a   | are held ar   | nd administer           | ed for th   | e                       |             |         |          |
| •••      | organization by:                                  |                               |                |               |                         |             | •                       | [           | Yes     | No       |
|          | (i) Unrelated organizations?                      |                               |                |               |                         |             |                         | . 3a(i)     |         |          |
|          | (ii) Related organizations?                       |                               |                |               |                         |             |                         | . 3a(ii)    |         |          |
| b        | If "Yes" on line 3a(ii), are the related organiz- |                               |                |               |                         |             |                         | . 3b        |         |          |
| 4        | Describe in Part XIII the intended uses of the    |                               |                |               | ••••                    | ••••        |                         |             |         | <u> </u> |
|          | t VI Land, Buildings, and Equip                   |                               | ownentiu       | 1103.         |                         |             |                         |             |         |          |
| ı aı     | Complete if the organization a                    |                               | on Forr        | n 990 P       | art IV line             | 119 9       | See Form 990            | Part X I    | ino 1   | 0        |
|          | · · · · ·   |                               |                |               |                         |             |                         |             |         | 0.       |
|          | Description of property                           | (a) Cost or othe<br>(investme |                |               | r other basis<br>other) |             | Accumulated epreciation | (d) Bool    | < value |          |
| 4-       | Land  |                               |                | - "           |                         | u           |                         |             |         |          |
| 1a<br>⊾  |   |                               |                |               |                         |             |                         |             |         |          |
| b        | Buildings   |                               |                |               |                         |             |                         |             |         |          |
| C        | Leasehold improvements                            |                               |                |               |                         |             |                         |             |         |          |
| d        |   |                               |                |               |                         |             |                         |             |         |          |
| <u>e</u> | Other   |                               |                |               | 27,617                  |             | 11,387                  |             | 16,2    |          |
|          | Add lines 1a through 1e. (Column (d) must e       | equal ⊦orm 990, Par           | t X, line 10   | oc, column    | п (В) • • • •           | • • • •     |                         |             | 16,2    |          |
| EEA      |   |                               |                |               |                         |             | Sche                    | edule D (Fo | rm 990  | J) 2023  |

Schedule D (Form 990) 2023

| Schedule D (For    | rm 990) 2023 Crossroads Comm  | unity Food Ne              | twork, I    | nc.                | 36-463                            | 5237           | Page 3 |
|--------------------|---|----------------------------|-------------|--------------------|-----------------------------------|----------------|--------|
| Part VII           | Investments - Other Securities  |                            |             |                    |                                   |                |        |
|                    | Complete if the organization answere  | ed "Yes" on For            | m 990, Par  | t IV, line 11t     | o. See Form 990                   | ), Part X, lir | ne 12. |
|                    | (a) Description of security or category<br>(including name of security)   |                            | (b) Book va | alue               | (c) Method o<br>Cost or end-of-ye |                |        |
| (1) Financial      | derivatives   |                            |             |                    |                                   |                |        |
|                    | eld equity interests  | ••••                       |             |                    |                                   |                |        |
| (3) Other<br>(A)   |   |                            |             |                    |                                   |                |        |
| (B)                |   |                            |             |                    |                                   |                |        |
| (C)                |   |                            |             |                    |                                   |                |        |
| (D)                |   |                            |             |                    |                                   |                |        |
| (E)                |   |                            |             |                    |                                   |                |        |
| (F)                |   |                            |             |                    |                                   |                |        |
| (G)                |   |                            |             |                    |                                   |                |        |
| (H)                |   |                            |             |                    |                                   |                |        |
|                    | n (b) must equal Form 990, Part X, line 12, col.(b  | 3))                        |             |                    |                                   |                |        |
| Part VIII          | Investments - Program Related<br>Complete if the organization answere   | ed "Yes" on For            | m 990, Par  | t IV, line 11c     | . See Form 990                    | ), Part X, lir | ne 13. |
|                    | (a) Description of investment   |                            | (b) Book va | alue               | (c) Method o<br>Cost or end-of-ye |                |        |
| (1)                |   |                            |             |                    |                                   |                |        |
| (2)                |   |                            |             |                    |                                   |                |        |
| (3)                |   |                            |             |                    |                                   |                |        |
| (4)                |   |                            |             |                    |                                   |                |        |
| (5)                |   |                            |             |                    |                                   |                |        |
| (6)                |   |                            |             |                    |                                   |                |        |
| (7)                |   |                            |             |                    |                                   |                |        |
| (8)                |   |                            |             |                    |                                   |                |        |
| (9)                | n (b) must equal Form 990, Part X, line 13, col. (  |                            |             |                    |                                   |                |        |
| Part IX            | Other Assets  | <i>b))</i> ••••••          |             |                    |                                   |                |        |
| i ui i ix          | Complete if the organization answere  | ed "Yes" on For            | m 990, Par  | t IV, line 11c     | I. See Form 990                   | ), Part X, lir | ne 15. |
|                    | (a)   | Description                |             |                    |                                   | (b) Book val   | ue     |
| (1)                |   |                            |             |                    |                                   |                |        |
| (2)                |   |                            |             |                    |                                   |                |        |
| (3)                |   |                            |             |                    |                                   |                |        |
| (4)                |   |                            |             |                    |                                   |                |        |
| (5)                |   |                            |             |                    |                                   |                |        |
| <u>(6)</u><br>(7)  |   |                            |             |                    |                                   |                |        |
| (8)                |   |                            |             |                    |                                   |                |        |
| (9)                |   |                            |             |                    |                                   |                |        |
|                    | n (b) must equal Form 990, Part X, line 15 col. (b  | 3))                        |             |                    |                                   |                |        |
| Part X             | Other Liabilities   |                            |             |                    | ÷                                 |                |        |
|                    | Complete if the organization answere line 25.   | ed "Yes" on For            | m 990, Par  | t IV, line 11e     | or 11f. See Fo                    | rm 990, Pa     | rt X,  |
| 1.                 | (a) Description of liability  | (b) Book v                 | alue        |                    |                                   |                |        |
| (1) Federal i      | income taxes  |                            |             |                    |                                   |                |        |
| (2 <b>0</b> perati | ing lease liability   |                            | 25,845      | _                  |                                   |                |        |
| (3)                |   |                            |             |                    |                                   |                |        |
| (4)                |   |                            |             | _                  |                                   |                |        |
| (5)                |   |                            |             | _                  |                                   |                |        |
| (6)                |   |                            |             | -                  |                                   |                |        |
| (7)                |   |                            |             | -                  |                                   |                |        |
| (8)                |   |                            |             |                    |                                   |                |        |
| (9)                | (b) must aqual Form 000. Port X, line 05 and (D))   |                            | 25 04F      |                    |                                   |                |        |
| -                  | (b) must equal Form 990, Part X, line 25 col. (B)) • •<br>uncertain tax positions. In Part XIII, provide the te | <br>ext of the footnote to | 25,845      | tion's financial o | tatements that repo               | rts the        |        |
|                    | liability for uncertain tax positions under FASB AS   |                            | -           |                    |                                   |                | ••• x  |
| EEA                |   |                            |             |                    |                                   | hedule D (Form |        |

| Schedul  | e D (Form 990) 2023 Crossroads Community Food Network, Inc.   | 3                                | 6-463   | 35237 Page 4      |  |  |
|--|---|----------------------------------|---------|-------------------|--|--|
| Part   | XI Reconciliation of Revenue per Audited Financial Statemer   | nts With Revenue per             | Retu    | rn                |  |  |
|  | Complete if the organization answered "Yes" on Form 990, Pa   | art IV, line 12a.                |         |                   |  |  |
| 1  | Total revenue, gains, and other support per audited financial statements                                  |                                  | 1       |                   |  |  |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                       |                                  |         |                   |  |  |
| а  | Net unrealized gains (losses) on investments  | 2a                               |         |                   |  |  |
| b  | Donated services and use of facilities  | 2b                               |         |                   |  |  |
| с  | Recoveries of prior year grants   | 2c                               |         |                   |  |  |
| d  | Other (Describe in Part XIII.)  | 2d                               |         |                   |  |  |
| е  | Add lines 2a through 2d   | ••••                             | 2e      |                   |  |  |
| 3  | Subtract line <b>2e</b> from line <b>1</b>  | ••••                             | 3       |                   |  |  |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                      |                                  |         |                   |  |  |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                               | -       |                   |  |  |
| b  | Other (Describe in Part XIII.)  | 4b                               | -       |                   |  |  |
| С  | Add lines 4a and 4b   |                                  | 4c      |                   |  |  |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).                          |                                  | 5       | •                 |  |  |
| Part   |   |                                  | er Re   | turn              |  |  |
|  | Complete if the organization answered "Yes" on Form 990, Pa   |                                  |         |                   |  |  |
| 1  |   | •••••                            | 1       |                   |  |  |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | <b>o</b> _                       |         |                   |  |  |
| a<br>L   | Donated services and use of facilities  | 2a                               | -       |                   |  |  |
| b  | Other losses  | 2b<br>2c                         | -       |                   |  |  |
| c<br>d   | Other (Describe in Part XIII.)  | 2d                               | -       |                   |  |  |
| e  | Add lines 2a through 2d   |                                  | 2e      |                   |  |  |
| 3  | Subtract line 2e from line 1  |                                  | 3       |                   |  |  |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                                  | 5       |                   |  |  |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                               |         |                   |  |  |
| b  | Other (Describe in Part XIII.)  | 4b                               |         |                   |  |  |
| c  | Add lines 4a and 4b   | -                                | 4c      |                   |  |  |
| 5  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ). |                                  | 5       |                   |  |  |
| Part   |   |                                  | -       |                   |  |  |
|  | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1      | nes 1b and 2b; Part V, line 4; F | Part X, | line              |  |  |
|  | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any                |                                  |         |                   |  |  |
|  | ootnote for uncertain tax position under FIN 48 (Part X   |                                  |         |                   |  |  |
|  |   |                                  |         |                   |  |  |
| CCFN   | analyzes tax positions taken, including those related t   | to the requirements              | set     | forth in IRC Sec. |  |  |
|  |   |                                  |         |                   |  |  |
| 501(c  | :) (3) to qualify as a tax-exempt organization, activiti  | les performed by vol             | Lunte   | ers and Board     |  |  |
|  |   |                                  |         |                   |  |  |
| members, the reporting of unrelated business income, and its status as a tax-exempt organization |   |                                  |         |                   |  |  |
|  |   |                                  |         |                   |  |  |
| under Maryland State statute. CCFN does not know of any tax benefits arising from uncertain tax  |   |                                  |         |                   |  |  |
|  |   |                                  |         |                   |  |  |
| posit  | ions and there was no effect on the Organization's fina   | ancial position or o             | chang   | ges in net assets |  |  |
|  |   |                                  |         |                   |  |  |
| as a   | result of analyzing its tax positions. Fiscal years e   | enaing on or after a             | June    | 30, 2023 remain   |  |  |
| a  | at to examination by Redeval and State authorities  |                                  |         |                   |  |  |
| subje  | ect to examination by Federal and State authorities.  |                                  |         |                   |  |  |
|  |   |                                  |         |                   |  |  |
|  |   |                                  |         |                   |  |  |

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Name of the organization

#### Crossroads Community Food Network, Inc.

Employer identification number 36-4635237

### 01. Form 990 governing body review (Part VI, line 11)

The form 990 is prepared by an independent accounting firm with assistance from the

Executive Director and contract bookkeeper. The form is initially reviewed by the finance

committee and subsequently submitted to the full board for review and approval prior to

filing with the IRS.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

The board of directors and employees must review and sign the conflict of interest policy

annually. Members of the board and staff must immediately disclose any conflicts of

interest or appearance of conflicts of interest when they arise.

### 03. CEO, executive director, top management comp (Part VI, line 15a)

CCFN engaged with an external HR firm in July 2021 to conduct a salary comp study for each

of its' staff positions.

## 04. Governing documents, etc, available to public (Part VI, line 19)

The Organization's governing documents are made available upon request.

## 05. List of other fees for services expenses (Part IX, line 11g)

| Fresh Checks Reimbursement TPSS | 1000   |  |
|---------------------------------|--------|--|
|                                 |        |  |
| Fresh Checks Reimbursement      | 130433 |  |
|                                 |        |  |
| Stipends and Honoraria          | 344    |  |
|                                 |        |  |
| CSA Coordinator                 | 14452  |  |
|                                 | 11100  |  |
| Community Ambassadors           | 11103  |  |
|                                 |        |  |
| Information Technology Fees     | 3536   |  |

| Schedule O (Form 990) 2023          |       | Page <b>2</b>                  |
|-------------------------------------|-------|--------------------------------|
| Name of the organization            |       | Employer identification number |
| Crossroads Community Food Network,  | Inc.  | 36-4635237                     |
| Licensing                           | 776   |                                |
| CFM contractors                     | 3660  |                                |
| MTP contractors                     | 9000  |                                |
| KIT contractors - Maintenance       | 16396 |                                |
| Outside Contract Services - Other 9 | 9300  |                                |
|                                     |       |                                |
|                                     |       |                                |
|                                     |       |                                |
|                                     |       |                                |
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