

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CROSSROADS REHABILITATION CENTER INC. Doing Business As: Number and street (or P O box if mail is not delivered to street address): 4740 KINGSWAY DRIVE. Room/suite: City or town, state or country, and ZIP + 4: INDIANAPOLIS, IN 46205

D Employer identification number: 35-0869058. E Telephone number: (317) 466-1000. G Gross receipts \$ 23,395,986

F Name and address of principal officer: james j vento, 4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: WWW.EASTERSEALSCROSSROADS.ORG

K Form of organization: Corporation Trust Association Other. L Year of formation 1959. M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: A COMMUNITY RESOURCE FOR CHILDREN AND ADULTS WITH DISABILITIES OR SPECIAL NEEDS

Table with 2 columns: Line number and Amount. Rows 2-7b: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of employees... 6 Total number of volunteers... 7a Total gross unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue...

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer: ***** Date: 2011-01-10. Type or print name and title: james j vento PRESIDENT

Paid Preparer's Use Only: Preparer's signature: AMANDA MEKO Date: Check if self-employed: Preparer's identifying number: Firm's name (or yours if self-employed), address, and ZIP + 4: GREENWALT CPAS INC, 5342 W VERMONT STREET, INDIANAPOLIS, IN 46224. EIN: Phone no: (317) 241-2999

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

EASTER SEALS CROSSROADS REHABILITATION CENTER IS A COMMUNITY RESOURCE WORKING IN PARTNERSHIP WITH CHILDREN AND ADULTS WITH DISABILITIES OR SPECIAL NEEDS AND THEIR FAMILIES TO PROMOTE GROWTH, INDEPENDENCE, AND DIGNITY

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 No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 8,120,514 including grants of \$) (Revenue \$ 9,706,500)
	Crossroads Industrial Services - 105 persons served Our mission is to provide employment for people with significant disabilities. Those persons employed at this location are individuals that require high levels of support in order to maintain employment. At Crossroads Industrial Services, we can design the necessary support around the individual's needs so that they can work and earn a living wage. All persons employed receive minimum wage or better and are eligible for other benefits. CIS receives no State funding
4b	(Code) (Expenses \$ 3,288,725 including grants of \$) (Revenue \$ 2,224,826)
	Medical - 2,996 persons served. Medical service represents a range of programs designed to assist a person, child or adult, with disabilities to be as independent as possible. It can be teaching a child to speak so that he can communicate his or her needs and feelings. It can be teaching a child with mobility issues to walk for the first time in their life unassisted. It can be assisting an adult who has experienced a stroke to learn how to feed themselves, walk, bathe and speak again. It can be assisting a young person to learn to drive a car with the use of hand controls, or it could be helping an elderly person in making the decision regarding their ability to drive safely. Whatever the service they receive, it is designed specifically to meet their needs in achieving or maintaining as much independence as possible.
4c	(Code) (Expenses \$ 1,854,501 including grants of \$) (Revenue \$ 1,535,403)
	Employment - 854 persons served. The type of service individuals receive through vocational and employment services is based on individual needs. Ninety persons came to our office to assist them in determining a direction for a career through our assessment program. We placed 150 persons in employment in jobs that matched their interest. Of those persons securing employment through our services, 78% retain employment for at least 6 months. Through a PWI grant we have been able to assist 100 high school students develop transition plans for moving into employment following their graduations. Eleven persons participated in our Career Skills Training to develop entry level computer skills. We take a person centered approach to every consumer we serve.
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 2,788,272 including grants of \$) (Revenue \$ 1,040,665)
4e	Total program service expenses \$ 16,052,012

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding grants, assistance, tax-exempt bonds, and organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Rows include 1a (79), 1b (1), 1c (Yes), 2a (360), 2b (Yes), 3a (No), 3b, 4a (No), 5a (No), 5b (No), 5c, 6a (No), 6b, 7a (Yes), 7b (Yes), 7c (No), 7d, 7e (No), 7f (No), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUSAN SAUNDERS CFO, 4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205, (317) 466-1000

1b Total	367,911	0	41,365
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	1,060,608					
	b	Membership dues 1b						
	c	Fundraising events 1c	68,272					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	920,650					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,378,602					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f ▶		3,428,132				
Program Service Revenue			Business Code					
	2a	INDUSTRIAL SERVICES	310,000	9,706,500	9,706,500			
	b	Children's/Medical	900,099	2,224,826	2,224,826			
	c	Employment Services	900,099	1,535,403	1,535,403			
	d	Deaf Community	900,099	578,524	578,524			
	e	Technology Services	900,099	431,131	431,131			
	f	All other program service revenue		31,010	31,010			
g	Total. Add lines 2a-2f ▶		14,507,394					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		476,558		476,558		
	4	Income from investment of tax-exempt bond proceeds . . ▶		51		51		
	5	Royalties ▶						
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	4,852,882				
			(ii) Other					
			b	Less cost or other basis and sales expenses	6,207,878			
			c	Gain or (loss)	-1,354,996			
	d	Net gain or (loss) ▶		-1,354,996		-1,354,996		
	8a	Gross income from fundraising events (not including \$ 68,272 of contributions reported on line 1c) See Part IV, line 18 a	16,920					
	b	Less direct expenses b	31,235					
c	Net income or (loss) from fundraising events . . ▶		-14,315	-14,315	0			
9a	Gross income from gaming activities See Part IV, line 19 a		37,671					
		b	Less direct expenses b	4,482				
		c	Net income or (loss) from gaming activities . . ▶		33,189	33,189		
10a	Gross sales of inventory, less returns and allowances a							
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue		Business Code						
11a	other Income	900,099	76,378	76,378				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		76,378					
12	Total revenue. See Instructions ▶		17,152,391	14,602,646	0	-878,387		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	35,153	35,153		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	425,119	118,319	306,800	
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	6,400,482	5,822,243	478,527	99,712
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	224,852	196,891	23,638	4,323
9	Other employee benefits	1,184,608	949,414	225,288	9,906
10	Payroll taxes	495,193	435,837	51,954	7,402
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,728		7,431	4,297
c	Accounting	40,915		40,915	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	786,534	666,902	117,840	1,792
12	Advertising and promotion	173,796	162,829	6,506	4,461
13	Office expenses	619,537	450,304	142,411	26,822
14	Information technology				
15	Royalties				
16	Occupancy	437,143	337,129	96,555	3,459
17	Travel	188,106	180,951	7,118	37
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	93,106		93,106	
22	Depreciation, depletion, and amortization	728,531	616,321	106,413	5,797
23	Insurance	183,100	159,200	21,542	2,358
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Direct Job Costs	5,368,669	5,368,669		
b	miscellaneous	540,452	507,217	30,179	3,056
c	Financing Costs	42,918	39,429	3,489	
d	Bad Debt Expense	5,318	5,204	114	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,985,260	16,052,012	1,759,826	173,422
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	860,201	1	1,939,561
	2 Savings and temporary cash investments	1,130,672	2	1,130,723
	3 Pledges and grants receivable, net	920,162	3	806,061
	4 Accounts receivable, net	1,691,110	4	1,971,302
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,272,511	8	858,635
	9 Prepaid expenses and deferred charges	127,717	9	205,255
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	14,086,881		
	b Less accumulated depreciation	8,359,714	10c	5,727,167
	11 Investments—publicly traded securities	13,712,030	11	14,811,069
	12 Investments—other securities. See Part IV, line 11	1,213,904	12	1,261,431
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	209,314	15	208,680
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,346,240	16	28,919,884	
Liabilities	17 Accounts payable and accrued expenses	1,501,967	17	1,264,784
	18 Grants payable		18	
	19 Deferred revenue	13,260	19	14,880
	20 Tax-exempt bond liabilities	1,755,000	20	1,555,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	334,480	25	340,264
	26 Total liabilities. Add lines 17 through 25	3,604,707	26	3,174,928
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,768,102	27	22,041,254
	28 Temporarily restricted net assets	2,640,737	28	2,321,162
	29 Permanently restricted net assets	1,332,694	29	1,382,540
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	23,741,533	33	25,744,956	
34 Total liabilities and net assets/fund balances	27,346,240	34	28,919,884	

Part XI Financial Statements and Reporting

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant?</p>	2b	Yes
<p>c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis</p>		
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CROSSROADS REHABILITATION CENTER INC

Employer identification number

35-0869058

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
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 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)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S ?, (vii) Amount of support?

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,757,537	3,573,818	5,562,018	3,634,860	3,428,132	18,956,365
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,757,537	3,573,818	5,562,018	3,634,860	3,428,132	18,956,365
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						18,956,365

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,757,537	625,075	5,562,018	3,634,860	3,428,132	18,956,365
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	522,480	625,075	759,800	580,321	476,609	2,964,285
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	28,940	32,381	88,999	70,160	76,378	296,858
11 Total support (Add lines 7 through 10)						22,217,508
12 Gross receipts from related activities, etc (See instructions)					12	56,182,864

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	85.320 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	85.770 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public Support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11 and 12).

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CROSSROADS REHABILITATION CENTER INC

Employer identification number 35-0869058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed and grantee informed.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,487,258	10,688,377			
b Contributions					
c Investment earnings or losses	1,022,985	-2,201,119			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,510,243	8,487,258			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 85.460 %
- b** Permanent endowment ▶ 14.540 %
- c** Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	No
(ii) related organizations	3a(ii) Yes	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		413,500		413,500
b Buildings		8,563,901	4,379,889	4,184,012
c Leasehold improvements				
d Equipment		5,109,480	3,979,825	1,129,655
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,727,167

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,152,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,985,260
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-832,869
4	Net unrealized gains (losses) on investments	4	2,771,052
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	65,240
9	Total adjustments (net) Add lines 4 - 8	9	2,836,292
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,003,423

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	20,024,400
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,771,052
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	100,957
e	Add lines 2a through 2d	2e	2,872,009
3	Subtract line 2e from line 1	3	17,152,391
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	17,152,391

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,020,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	35,717
e	Add lines 2a through 2d	2e	35,717
3	Subtract line 2e from line 1	3	17,985,260
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	17,985,260

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment assets include board designated funds Permanently restricted endowment assets consist of perpetual trusts administered by outside parties The purpose of these funds is to provide a predictable stream of funding for programs
Part XI, Line 8 - Other Adjustments		Change in Value of Split-Interest Agreements 15394 Change In Value of Perpetual Trusts 49846
Part XII, Line 2d - Other Adjustments		Change in value of split-interest agreements 15394 Change in value of beneficial interest on perpetual trusts 49846 DIRECT EXPENSES OF SPECIAL EVENTS 35717
Part XIII, Line 2d - Other Adjustments		DIRECT EXPENSES OF SPECIAL EVENTS 35717

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization CROSSROADS REHABILITATION CENTER INC

Employer identification number 35-0869058

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>business lunch</u> (event type)	<u>Golfing with the pros</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	24,290	23,165	37,737	85,192
	2 Less Charitable contributions	16,370	23,165	28,737	68,272
	3 Gross income (line 1 minus line 2)	7,920		9,000	16,920
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,355	8,427	10,453	31,235
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				31,235
11 Net income summary Combine lines 3, column d, and line 10. ▶				-14,315	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue	37,671			37,671
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	4,482			4,482
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes <u>100.000</u> % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,482	
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				33,189	

9 Enter the state(s) in which the organization operates gaming activities <u>IN</u>		Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b If "No," Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b If "Yes," Explain			
11 Does the organization operate gaming activities with nonmembers?	11		No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

	Yes	No						
<p>13 Indicate the percentage of gaming activity operated in</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a The organization's facility</td> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 10%;"></td> </tr> <tr> <td>b An outside facility</td> <td style="text-align: center;">13b</td> <td style="text-align: center;">100 000 %</td> </tr> </table>	a The organization's facility	13a		b An outside facility	13b	100 000 %		
a The organization's facility	13a							
b An outside facility	13b	100 000 %						
<p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name susan saunders cfo</p> <p>Address 4740 kingsway drive indianapolis, IN 46205</p>								
<p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</p>	15a	No						
<p>b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____</p>								
<p>c If "Yes," enter name and address</p> <p>Name _____</p> <p>Address _____</p>								
<p>16 Gaming manager information</p> <p>Name _____</p> <p>Gaming manager compensation \$ _____</p> <p>Description of services provided _____</p>								
<p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>								
<p>17 Mandatory distributions</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p>	17a	No						
<p>b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____</p>								

Schedule I (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Department of the Treasury Internal Revenue Service

Name of the organization CRO SSROADS REHABILITATION CENTER INC

Employer identification number 35-0869058

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 5 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) A amount of cash grant, (e) A amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, non-cash assistance, other), (g) Description of (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

Open to Public Inspection

▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization CROSSROADS REHABILITATION CENTER INC	Employer identification number 35-0869058
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

2009

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

Name of the organization
CROSSROADS REHABILITATION CENTER INC

Employer identification number
35-0869058

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Indiana health facility financing authority	35-1611409	454798pc7	07-29-2004	2,600,000	used for the purchase and renovation of cis building at 8302 e 33rd st		X		X

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue		2,600,000			
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds		2,600,000			
8 Year of substantial completion		2005			

	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X						
10 Were the bonds issued as part of an advance refunding issue?		X						
11 Has the final allocation of proceeds been made?	X							
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A	B	C	D	E
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X			

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

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?									
		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?									
		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <input type="checkbox"/>									
		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <input type="checkbox"/>									
		0 %								
6	Total of lines 4 and 5									
		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? <input type="checkbox"/>									
		X								

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? <input type="checkbox"/>									
		X								
2	Is the bond issue a variable rate issue? <input type="checkbox"/>									
		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? <input type="checkbox"/>									
		X								
b	Name of provider									
c	Term of hedge									
4a	Were gross proceeds invested in a GIC? <input type="checkbox"/>									
		X								
b	Name of provider									
c	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? <input type="checkbox"/>									
		X								
5	Were any gross proceeds invested beyond an available temporary period? <input type="checkbox"/>									
		X								
6	Did the bond issue qualify for an exception to rebate? <input type="checkbox"/>									
		X								

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CROSSROADS REHABILITATION CENTER INC

Employer identification number
35-0869058

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G	FORM 8899 QUALIFIED INTELLECTUAL PROPERTY	FORM 8899 DID NOT APPLY AS THE ORGANIZATION DID NOT RECEIVE ANY GIFTS OF QUALIFIED INTELLECTUAL PROPERTY DURING THE YEAR
FORM 990, PART V, LINE 7H	FORM 1098-C GIFTS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES	FORM 1098-C DID NOT APPLY AS THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES DURING THE YEAR
Form 990, Part VI, Section A, line 6		A person who donates at least \$100 is considered a member of Crossroads for purposes of the annual meeting
Form 990, Part VI, Section A, line 7a		THE BOARD OF DIRECTORS ARE APPROVED BY THE MEMBERS AT THE ANNUAL MEETING OF THE ORGANIZATION
Form 990, Part VI, Section B, line 11		Detailed review of the 990 is performed by the CFO who then reviews the specific details especially surrounding compensation, program performance, special events and fundraising with the fiscal committee of the Board who recommends approval for filing to the Board of Directors
Form 990, Part VI, Section B, line 12c		Board members and key employees are asked to complete the Conflict of Interest disclosure forms annually Executive leadership then reviews conflicts
Form 990, Part VI, Section B, line 15		It is Easter Seals Crossroads' policy to provide competitive and equitable compensation based upon the appropriate pay structure within Easter Seals Crossroads and the rate being paid by competitors in the area labor market for similar positions Easter Seals Crossroads participates in periodic salary surveys including those conducted by United Way of Central Indiana, Easter Seals National Headquarters, IN-ARF and others in order to ensure pay competitiveness and equity Results of these surveys are used by management in the review of salaries for all positions in the organization The Fiscal and Executive committees of the Board of Directors periodically review the compensation of the President and other key management personnel This review is conducted based upon information from the salary surveys, as well as the review of other similar organizations' Form 990 salary information for similar positions Any adjustments to these salaries other than annual increases approved by the Board of Directors as part of the annual operating budget will be approved by the Fiscal and Executive committees In addition, the compensation of the President is governed by an employment contract which is approved by the Executive committee of the Board of Directors
Form 990, Part VI, Section C, line 19		The annual report which contains financial results and statistics is available on THE ORGANIZATION'S website The 990 is available through Guidestar Any requests for this information from the public would be honored by providing copies to the requestor

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	AUDIT OVERSIGHT	AN RFP PROCESS IS FOLLOWED PERIODICALLY TO SELECT THE AUDITOR, WITH THAT PROCESS IMPLEMENTED BY THE CFO AND ALL QUOTES REVIEWED BY THE FISCAL COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING FACE TO FACE PRESENTATIONS BY FINALISTS AND SELECTION DONE BY THE FISCAL COMMITTEE AND APPROVED BY THE BOARD OVERSIGHT OF THE AUDIT IS PROVIDED BY THE FISCAL COMMITTEE WHO MEETS ANNUALLY WITH THE AUDITORS FOR PRESENTATION OF AUDITED FINANCIAL STATEMENTS

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

Cat No 51056K

Schedule O (Form 990) 2009

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return CROSSROADS REHABILITATION CENTER INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 35-0869058
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	728,531

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

21 Listed proper

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	728,531
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage of business use.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage of business use and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding written policies and requirements for employer-provided vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2009 tax year (see instructions)

43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44

Additional Data

Software ID:

Software Version:

EIN: 35-0869058

Name: CROSSROADS REHABILITATION CENTER INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services		
(Code)	(Expenses \$	(Revenue \$
ASSTIVE TECHNOLOGY - 559 persons served	1,307,759	431,131
<p>including grants of \$) (Revenue \$)</p> <p>Specifically to meet their needs. Applications would include adapting a work station so a person injured on a job can continue to do their work. It might be installing software on a computer allowing a visually impaired person to use the computer. It might be adapting a home with environmental controls so they can continue to live in their home after a stroke. We have the largest and most experienced technology team in the Midwest ready to address your needs.</p>		
Autism Services - The scope of services available to consumers with autism covers the life span	876,323	31,010
<p>including grants of \$) (Revenue \$)</p> <p>as research shows that the earlier you begin to address the needs of this population, the more effective treatment is in the long term. We work with adolescents with therapy approaches that have been proven effective in working with children with autism, including a multisensory room. We work with schools to develop programs to support students with autism in being successful. We provide behavior intervention, family support groups, an extensive resource center open to the public, employment programs and peer support groups for college students with autism. It is our goal to be the largest and most comprehensive provider of services to persons with Autism and their families in central Indiana.</p>		
Deaf Community Services - 565 persons served	604,190	578,524
<p>including grants of \$) (Revenue \$)</p> <p>We provide interpreting services to Deaf consumers and community members who need to communicate with the Deaf community. Our services also include case management for the Deaf community. We assist Deaf consumers in finding apartments, working on financial issues, locating jobs, making arrangements with utility companies, whatever their needs are. Additionally, we are a provider of PAH services (video interpreting).</p>		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES J VENTO President	37.50	X		X				160,558	0	15,750
LINDSEY HAHN Immediate past-chair	1.00	X						0	0	0
DAWN NEAL chair	1.00	X						0	0	0
PAUL MADDEN second vice-chair	1.00	X						0	0	0
MICHAEL L BOGAN MD DIRECTOR	1.00	X						0	0	0
FRAN GALE secretary	1.00	X						0	0	0
JEFF HOKANSON first vice-chair	1.00	X						0	0	0
GEORGE J SEYBERT DIRECTOR	1.00	X						0	0	0
ABBE HOHMANN DIRECTOR	1.00	X						0	0	0
TERRY HUSER DIRECTOR	1.00	X						0	0	0
KEN KOBE DIRECTOR	1.00	X						0	0	0
Connie brown treasurer	1.00	X						0	0	0
James s cunning dirECTOR	1.00	X						0	0	0
milton l keys sr dirECTOR	1.00	X						0	0	0
timothy w oliver dIRECTOR	1.00	X						0	0	0
MELANIE HARRIS DIRECTOR	1.00	X						0	0	0
SETH WILLIAMS DIRECTOR	1.00	X						0	0	0
stephen d orander diRECTOR	1.00	X						0	0	0
PAULA TAYLOR WHITFIELD DIRECTOR	1.00	X						0	0	0
REBECCA FELDMAN MD DIRECTOR	1.00	X						0	0	0
James atherton dIRECTOR	1.00	X						0	0	0
Kelly Copes-anderson dIRECTOR	1.00	X						0	0	0
Frank j esposito dIRECTOR	1.00	X						0	0	0
Stephanie D remetta dIRECTOR	1.00	X						0	0	0
Steve Stevens diRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J patrick Sandy vice president	37 50			X				102,702	0	12,702
Beverly Saunders cfo	37 50			X				104,651	0	12,913

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
INDUSTRIAL SERVICES	310,000	9,706,500	9,706,500		
Children's/Medical	900,099	2,224,826	2,224,826		
Employment Services	900,099	1,535,403	1,535,403		
Deaf Community	900,099	578,524	578,524		
Technology Services	900,099	431,131	431,131		