

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CROSSROADS GRASSROOTS POLICY STRATEGIES. Number and street: 15405 JOHN MARSHALL HWY. City or town: HAYMARKET, VA 20169

D Employer identification number: 27-2753378. E Telephone number: (202) 706-7051. F Group Exemption Number

G Accounting Method: Cash [checked] Accrual [] Other (specify)

H Check [checked] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.CROSSROADSGPS.ORG. J Tax-exempt status: 501(c)(3) [checked] 501(c)(4) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [checked] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Line 1: Contributions, gifts, grants, and similar amounts received. Line 2: Program service revenue including government fees and contracts. Line 3: Membership dues and assessments. Line 4: Investment income. Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less: cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6: Gaming and fundraising events. Line 6a: Gross income from gaming. Line 6b: Gross income from fundraising events. Line 6c: Less: direct expenses from gaming and fundraising events. Line 6d: Net income or (loss) from gaming and fundraising events. Line 7a: Gross sales of inventory, less returns and allowances. Line 7b: Less: cost of goods sold. Line 7c: Gross profit or (loss) from sales of inventory. Line 8: Other revenue. Line 9: Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Total revenue: 0.

Table with 7 rows for Expenses. Line 10: Grants and similar amounts paid. Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits. Line 13: Professional fees and other payments to independent contractors. Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping. Line 16: Other expenses. Line 17: Total expenses. Add lines 10 through 16. Total expenses: 39,607.

Table with 3 rows for Net Assets. Line 18: Excess or (deficit) for the year. Line 19: Net assets or fund balances at beginning of year. Line 20: Other changes in net assets or fund balances. Line 21: Net assets or fund balances at end of year. Combine lines 18 through 20. Total: 296,717.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	235,054	22	195,447
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	101,270	24	101,270
25 Total assets	336,324	25	296,717
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	336,324	27	296,717

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 CROSSROADS GRASSROOTS POLICY STRATEGIES IS A NON-PROFIT PUBLIC POLICY ADVOCACY ORGANIZATION THAT IS DEDICATED TO EDUCATING, EQUIPPING, AND ENGAGING AMERICAN CITIZENS TO TAKE ACTION ON IMPORTANT ECONOMIC AND LEGISLATIVE ISSUES THAT WILL SHAPE OUR NATION'S FUTURE. THE VISION OF CROSSROADS GPS IS TO EMPOWER PRIVATE CITIZENS TO DETERMINE THE DIRECTION OF GOVERNMENT POLICYMAKING RATHER THAN BEING THE DISENFRANCHISED VICTIMS OF IT. THROUGH ISSUE RESEARCH, PUBLIC COMMUNICATIONS, EVENTS WITH POLICYMAKERS, AND OUTREACH TO INTERESTED CITIZENS, CROSSROADS GPS SEEKS TO ELEVATE UNDERSTANDING OF CONSEQUENTIAL NATIONAL POLICY ISSUES, AND TO BUILD GRASSROOTS SUPPORT FOR LEGISLATIVE AND POLICY CHANGES THAT PROMOTE PRIVATE SECTOR ECONOMIC GROWTH, REDUCE NEEDLESS GOVERNMENT REGULATIONS, IMPOSE STRONGER FINANCIAL DISCIPLINE AND ACCOUNTABILITY ON GOVERNMENT, AND STRENGTHEN AMERICA'S NATIONAL SECURITY.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CROSSROADS GPS CONDUCTS RESEARCH TO DETERMINE HOW VARIOUS DEMOGRAPHIC GROUPS RESPOND TO CURRENT NATIONAL POLICY ISSUES, WHAT PRIORITIES AND CONCERNS THEY HAVE, AND WHICH PUBLIC POLICY ISSUES THEY MIGHT BE MOST INCLINED TO TAKE ACTION ON THROUGH GRASSROOTS PARTICIPATION. CROSSROADS GPS ALSO SPONSORS IN-DEPTH POLICY RESEARCH ON SIGNIFICANT ISSUES, ESPECIALLY THOSE THAT ARE CURRENTLY UNDER-REPORTED BUT ARE LIKELY TO HAVE A SUBSTANTIAL IMPACT ON GOVERNMENT POLICYMAKING IN THE FUTURE.
 (Grants \$ 0) If this amount includes foreign grants, check here

29 THE ORGANIZATION PROMOTES SOCIAL WELFARE PURPOSES OF NONPROFIT 501C GROUPS THAT SHARE SIMILAR MISSIONS.
 (Grants \$ 0) If this amount includes foreign grants, check here

30
 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 4,583

29a 0

30a

31a

32 4,583

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SALLY VASTOLA	1.00	0	0	0
BOARD MEMBER				
KENNETH COLE	1.00	0	0	0
BOARD MEMBER				
BOBBY BURCHFIELD	1.00	0	0	0
CHAIRMAN				
STEVEN LAW	1.00	0	0	0
PRESIDENT & CEO				
JENNIFER FAY	1.00	0	0	0
COO				
CALEB CROSBY	1.00	0	0	0
SECRETARY/TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a	0
37b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		0
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>CALEB CROSBY</u> Telephone no. ▶ _____ (202) 706-7051		
	Located at ▶ <u>15405 JOHN MARSHALL HWY HAYMARKET, VA</u> ZIP + 4 ▶ <u>20169</u>		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____	42b	No
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A

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.

Sign Here	Signature of officer	2023-11-15
	STEVEN LAW PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name RENAE DUNCAN	Preparer's signature	Date 2023-11-15	Check <input type="checkbox"/> if self-employed	PTIN P01257722
	Firm's name ▶ ATCHLEY & ASSOCIATES LLP			Firm's EIN ▶ 74-2920819	
	Firm's address ▶ 1005 LA POSADA DRIVE AUSTIN, TX 78752			Phone no. (512) 346-2086	

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

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 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
CROSSROADS GRASSROOTS POLICY STRATEGIES

Employer identification number

27-2753378

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: OFFICE EXPENSES. AMOUNT: 192. DESCRIPTION: INFORMATION TECHNOLOGY. AMOUNT: 10,766. DESCRIPTION: CONFERENCES, CONVENTIONS, AND MEETINGS. AMOUNT: 141. DESCRIPTION: INSURANCE. AMOUNT: 18,027. DESCRIPTION: CONTRIBUTION PROCESSING. AMOUNT: 20. TOTAL TO FORM 990-EZ, LINE 16: 29,146.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: SECURITY DEPOSITS. BEG. OF YEAR AMOUNT: 101,270. END OF YEAR AMOUNT: 101,270.
PART III, LINE 28 AND 29	TOTAL EXPENSES FOR THESE PROGRAM SERVICES INCLUDE AN ALLOCATION OF OVERHEAD AND CONSULTING EXPENSES.

Additional Data

Return to Form

Software ID:

Software Version:

TY 2022 IRS 990 e-File Render

Name: CROSSROADS GRASSROOTS POLICY STRATEGIES

EIN: 27-2753378

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.