

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

Α	For the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022		•		
В	Check if	C Name of organization		*	D Employer identification number				
	applicabl				, ,				
	Addre		INC.						
F	Name	D BAGMED GEALG GDOO			35-08	69058			
F	Initial return	Number and street (or P.O. box if mail is not deli		Room/suite	E Telephone				
F	Final	4740 KINGSWAY DRIVE	vereu to street address)	1100111/3uito	·	66-1000			
	⊥lreturn. termir ated		ZID or foreign postal code		G Gross receipts		23,667,568.		
	Amen		in or foreign postar code		H(a) Is this a				
F	return Applic	·	A BREWER		1	rdinates?			
_	tion pendi	SAME AS C ABOVE			H(b) Are all subo		—		
$\overline{}$	Tay ay		◀ (insert no.) 4947(a)(1)	or 527	1 ' '		See instructions		
		empt status: X 501(c)(3) 501(c) ()- e: WWW.EASTERSEALSCROSSROADS.ORG		01 527	1				
			sociation Other	1 1/22	H(c) Group ex				
	art I	organization: X Corporation Trust As: Summary	sociation Other	L Year	of formation: 19	33 M S	tate of legal domicile; IN		
	_	<u> </u>		UDDIII D. O.					
q	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O					
anc									
Governance	2	Check this box 🕨 🔛 if the organization discor		sed of more	than 25% of its	1 1			
Š	3	Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,				24		
		Number of independent voting members of the gov					24		
S	5	Total number of individuals employed in calendar ye					320		
ΞĘ	6	Total number of volunteers (estimate if necessary)				. 6	215		
Activities &	7 a	Total unrelated business revenue from Part VIII, col			7a	0.			
_	<u> b</u>	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		7b	0.		
					Prior Year		Current Year		
ď	8	Contributions and grants (Part VIII, line 1h)			9,672	2,600.	5,797,650.		
Ž	9	Program service revenue (Part VIII, line 2g)			16,195	5,114.	16,781,943.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		746	5,949.	915,874.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			95	5,581.	136,281.		
	1	Total revenue - add lines 8 through 11 (must equal I			26,710	,244.	23,631,748.		
		Grants and similar amounts paid (Part IX, column (A			32	2,647.	30,585.		
	1	Benefits paid to or for members (Part IX, column (A)				0.	0.		
,,	15	Salaries, other compensation, employee benefits (P			11,302	,159.	11,282,006.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii			,	0.	0.		
Den	h	Total fundraising expenses (Part IX, column (D), line							
X	17	Other expenses (Part IX, column (A), lines 11a-11d,	, , 		11,398	167.	12,581,304.		
		Total expenses. Add lines 13-17 (must equal Part IX			22,732		23,893,895.		
	1	Revenue less expenses. Subtract line 18 from line 1			•	,271.	-262,147.		
		nevertue less expenses. Subtract line 10 from line		Ba	ginning of Currer		End of Year		
Net Assets or	20	Total assets (Part X, line 16)			48,026		42,140,605.		
SSe	21	Total liabilities (Part X, line 16)				,635.	2,778,427.		
let /	22	, , , , , , , , , , , , , , , , , , , ,	ino 20		43,664		39,362,178.		
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	IIIe 20		13,001	,,,,,,,	33,302,170.		
		Ities of perjury, I declare that I have examined this return,	including accompanying scheduler	and etatame	ante and to the he	act of my kn	owledge and helief it is		
		t, and complete. Declaration of preparer (other than office				-	owieuge and belief, it is		
tiut	,	i, and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii pi epai ei	Thas arry knowledg	yc.			
۵.		Signature of officer			I Date				
Sign					Duto				
He	re	TECHIA BREWER, CFO Type or print name and title							
		, , , , ,		Tr	Date	Chook -	PTIN		
n - '		Print/Type preparer's name	Preparer's signature			Check if			
Pai		AMANDA MEKO, CPA		10:	5/12/23	self-employed	P01062615		
	parer	Firm's name GREENWALT CPAS, INC			Firm's	EIN ▶ 3	5-1489521		
Use	Only	Firm's address 5342 W. VERMONT STREET				245	41 0000		
_		INDIANAPOLIS, IN 46224			Phone	no.317-2			
110	المطلب	S discuss this return with the preparer shown about	of Con instructions				X Ves No		

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EASTERSEALS CROSSROADS PURPOSE IS TO CHANGE THE WAY THE WORLD DEFINES
	AND VIEWS DISABILITY BY MAKING PROFOUND AND POSITIVE DIFFERENCES IN
	PEOPLE'S LIVES EVERY DAY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,932,843. including grants of \$ 24,389.) (Revenue \$ 912,208.
	EMPLOYMENT - SERVICES CONSUMERS RECEIVE THROUGH THE EMPLOYMENT DIVISION
	ARE BASED ON INDIVIDUAL NEEDS AND ARE DESIGNED TO PROMOTE THE HIGHEST LEVEL OF INDEPENDENCE POSSIBLE. OUR COMPREHENSIVE EMPLOYMENT SERVICES
	INCLUDE CAREER COUNSELING, WORKPLACE LEARNING OPPORTUNITIES AND
	INTERNSHIPS, JOB PLACEMENT ASSISTANCE, JOB SEEKING SKILLS TRAINING, JOB
	COACHING, AND LONG-TERM JOB RETENTION. OUR EMPLOYMENT CONSULTANTS
	PLACED 82 JOB SEEKERS WITH DISABILITIES IN JOBS THAT MATCHED THEIR
	INTEREST, PREFERENCES AND ABILITIES. OF THOSE PERSONS SECURING
	EMPLOYMENT, 85% RETAINED EMPLOYMENT FOR AT LEAST 6 MONTHS. THROUGH
	THE PROJECT SEARCH SCHOOL-TO-WORK TRANSITION PROGRAM WE PROVIDED 9
	MONTHS OF INTENSIVE VOCATIONAL TRAINING OPPORTUNITIES TO 27 STUDENTS
	WITH DISABILITIES AGED 18-22 DURING THEIR SENIOR YEAR OF HIGH SCHOOL.
4b	(Code:) (Expenses \$3,683,202. including grants of \$5,696.) (Revenue \$\$2,389,042.
	MEDICAL - MEDICAL REHABILITATION SERVICES REPRESENT A WIDE RANGE OF
	PROGRAMS DESIGNED TO ASSIST CHILDREN AND ADULTS WITH DISABILITIES TO BE
	AS INDEPENDENT AS POSSIBLE. EARLY INTERVENTION SERVICES PROVIDE
	HOME-BASED SERVICES FOR CHILDREN LESS THAN THREE YEARS OF AGE.
	CHILDREN'S THERAPY SERVICES PROVIDE OCCUPATIONAL, PHYSICAL, AND SPEECH
	THERAPY SERVICES FOR CHILDREN WITH A WIDE RANGE OF DIFFERENT
	DISABILITIES. THESE SERVICES MAY ASSIST A CHILD TO LEARN TO WALK FOR
	THE FIRST TIME OR TO BE ABLE TO CARE FOR THEMSELVES. OUR UNIQUELY
	TRAINED STAFF IN OUR AUGMENTATIVE COMMUNICATION PROGRAM CAN ASSIST
	CHILDREN AND YOUNG ADULTS USE COMPUTERS OR OTHER TECHNOLOGY TO
	COMMUNICATE WITH THEIR LOVED ONES, OUR MEDICAL SOCIAL WORK STAFF
	PROVIDES SUPPORT TO THE CHILD AND FAMILY THROUGH THE CHALLENGING
4c	(Code:) (Expenses \$10,236,895. including grants of \$
	CROSSROADS INDUSTRIAL SERVICES (CIS) IS A SOCIAL ENTERPRISE WITH A
	MISSION TO PROVIDE EMPLOYMENT FOR PEOPLE WITH DISABILITIES. WE OPERATE
	IN THE TWO BUSINESS SEGMENTS OF CONTRACT MANUFACTURING AND DOCUMENT
	SCANNING. THOSE PERSONS EMPLOYED AT THIS LOCATION ARE INDIVIDUALS THAT
	MAY REQUIRE SUPPORT IN ORDER TO MAINTAIN EMPLOYMENT. AT CIS WE CAN
	DESIGN SUPPORTS 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, INCLUDING HEALTH CARE,
	RETIREMENT AND PAID TIME OFF. CIS RECEIVES NO FUNDING FROM THE STATE
	OR FEDERAL GOVERNMENT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 4,301,591. including grants of \$ 500.) (Revenue \$ 2,221,013.)
4e	Total program service expenses ▶ 21,154,531.

35-0869058

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_v
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the approximation projection on office approximation of the Helbert Obstace			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ا		•
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) CROSSROADS REHABILITATION OF Part IV Checklist of Required Schedules (continued)

	Continuou		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		_ 33	1	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

Form 990 (2021)

	990 (2021) CROSSROADS REHABILITATION CENTER, INC. 35-086905	8	Р	age §
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			l
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			•
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
		6a		x
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_ oa_		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		_
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		ــــــ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	134		
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17	l	1

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b								
2								
_	officer, director, trustee, or key employee?				2		х	
3	Did the organization delegate control over management duties customarily performed by or under the			··				
3					3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	
4				г	5		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			Г			X	
6	Did the organization have members or stockholders?			⊦	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			_		٠,,	
	more members of the governing body?			··	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		·					
	persons other than the governing body?				7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-					
а	The governing body?				8a	Х		
b	Each committee with authority to act on behalf of the governing body?				8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
			,			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х	
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a						Х		
b								
					12a	Х		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12b	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			···· ⊦	120	21		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	,			40.	Х		
	on Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?			Г	13			
14	Did the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent	- 1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official				15a	Х		
b	Other officers or key employees of the organization				15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a					
	taxable entity during the year?				16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation	- 1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's	- 1				
	exempt status with respect to such arrangements?				16b			
Sec	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only) a	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			,	,,			
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule (1)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	ial		
.5	statements available to the public during the tax year.		toroot policy,	and	iai iC	,.ui		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke ana	d records					
20	TECHIA BREWER, CFO - 317-466-1000	mo all						
	4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205							
	1710 KINGDWAI DRIVE, INDIANAFOHIS, IN 40205							

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

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	J. ga		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one oox, unless person is both a officer and a director/trustee		n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID DREITH	37.50								_	
PRESIDENT/CEO		Х		Х				208,491.	0.	13,532.
(2) JAMES AUSTIN	37.50									
DIRECTOR OF DEVELOPEMENT						Х		149,563.	0.	12,508.
(3) BEVERLY S. SAUNDERS CFO	37.50			х				128,062.	0.	12,126.
(4) BRUCE SCHNAITH	37.50									
VP OF EMPLOYMENT						Х		107,455.	0.	11,553.
(5) RICHARD CORMAN	37.50									
GENERAL MANAGER						Х		104,607.	0.	9,400.
(6) JEFF GORE	37.50									
GENERAL MANAGER						Х		100,471.	0.	11,372.
(7) WADE WINGLER	37.50									
VP OF ASSISTIVE TECH & IT						Х		101,440.	0.	9,400.
(8) PHILIP BELT	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(9) HAROLD TENBARGE	1.00									
CHAIR		Х		Х				0.	0.	0.
(10) PHILIP WHISTLER	1.00									
BOARD FIRST VICE CHAIR		Х		Х				0.	0.	0.
(11) DARLISA E. DAVIS	1.00									
TREASURER		Х		Х				0.	0.	0.
(12) KIM THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SARA CROFT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) STEVE STEVENS	1.00	_								_
DIRECTOR		Х					_	0.	0.	0.
(15) KRISTA HOFFMANN-LONGTIN	1.00								_	_
DIRECTOR	4.00	Х	\vdash				_	0.	0.	0.
(16) MICHAEL FERRON	1.00								_	_
DIRECTOR (17) PANIE NORDIG	1.00	Х						0.	0.	0.
(17) DAVID NORRIS	1.00								^	^
DIRECTOR 132007 12-09-21		Х		<u> </u>			<u> </u>	0.	0.	0. Form 990 (2021)

Form **990** (2021) 132007 12-09-21

Form 990 (2021) CROSSROADS R	EHABILITATI	ON	CEN	TER	, I	NC.			35-086905	8 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MATT BRUHN	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BRENT ARCHER	1.00									
DIRECTOR		х						0.	0.	0.
(20) FRED HASH	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PAMELA HUNT	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JULIE KECK	1.00									
DIRECTOR		х						0.	0.	0.
(23) JIM MCGOVERN	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JANE HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
(25) KEN KOBE	1.00									
DIRECTOR		х						0.	0.	0.
(26) DAWN NEAL	1.00									
DIRECTOR		х						0.	0.	0.
1b Subtotal							▶	900,089.	0.	79,891.
c Total from continuation sheets to Part V							•	0.	0.	0.
d Total (add lines 1b and 1c)							•	900,089.	0.	79,891.
2 Total number of individuals (including but r						\ wh	0 r0	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HEAR INDIANA, 4740 KINGSWAY DRIVE, SUITE	SPEECH & HEARING RESOURCE	Compondation
33, INDIANAPOLIS, IN 46205	CENTER ADMIN	351,936.
DELTEC SOLUTIONS	SERVICES FOR INFORMATION	
201 W. ONTARIO DR., MUNCIE, IN 47303	TECHNOLOGY	296,473.
THE ARC, 143 W. MARKET STREET, SUITE 200,	SERVICES TO PEOPLE WITH	
INDIANAPOLIS, IN 46204	DISABILITIES	225,822.
ADULT & CHILD MENTAL HEALTH, 603 E	SERVICES TO PEOPLE WITH	
WASHINGTON ST., INDIANAPOLIS, IN 46204	DISABILITIES	146,356.
ABILITIES SERVICES INC.	SERVICES TO PEOPLE WITH	
1237 CONCORD ROAD, CRAWFORDSVILLE, IN 47933	DISABILITIES	121,297.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	5	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

	35-0869058										
Form 990 CROSSROADS REHABILITATION CENTER, INC. 35-0869058 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)											
eportable Reportable comper	(E) (F) Reportable Estima amount										
the organiz	from related othe compens (W-2/1099-MISC) from t organiza and related organiza										
0.	0.										
0.	0.										
	0										
0.	0.										
0.	0.										
0.	0.										

Form 990 (2021) CROSSROADS

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respons	e or note to any lin	e in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns	1a	249,865.				
ran	b	Membership dues	1b					
E G	С	Fundraising events	1c	10,000.				
ifts ar A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributi		2,173,370.				
igis	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included above	/e 1f	3,364,415.				
d it	g	Noncash contributions included in lines	1a-1f 1g \$					
a Se	h	Total. Add lines 1a-1f			5,797,650.			
				Business Code				
စ္ပ	2 a	MANUFACTURING SERVICES		310000	7,199,076.	7,199,076.		
e Ķ	b	INDUSTRIAL SERVICES		310000	4,060,604.	4,060,604.		
Se	С	MEDICAL REHABILITATION		900099	2,389,042.	2,389,042.		
Program Service Revenue	d	AUTISM SERVICES		900099	929,169.	929,169.		
Б	е	EMPLOYMENT & VETERANS		900099	912,208.	912,208.		
- ي	f	All other program service reve			1,291,844.	1,291,844.		
	g	Total. Add lines 2a-2f			16,781,943.			
	3	Investment income (including						
		other similar amounts)			844,694.			844,694.
	4	Income from investment of tax	k-exempt bond	proceeds				
	5	Royalties			124,583.			124,583.
			(i) Real	(ii) Personal				
		Gross rents6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)	/i) Coourities	/ii\ Othor				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory 7a		96,750.				
	р	Less: cost or other basis		25 570				
ğ		and sales expenses	1	25,570. 71,180.				
Revenue		Gain or (loss)			71,180.	71,180.		
		Net gain or (loss) Gross income from fundraising ev		····	71,100.	71,100.		
Other	оа	including \$ 10						
١		contributions reported on line						
		Part IV, line 18	· 1	0.				
	h	Less: direct expenses		3b 0.				
		Net income or (loss) from fund	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			
		Gross income from gaming ac						
		Part IV, line 19		20,480.				
	b	Less: direct expenses		b 10,250.				
		Net income or (loss) from gam	_		10,230.	10,230.		
		Gross sales of inventory, less						
		and allowances		0a				
	b	Less: cost of goods sold		Ob				
		Net income or (loss) from sale	_	>				
,			· · · · · · · · · · · · · · · · · · ·	Business Code				
oñ e	11 a	OTHER INCOME		900099	1,468.	1,468.		
Miscellaneous Revenue	b							
Sell	С							
Mis	d	All other revenue						
	е	Total. Add lines 11a-11d)	1,468.			
	12	Total revenue. See instructions			23,631,748.	16,864,821.	0.	969,277.

Form 990 (2021) CROSSROADS REHABILITATION CENT Part IX Statement of Functional Expenses

Check if Schedule Q contains a response or note to any line in this Part IX Total Continuous manualities and some inferes by, 20, 80, 90, and 106 of Part VIV. Total expenses Program services Pr	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
1 Grafts and other assistance to domestic organizations and domestic poverments. See Part IV, line 21 Cartants and other assistance to domestic individuals. See Part IV, line 22 30 , 585 30 , 765 30 , 775 3		Check if Schedule O contains a respon	se or note to any line in			X
1 Grants and other assistance to domestic organizations and dimension governments. See Part IV, line 2 (Crants and other assistance to domestic individuals. See Part IV, line 2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		· · · · · · · · · · · · · · · · · · ·		(B) Program service expenses	Management and	Fundraising
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation rol included above to disqualified pursons (see direct and see in the second officers), directors, trustees, and key employees Person plan accruads and committations (include section 4016) and 408(0) employer commitations (include section 4016) and 4016 employer (include section 4016) and 4016 emplo						
Individuals. See Part IV. Inne 22 30 , 585 30 , 5		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	2	Grants and other assistance to domestic				
3 Grafts and other assistance to foreign organizations, freelign powerments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	30,585.	30,585.		
Individuals See Part W, lines 15 and 16	3					
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 360,765, 360,765, 360,765,		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees substitutions of the process of the composition of the process of		individuals. See Part IV, lines 15 and 16				
trustees, and keys employees Compensation not included above to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1))) and persons described in section 4958((1))(3)(8) 7 Other salaries and wages 8, 8, 804, 051, 7, 957, 687, 585, 108, 261, 256, 89 Person plan accrusts and contributions (include section 401(k) and 403(t)) employer contributions 9 Other employee benefits 1, 0,97, 159, 962, 274, 95, 870, 39, 910, 39, 915, 109 Payroll taxes 664, 782, 574, 730, 71, 625, 18, 427, 109 Payroll taxes 10 Payroll taxes 10 Payroll taxes 10 Legal 8, 3,10, 8,310, 8,310, 8,310, 6,421, 109, 109, 109, 109, 109, 109, 109, 10	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4980(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(r)) and 403(t) employer contributions (include section 401(r)) and 403(t) employer contributions (include section 401(r)) and 403(t) employer contributions (include section 401(r)) and 403(t) employee contributions (include section 401(r)) and 403(t) employer contributions (include section 401(r)) and 403(t) employee contributions (include section 401(r)) and 403(t) employees (included section 401(r)) and 403(5	Compensation of current officers, directors,				
persons (as defined under section 4986(c)(3)(B) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 40(k) and 40(b) employer contributions) 9 Other employee benefits 1, 097, 159, 362, 274, 95, 870, 39, 015, 17, 625, 18, 427, 17, 625, 18, 427, 18, 664, 782, 574, 730, 71, 625, 18, 427, 18, 62, 62, 62, 63, 63, 63, 63, 63, 63, 63, 63, 63, 63		trustees, and key employees	360,765.		360,765.	
persons described in section 4968(c)(3)(8) 7 Other salaries and wages 8,804,051, 7,957,687, 585,108, 261,256, 8 Pension plan accruals and contributions (include section 40 (k) and 40 (k) perployer contributions) 9 Other employee benefits 1,097,199, 962,274, 995,870, 39,015, 10 Payroll taxes 664,782, 574,730, 71,625, 18,427. 11 Fees for services (nonemployees): a Management b Legal 8,310, 8,310, 8,310, c Accounting 559,010, 599,010, d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O, 157,1221, 91,421, 11,892, 53,808. 13 Office expenses 14 Information technology 15 Royattes 16 Occupancy 546,546, 443,535, 97,754, 5,257. 17 Travel 132,035, 124,990, 6,642, 403, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Office expenses interest in the service of the servic	6	Compensation not included above to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions) 355,249, 308,432, 44,604, 2,213,						
section 401(k) and 403(h) employer contributions) 9 Other employee benefits 1,097,159, 962,274, 95,870, 39,015. 10 Payroll taxes 664,782, 574,730, 71,625, 18,427. 11 Fees for services (nonemployees): a Management b Legal 8,310, 8,310, 8,310, c Accounting 6 Lobbying Professional fundralising services. See Part IV, line 17 fl Investment management fees 9 Other, (Illien 11g annual rexcests 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 137,121, 91,421, 11,892, 53,808. 138 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 77,779, 7779, 7779, 7779, 77779	7		8,804,051.	7,957,687.	585,108.	261,256.
9 Other employee benefits	8					
10 Payroll taxes			·			
11 Fees for services (nonemployees): a Management b Legal	9			·	· · · · · · · · · · · · · · · · · · ·	,
a Management b Legal	10		664,782.	574,730.	71,625.	18,427.
b Legal		· · · · · · · · · · · · · · · · · · ·				
C Accounting S9,010.						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2, 686, 805, 2, 412, 461, 267, 819, 6, 525, 38, 808. 12 Advertising and promotion 157, 121, 91, 421, 11, 892, 53, 808. 13 Information technology 546, 546, 443, 535, 97, 754, 5, 257, 17 Travel 132, 035, 124, 990, 6, 642, 403, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 777, 779, 777, 779, 777, 779, 19 Payments to affiliates 777, 779, 777, 779, 19 Payments of affiliates 777, 779, 777, 779, 19 Payments to affiliates 777, 779, 777, 779, 777, 779, 19 Payments to affiliates 777, 779, 77					,	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2,686,805. 2,412,461. 267,819. 6,525. 12 Advertising and promotion 157,121. 91,421. 11,892. 53,808. 14 Information technology			59,010.		59,010.	
The system of	d					
Souther (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2,686,805. 2,412,461. 267,819. 6,525.	е	-				
Column (A), amount, list line 11g expenses on Sch 0.) 2,686,805. 2,412,461. 267,819. 6,525.	f					
12 Advertising and promotion 157,121. 91,421. 11,892. 53,808. 13 Office expenses 1 1,892. 1,892. 53,808. 14 Information technology 546,546. 443,535. 97,754. 5,257. 16 Occupancy 546,546. 443,535. 97,754. 5,257. 17 Travel 132,035. 124,990. 6,642. 403. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 70. 70. 6,642. 403. 19 Conferences, conventions, and meetings 10. 77,779. 77,779. 77,779. 77,779. 77,779. 77,779. 77,779. 22. 20. 1,866. 3,837.	g	` '	2 (0(005	2 412 461	267 010	6 525
13 Office expenses						
14			157,121.	91,421.	11,892.	53,808.
15 Royalties						
16 Occupancy 546,546. 443,535. 97,754. 5,257. 17 Travel 132,035. 124,990. 6,642. 403. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 8 6,642. 403. 19 Conferences, conventions, and meetings. 9 77,779. 77,779. 77,779. 77,779. 77,779. 77,779. 9 77,779. 9 10,000.						
17 Travel 132,035. 124,990. 6,642. 403. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials			546 546	1/13 535	97 754	5 257
Payments of travel or entertainment expenses for any federal, state, or local public officials				·	·	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates 77,779. Depreciation, depletion, and amortization 284,458. Payments. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DIRECT JOB COSTS MERCHANDISE SUPPLIES LICENSING AND FEES All other expenses By 9,842. All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			132,033.	124,550.	0,042.	403.
20 Interest 21 Payments to affiliates 77,779. 77,779.	18	· 1				
21 Payments to affiliates 77,779. 77,779. 22 Depreciation, depletion, and amortization 983,031. 928,008. 51,186. 3,837. 23 Insurance 284,458. 82,912. 201,546. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) 300,000 300,000 a DIRECT JOB COSTS 5,470,065. 5,470,065. 5,470,065. b MERCHANDISE 520,944. 520,944. 520,944. c SUPPLIES 447,733. 386,085. 55,122. 6,526. d LICENSING AND FEES 307,625. 226,572. 80,008. 1,045. e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 23,893,895. 21,154,531. 2,322,804. 416,560.	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization 983,031. 928,008. 51,186. 3,837. 23 Insurance 284,458. 82,912. 201,546. 24 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a DIRECT JOB COSTS 5,470,065. 5,470,065. b MERCHANDISE 520,944. 520,944. c SUPPLIES 447,733. 386,085. 55,122. 6,526. d LICENSING AND FEES 307,625. 226,572. 80,008. 1,045. e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20					
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above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a DIRECT JOB COSTS b MERCHANDISE c SUPPLIES d LICENSING AND FEES All other expenses All other expenses B 99,842. C MI other expenses All other expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560.			284,458.	82,912.	201,546.	
DIRECT JOB COSTS 5,470,065. 5,470,065.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b MERCHANDISE 520,944. 520,944. 520,944. c SUPPLIES 447,733. 386,085. 55,122. 6,526. d LICENSING AND FEES 307,625. 226,572. 80,008. 1,045. e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	9	' '	5,470 065	5,470 065		
c SUPPLIES 447,733. 386,085. 55,122. 6,526. d LICENSING AND FEES 307,625. 226,572. 80,008. 1,045. e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 416,560.	h		· ·	· ·		
d LICENSING AND FEES 307,625. 226,572. 80,008. 1,045. e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c		·	·	55,122.	6,526.
e All other expenses 899,842. 633,830. 247,764. 18,248. 25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-			·	· · · · · · · · · · · · · · · · · · ·	,
25 Total functional expenses. Add lines 1 through 24e 23,893,895. 21,154,531. 2,322,804. 416,560. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-			·	· · · · · · · · · · · · · · · · · · ·	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				·		
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		•	, ,	, ,	. ,	,
educational campaign and fundraising solicitation.	٠	, , , , , , , , , , , , , , , , , , , ,				

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Part A	Check if Schedule O contains a response or	note to any	line in this Part X			
	Check in Confedence of Confedence of	note to any	IIII O III CIIIO I CIII X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			5,023,465.	1	2,386,438.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net		4,827,944.	3	4,058,176.	
4	Accounts receivable, net			1,969,753.	4	2,404,115.
5	Loans and other receivables from any curren					
	trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
	controlled entity or family member of any of t	hese persor	ns		5	
6	Loans and other receivables from other disqu	ualified perso	ons (as defined			
	under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
_ω 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			1,996,728.	8	3,100,130.
8 B				344,575.	9	302,012.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	18,612,364.			
b	Less: accumulated depreciation		15,098,931.	3,834,412.	10c	3,513,433.
11	Investments - publicly traded securities			24,966,820.	11	22,083,738.
12	Investments - other securities. See Part IV, lin			1,871,372.	12	1,535,612.
13	Investments - program-related. See Part IV, li	ne 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			3,191,358.	15	2,756,951.
16	Total assets. Add lines 1 through 15 (must e			48,026,427.	16	42,140,605.
17	Accounts payable and accrued expenses			1,521,342.	17	1,698,575.
18					18	
19	Deferred revenue			201.	19	1,432.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
ທ 22	Loans and other payables to any current or f	ormer office	r, director,			
<u>i</u>	trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
Liabilities	controlled entity or family member of any of t	hese persor	ns		22	
⊐ ₂₃	Secured mortgages and notes payable to un	related third	parties		23	
24	Unsecured notes and loans payable to unrela	ated third pa	arties		24	
25	Other liabilities (including federal income tax,	payables to	related third			
	parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
	of Schedule D			2,840,092.	25	1,078,420.
26	Total liabilities. Add lines 17 through 25			4,361,635.	26	2,778,427.
	Organizations that follow FASB ASC 958,	check here	► X			
Se	and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	Net assets without donor restrictions			20,842,535.	27	18,887,653.
සි 28	Net assets with donor restrictions		<u></u>	22,822,257.	28	20,474,525.
립	Organizations that do not follow FASB AS	C 958, chec	k here 🕨 🗌			
년	and complete lines 29 through 33.					
້ 29	Capital stock or trust principal, or current fur	ıds			29	
30 g	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
Net Assets or Fund Balances 27 28 29 31 32 32	Retained earnings, endowment, accumulated				31	
를 32	Total net assets or fund balances			43,664,792.	32	39,362,178.
33	Total liabilities and net assets/fund balances			48,026,427.	33	42,140,605.

Form **990** (2021)

_	rt XI Reconciliation of Net Assets				, ,
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	631,	748.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	893,	895.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	262,	147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43	664,	792.
5	Net unrealized gains (losses) on investments	5	-3	704,	707.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	335,	760.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	39	362,	178.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , ,		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-		17	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit	_	v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** CROSSROADS REHABILITATION CENTER INC. 35-0869058 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,833,822.	4,920,477.	5,547,042.	9,672,600.	5,797,650.	39,771,591.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13,833,822.	4,920,477.	5,547,042.	9,672,600.	5,797,650.	39,771,591.
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)						20,555,704.
6	Public support. Subtract line 5 from line 4.						19,215,887.
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	13,833,822.	4,920,477.	5,547,042.	9,672,600.	5,797,650.	39,771,591.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	538,459.	1,100,206.	635,348.	522,989.	969,277.	3,766,279.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	65,075.	89,509.	73,849.	54,782.	1,468.	284,683.
11	Total support. Add lines 7 through 10						43,822,553.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	68,577,953.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi					<u> </u>	
14						14	43.85 %
15	Public support percentage from 2020					15	42.07 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% c	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this I	oox and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	ımstances test. Th	e organization qual	ifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	>

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, .			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
	tion of type it cupperting organizations		V	N.
	Want a majority of the appropriation is directors by the charge during the target of the appropriate of the alignment.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Ton B. All Type in Supporting Organizations		.,	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		l

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	i	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
<u> </u>	Excess from 2019				
d	Excess from 2020				
_	Evoses from 2021				

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

CR	OSSROADS REHABILITATION CENTER, INC.	35-0869058		
Organization type (check o	one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
527 political organization				
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	is covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.		
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	, ,		
Special Rules				
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If I, line 1. Complete Parts I and II.	d that received from any one		
contributor, durino literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a general than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eps) instead of the contributor name and address), II, and III.	ientific,		
year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled methere the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>		
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2021) Page **2**

Name of organization	Employer identification number
CROSSROADS REHABILITATION CENTER, INC.	35-0869058

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

CROSSROADS REHABILITATION CENTER, INC. 35-0869058

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\ \ 						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** CROSSROADS REHABILITATION CENTER, INC. 35-0869058 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CROSSROADS REHABILITATION CENTER, INC.

Employer identification number 35 - 0869058

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	nandling of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2021

(a) Current year

24,096,804.

806,073.

3,622,876.

21,280,001.

45.7930

Other

(b) Prior year

19,526,762.

4,570,042.

24,096,804.

b

С

collection items (check all that apply):

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

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

Public exhibition

1a Beginning of year balance

Term endowment

b Contributions

Other expenditures for facilities

Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses

End of year balance

Board designated or quasi-endowment Permanent endowment > 54.2068

Scholarly research

	The percentages on lines 2a, 2b, and 2c should equal 100%.			
За	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)	Х	
	(ii) Related organizations	3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		
4	Describe in Part XIII the intended uses of the organization's endowment funds.			

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		589,500.		589,500.
b Buildings		11,948,197.	9,467,128.	2,481,069.
c Leasehold improvements				
d Equipment		5,649,298.	5,244,726.	404,572.
e Other		425,369.	387,077.	38,292.
Total. Add lines 1a through 1e. (Column (d) must equa	3,513,433.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CROSSROADS REHABI	LITATION CENTER, I	NC.	35-0869058	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Financial derivatives			·	
(0) 01 1 1 1 1 1 1 1 1				
(2) Closely held equity interests (3) Other				
(A)		+		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market	value
	(B) Book value	(e) meaned of valuation. Seek of of	ia or your market	· vaido
(1)		+		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11d. See Form 990. Part X. line 15		
	Description	7 11d. 666 1 6111 666, 1 dr. X, iiile 16.	(b) Book	value
	Description		+	
(1) GOODWILL			4,	756,951.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	15\		2	756,951.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>15.)</i>		<u> </u>	730,331.
	n Farm 000 Dort IV line	110 or 11f Coo Form 000 Dort V line 0	E	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) ALTERNATE LOAN FINANCING FUND LIABILIT	Y			382,460.
(3) FEDERAL AFP: LOAN FUND				695,960.
(4)				
(5)				
(6)			1	
			+	
<u>(7)</u>			+	
(8)			+	
(9)			+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.))	<u>▶ </u> 1,	078,420.
2 Liability for uncertain tax positions. In Part XIII. provide t	he text of the footpote t	o the organization's financial statements	that raparts tha	

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

35-0869058

Par	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,601,531.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-3,704,707.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-325,510.		
е	Add lines 2a through 2d			2e	-4,030,217.
3	Subtract line 2e from line 1			3	23,631,748.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, t XII Reconciliation of Expenses per Audited Financial Sta)	Evnance nor F	5 Coturn	23,631,748.
Pai			expenses per r	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				22 004 145
1				1	23,904,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С.	Other losses		10 250		
d	Other (Describe in Part XIII.)		10,250.		10 250
е	Add lines 2a through 2d			2e	10,250.
3	Subtract line 2e from line 1			3	23,693,693.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	0.
	Add lines 4a and 4b			4c	23,893,895.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8.)		5	23,093,093.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. LINE 4:	· ·		; Part X, li	ne 2; Part XI,
ENDO	WMENT ASSETS INCLUDE BOARD DESIGNATED FUNDS. PERMANENTLY	Y RESTRICTED			
ENDO	WMENT ASSETS CONSIST OF BOTH PERPETUAL TRUSTS ADMINISTER	ED BY OUTSIDE			
PART	IES AND A \$10 MILLION PERMANENT ENDOWMENT ADMINISTERED BY	Y THE			
ORGA	NIZATION ITSELF. THE PURPOSE OF THESE FUNDS IS TO PROVI	DE A			
PRED	ICTABLE STREAM OF FUNDING FOR PROGRAMS.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
CHAN	GE IN VALUE OF BENEFICIAL INTEREST ON PERPETUAL TRUSTS	-335,760.			
SPEC	IAL EVENT EXPENSES	10,250.			
TOTA	L TO SCHEDULE D, PART XI, LINE 2D	-325,510.			

Schedule D (Form 990) 2021 CROSSROADS REHABILITATION CENTER, INC.	35-0869058 Page 5
Schedule D (Form 990) 2021 CROSSROADS REHABILITATION CENTER, INC. Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES 10,250.	

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service

name of the organization					Employer identi	ication number
ROSSROADS REHABILITAT	ION CENTER,	INC.			35-0869058	
			side the United States. Comple	te if the organ	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its grar	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the g	grants or assis	tance?	Yes No
	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and otl	ner assistance outs	side the
United States.						
3 Activities per Region. (Tr	(b) Number of		n be duplicated if additional space is ne (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hogion	offices	èmployees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
AST ASIA AND THE		<u>_</u>				
PACIFIC - AUSTRALIA,						
RUNEI, BURMA,			MATERIALS AND MANUFACTURING			
'AMBODIA,			PRODUCTION			2,109,192.
CUROPE (INCLUDING						
CELAND & GREENLAND)						
ALBANIA, ANDORRA,			MATERIALS AND MANUFACTURING			
USTRIA, BELGIUM			PRODUCTION			1,490,506.
						+
						1
3 a Subtotal	0	0				3,599,698.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	_	_				2 500 500
and 3b)	0	0				3,599,698.

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

Schedule F (Form 990) 2021

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			ecognized as charities by the			.		1	
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities									

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Cor	poration (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S.	. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cen	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes	s," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes X No

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

CROSSROADS	REHABILITATION CENTER, INC	•			35-08690	58
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 17. Form 990-E	Z filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previouals or entities (fundraisers) pursus	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ificers, directors, trus undraising services?	stees, or Ye	'
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<u> </u>			
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	l it is exempt from re	egistration

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

Schedule G (Form 990) 2021

		of fundraising event contributions and gre	oss income on Form 990-	E∠, lines 1 and 6b. List ∈	events with gross receipt	ts greater than \$5,000.
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			RAFFLE SPONSORSHIP	(a a. a. t a. a.)	(4 a 4 a 1	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	10,000.			10,000.
	2	Less: Contributions	10,000.			10,000.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	
_	11	1				
Pá	art		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_	_	\$15,000 on Form 990-EZ, line 6a.			Г	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			20,480.	20,480.
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses			10,250.	10,250.
	Ť		Yes %	Yes %	X Yes %	·
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	10,250.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	10,230.
					>	10,230.
9	Er	ter the state(s) in which the organization condu	ucts gaming activities: IN	1		
ā	Er als	ter the state(s) in which the organization condu	ucts gaming activities: $I^{\underline{\mathbf{N}}}$	states?		
ā	Er als	ter the state(s) in which the organization condu	ucts gaming activities: $I^{\underline{\mathbf{N}}}$	states?		
ā	Er als	ter the state(s) in which the organization condu	ucts gaming activities: $I^{\underline{\mathbf{N}}}$	states?		
10a	Erals If	ter the state(s) in which the organization condu	ucts gaming activities: In ctivities in each of these services in each of these services.	states?		X Yes No
10a	Erals If	ter the state(s) in which the organization conduted the organization licensed to conduct gaming and No," explain: ere any of the organization's gaming licenses re	ucts gaming activities: In ctivities in each of these services in each of these services.	states?		X Yes No

Sch	edule G (Form 990) 2021 CROSSROADS REHABILITATION CENTER, INC.	7869028	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es X 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?	Y	es 🗓 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	100.00 9
	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Susan Saunders, Cfo		
	Address > 4740 KINGSWAY DRIVE - INDIANAPOLIS, IN 46205		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es X No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es 🗓 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule 6	G (Form 990)	CROSSROADS REHABILITATION CENTER, INC.	35-0869058	Page 4
Part IV	G (Form 990) Supplemental Infor	rmation (continued)		
		(continued)		
ī				
-				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization CROSSROADS REHABILITATION CENTER, INC.							Employer identification numbe 35-0869058
Part I General Information on Grants an		CENTER, INC.					33-0009030
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro-	o substantiate the						
Part II Grants and Other Assistance to Description recipient that received more than \$					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
0							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	· ·	•	ie iinė 1 tadie				<u> </u>

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

Schedule I (Form 990) 2021 CROSSROADS REHABILITAT	35-0869058	Page 2				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
ASSISTANCE IS MADE IN THE FORM OF PAYMENTS ON						
BEHALF OF FAMILIES OF CHILDREN WITH DISABILITIES						
WHO TAKE ADVANTAGE OF THE ORGANIZATION'S RESPITE						
PROGRAM.	135	6,196.	0.	FMV	SEE COLUMN A.	
EQUIPMENT, CLOTHING & BUS PASSES PROVIDED TO						
ASSIST PERSONS WITH DISABILITIES	127	24,389.	0.	FMV	SEE COLUMN A.	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ı dditional information.	1	
PART I, LINE 2:						
THE ORGANIZATION PROVIDES ASSISTANCE THROUGH GRANT	PROGRAMS. F	runds				
EXPENDED ON THIS NON-CASH ASSISTANCE ARE TRACKED T	HROUGH THE OF	RGANIZATION'S				
ACCOUNTING SYSTEM.						

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number CROSSROADS REHABILITATION CENTER, INC. 35-0869058

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel X Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		х		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee X Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			х		
not described on lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		l		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DAVID DREITH	(i)	182,991.	25,500.	0.	4,132.	9,400.	222,023.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JAMES AUSTIN	(i)	145,063.	4,500.	0.	3,108.	9,400.	162,071.	0,	
DIRECTOR OF DEVELOPEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							(5	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
CEO DAVID DREITH'S COMPENSATION INCLUDES \$1,000 PER MONTH FOR TEMPORARY
HOUSING ALLOWANCE.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CROSSROADS REHABILITATION CENTER, INC. 35-0869058 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EASTERSEALS CROSSROADS PURPOSE IS TO CHANGE THE WAY THE WORLD DEFINES AND VIEWS DISABILITY BY MAKING PROFOUND AND POSITIVE DIFFERENCES IN PEOPLE'S LIVES EVERY DAY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN ADDITION, PRE-EMPLOYMENT TRANSITION SERVICES SERVED OVER 136 STUDENTS WITH DISABILITIES AGES 14-22 PROVIDING JOB EXPLORATION COUNSELING, WORKPLACE READINESS TRAINING, INTERNSHIPS AND SELF-ADVOCACY TRAINING. UNDER OUR VETERANS SERVICES, WE CONTINUED TO PARTNER WITH KEY VETERAN STAKEHOLDERS AND VETERAN SERVICE ORGANIZATIONS TO ASSESS THE IMMEDIATE AND LONG-TERM NEEDS OF MILITARY VETERANS AND THEIR FAMILIES AS THEY REINTEGRATE BACK INTO CIVILIAN LIFE. RALLY POINT EVENTS HAVE BEEN OFFERED WHERE VETERANS AND FAMILY MEMBERS ARE PROVIDED EASY ACCESS TO CRITICAL SUPPORT SERVICES AND REFERRAL INFORMATION. IN ADDITION, DIRECTLY SERVED MORE THAN 130 VETERANS PROVIDING ASSISTANCE WITH EMPLOYMENT, HOUSING, HEALTHCARE AND FAMILY SUPPORT NEEDS. WE TAKE A PERSON-CENTERED APPROACH TO EVERY CONSUMER WE SERVE FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: REHABILITATION PROCESS. COMMUNITY DAY SUPPORTS ARE AVAILABLE FOR CHILDREN, TEENS, AND ADULTS THROUGH SEVERAL PROGRAM OPTIONS. ADULT DAY SERVICES PROVIDES A SAFE NURTURING ENVIRONMENT FOR ADULTS WITH SIGNIFICANT DISABILITIES AS WELL AS THOSE WITH DEVELOPMENTAL

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** CROSSROADS REHABILITATION CENTER, INC. 35-0869058 DISABILITIES, COMMUNITY SERVICES ARE INDIVIDUALLY BASED SERVICES TO ASSIST INDIVIDUALS MAINTAIN INDEPENDENCE AT HOME, SCHOOL, AND WORK. EACH OF OUR MEDICAL REHABILITATION PROGRAMS AND SERVICES OPERATE WITH THE GOAL OF ASSISTING THOSE SERVED IN REACHING THE GREATEST LEVEL OF INDEPENDENCE POSSIBLE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ASSISTIVE TECHNOLOGY - THE ASSISTIVE TECHNOLOGY CENTER AT EASTER SEALS CROSSROADS PROVIDES ASSISTIVE TECHNOLOGY. EQUIPMENT AND SERVICES TO INDIVIDUALS WITH DISABILITIES. WHILE MANY OF THE SOLUTIONS WE IMPLEMENT ARE HIGH-TECH IN NATURE, THERE ARE ALSO A GREAT MANY LOW-TECH OR NO-TECH SOLUTIONS THAT GREATLY INCREASE THE EMPLOYMENT OPPORTUNITIES OF INDIVIDUALS WITH DISABILITIES. SINCE OUR INCEPTION IN 1979, WE HAVE HELPED THOUSANDS OF INDIVIDUALS SUCCESSFULLY UTILIZE ASSISTIVE OR ADAPTIVE TECHNOLOGY TO BECOME MORE INDEPENDENT ON THE JOB, IN THE HOME OR AT SCHOOL. EASTER SEALS CROSSROADS PARTNERS WITH THE STATE OF INDIANA, BUREAU OF REHABILITATIVE SERVICES TO ESTABLISH THE INDIANA ASSISTIVE TECHNOLOGY ACT (INDATA) PROJECT. THE INDATA PROJECT IS ONE OF 56 SIMILAR, FEDERALLY-FUNDED PROJECTS DESIGNED TO INCREASE ACCESS AND AWARENESS OF ASSISTIVE TECHNOLOGY. INDATA CORE SERVICES INCLUDE: INFORMATION AND REFERRAL, FUNDING ASSISTANCE, PUBLIC AWARENESS AND EDUCATION, DEVICE DEMONSTRATION, DEVICE LOAN, REUTILIZED COMPUTERS, AND EQUIPMENT REUTILIZATION. EXPENSES \$ 1,197,819. INCLUDING GRANTS OF \$ 0. REVENUE \$ 621,993. AUTISM SERVICES - THE GOAL OF THE AUTISM SERVICES AT ESC IS TO PROVIDE EVIDENCE BASED INTERVENTIONS ACROSS THE LIFE SPAN FOR INDIVIDUALS WITH

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
AUTISM AND THEIR FAMILIES. THE AUTISM DIAGNOSTIC CLINIC PROVIDES	
COMPREHENSIVE EVALUATION SERVICES TO CHILDREN AGES 18 MONTHS TO 18	
YEARS WITH SYMPTOMS THAT MAY INDICATE THE PRESENCE OF AUTISM SPECTRUM	
DISORDER (ASD). EVALUATIONS ARE COMPLETED BY LICENSED PSYCHOLOGISTS WHO	
ARE ABLE TO PROVIDE A MEDICAL DIAGNOSIS OF AUTISM WITH THE GOAL OF	
ASSISTING FAMILIES IN OBTAINING APPROPRIATE THERAPY SERVICES.	
PROVIDED BY AN INTERDISCIPLINARY TEAM OF CLINICIANS, BEHAVIOR TREATMENT	
SERVICES ARE OFFERED AS AN INTEGRATED PART OF EASTER SEALS CROSSROADS'	
PROGRAMS. SERVICES ARE ALSO AVAILABLE ON AN OUTPATIENT BASIS AND	
UTILIZE EVIDENCE-BASED PRACTICES TO PROMOTE THE INDEPENDENCE OF THOSE	
WITH AUTISM AND COMORBID DIAGNOSES. OUR STAFF PARTNERS WITH THE PERSON	
WITH AUTISM, HIS/HER FAMILY OR CAREGIVERS AND OTHER SERVICE PROVIDERS	
TO CREATE AN EFFECTIVE TREATMENT PLAN AND WORK COLLABORATIVELY TOWARD	
GOALS. OUR STAFF IS ABLE TO PROVIDE INDIVIDUAL, FAMILY, AND GROUP	
INTERVENTION FOR CHILDREN, TEENS, AND ADULTS.	
EXPENSES \$ 2,380,399. INCLUDING GRANTS OF \$ 500. REVENUE \$ 929,169.	
DEAF COMMUNITY SERVICES - WE PROVIDE INTERPRETING SERVICES TO DEAF OR	
HARD-OF-HEARING CONSUMERS AND COMMUNITY MEMBERS WHO NEED TO COMMUNICATE	
WITH THE DEAF COMMUNITY. OUR SERVICES ALSO INCLUDE CASE MANAGEMENT FOR	
THE DEAF AND HARD-OF-HEARING COMMUNITY. WE PROVIDE INFORMATION AND	
REFERRAL SERVICES FOR DEAF CONSUMERS FOR HELP WITH HOUSING, FINANCIAL	
ISSUES, LOCATING JOBS, MAKING ARRANGEMENT WITH UTILITY COMPANIES, OR	
WHATEVER THEIR SUPPORT NEEDS ARE. WE ALSO OFFER ONSITE VIDEO PHONES	
AND COMPUTER WORKSTATIONS THAT ARE AVAILABLE FOR THE DEAF COMMUNITY TO	
USE.	
EXPENSES \$ 723,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 669,851.	

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization CROSSROADS REHABILITATION CENTER, INC. 35-0869058 FORM 990, PART VI, SECTION B, LINE 11B: 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

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021		Page 2
Name of the organization CROSSROADS REHABILITATION CENTER,	INC.	Employer identification number 35-0869058
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 AV.	AILABLE THROUGH	
GUIDESTAR. ANY REQUESTS FOR THIS INFORMATION FROM THE	PUBLIC WOULD BE	
HONORED BY PROVIDING COPIES TO THE REQUESTOR.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
DATA PROCESSING FEES:		
PROGRAM SERVICE EXPENSES	12,861.	
MANAGEMENT AND GENERAL EXPENSES	37,795.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	50,656.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	2,399,600.	
MANAGEMENT AND GENERAL EXPENSES	230,024.	
FUNDRAISING EXPENSES	6,525.	
TOTAL EXPENSES	2,636,149.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,686,805.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	0.	
CHANGE IN VALUE OF PERPETUAL TRUSTS		
TOTAL TO FORM 990, PART XI, LINE 9	-335,760.	
132212 11-11-21	19	Schedule O (Form 990) 2021

Name of the organization	Employer identification number
CROSSROADS REHABILITATION CENTER, INC.	35-0869058
FORM 990, PART XII, LINE 2C	
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. THIS PROCESS HAS NOT CHANGED FROM THE	
PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CROSSROADS REHABILIT	PATION CENTER, INC.					35-0869058			
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	I	(e) End-of-year assets		(f) Direct controlling entity		
CROSSROADS MANUFACTURING SERVICES, LLC - 84-2480069, 4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205	MANUFACTURING	INDIANA	1,494	,359. 5,47		CROSSROADS REHABILITAT INC.	ION CEN	VTER,	
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?	
		ioreign country)		501(c)(3))			Yes	No	
	_								

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one	or more related
	organizations treated as a partnership during the tax year.	·		, , ,		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sector 512(b) control enti	tion b)(13) rolled tity?
		country)		,				Yes	No
								igsqcup	
								igsqcup	
									<u> </u>

art V	Transactions With Related Organizations.	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a						
С											
					1d						
					1e		<u> </u>				
f	f Dividends from related organization(s)										
g	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	Exchange of assets with related organization(s)				1i		<u> </u>				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k						
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11						
m	b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) c Gift, grant, or capital contribution from related organization(s) c Loans or loan guarantees to refor related organization(s) c Loans or loan guarantees by related organization(s) c Exchange of assets from related organization(s) c Exchange of assets to related organization(s) c Exchange of assets to related organization(s) c Exchange of assets twin related organization(s) c Exchange of assets with related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Performance of services or membership or fundraising solicitations by related organization(s) c In Per										
					10						
р	Reimbursement paid to related organization(s) for expenses				1p						
					1q						
r	Other transfer of cash or property to related organization(s)				1r						
s	Other transfer of cash or property from related organization(s)				1s						
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.							
	(a) Name of related organization	Transaction			olved						
(1)											
(2)											
(3)											
(4)	c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividend from related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Divident from related organization(s) f Dividends f Dividends from related organization(s) f Dividends f Dividends from related organization(s)										
(5)											

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		

132165 11-17-21 Schedule R (Form 990) 2021