

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CROSSROADS REHABILITATION CENTER, INC.		D Employer identification number 35-0869058
	Doing business as EASTER SEALS CROSSROADS		E Telephone number (317) 466-1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4740 KINGSWAY DRIVE		G Gross receipts \$ 23,667,568.
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46205		
F Name and address of principal officer: TECHIA BREWER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ WWW.EASTERSEALSCROSSROADS.ORG

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	320
	6 Total number of volunteers (estimate if necessary)	6	215
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,672,600.	5,797,650.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,195,114.	16,781,943.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	746,949.	915,874.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,581.	136,281.
		26,710,244.	23,631,748.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,647.	30,585.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,302,159.	11,282,006.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 416,560.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,398,167.	12,581,304.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,732,973.	23,893,895.	
19 Revenue less expenses. Subtract line 18 from line 12	3,977,271.	-262,147.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	48,026,427.	42,140,605.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,361,635.	2,778,427.
	43,664,792.	39,362,178.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TECHIA BREWER, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA MEKO, CPA	Preparer's signature	Date 05/12/23	Check if self-employed <input type="checkbox"/>	PTIN P01062615
	Firm's name ▶ GREENWALT CPAS, INC	Firm's EIN ▶ 35-1489521	Phone no. 317-241-2999		
	Firm's address ▶ 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$) (Revenue \$ 11,259,680.)
CROSSROADS MANUFACTURING AND CROSSROADS INDUSTRIAL SERVICES -
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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included on line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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.
- 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.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATT BRUHN DIRECTOR	1.00	X						0.	0.	0.
(19) BRENT ARCHER DIRECTOR	1.00	X						0.	0.	0.
(20) FRED HASH DIRECTOR	1.00	X						0.	0.	0.
(21) PAMELA HUNT DIRECTOR	1.00	X						0.	0.	0.
(22) JULIE KECK DIRECTOR	1.00	X						0.	0.	0.
(23) JIM MCGOVERN DIRECTOR	1.00	X						0.	0.	0.
(24) JANE HARPER DIRECTOR	1.00	X						0.	0.	0.
(25) KEN KOBE DIRECTOR	1.00	X						0.	0.	0.
(26) DAWN NEAL DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								900,089.	0.	79,891.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								900,089.	0.	79,891.

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 7

	Yes	No
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		X
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	X	
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		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 33, INDIANAPOLIS, IN 46205	SPEECH & HEARING RESOURCE CENTER ADMIN	351,936.
DELTEC SOLUTIONS 201 W. ONTARIO DR., MUNCIE, IN 47303	SERVICES FOR INFORMATION TECHNOLOGY	296,473.
THE ARC, 143 W. MARKET STREET, SUITE 200, INDIANAPOLIS, IN 46204	SERVICES TO PEOPLE WITH DISABILITIES	225,822.
ADULT & CHILD MENTAL HEALTH, 603 E WASHINGTON ST., INDIANAPOLIS, IN 46204	SERVICES TO PEOPLE WITH DISABILITIES	146,356.
ABILITIES SERVICES INC. 1237 CONCORD ROAD, CRAWFORDSVILLE, IN 47933	SERVICES TO PEOPLE WITH DISABILITIES	121,297.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 249,865.					
	b	Membership dues	1b					
	c	Fundraising events	1c 10,000.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 2,173,370.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 3,364,415.					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f						5,797,650.
Program Service Revenue	2 a	MANUFACTURING SERVICES	Business Code 310000	7,199,076.	7,199,076.			
	b	INDUSTRIAL SERVICES	310000	4,060,604.	4,060,604.			
	c	MEDICAL REHABILITATION	900099	2,389,042.	2,389,042.			
	d	AUTISM SERVICES	900099	929,169.	929,169.			
	e	EMPLOYMENT & VETERANS	900099	912,208.	912,208.			
	f	All other program service revenue	900099	1,291,844.	1,291,844.			
	g	Total. Add lines 2a-2f		16,781,943.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		844,694.			844,694.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		124,583.			124,583.	
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
b	Less: cost or other basis and sales expenses	7b	96,750.					
c	Gain or (loss)	7c	25,570.					
d	Net gain or (loss)		71,180.	71,180.				
8 a	Gross income from fundraising events (not including \$ 10,000. of contributions reported on line 1c). See Part IV, line 18							
		8a						
		0.						
b	Less: direct expenses	8b	0.					
c	Net income or (loss) from fundraising events		0.					
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		20,480.						
b	Less: direct expenses	9b	10,250.					
c	Net income or (loss) from gaming activities		10,230.	10,230.				
10 a	Gross sales of inventory, less returns and allowances							
		10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	1,468.	1,468.			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		1,468.				
12	Total revenue. See instructions			23,631,748.	16,864,821.	0.	969,277.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,585.	30,585.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,765.		360,765.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,804,051.	7,957,687.	585,108.	261,256.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	355,249.	308,432.	44,604.	2,213.
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.	
c Accounting	59,010.		59,010.	
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 O.)	2,686,805.	2,412,461.	267,819.	6,525.
12 Advertising and promotion	157,121.	91,421.	11,892.	53,808.
13 Office expenses				
14 Information technology				
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 ...				
19 Conferences, conventions, and meetings				
20 Interest				
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 amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
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.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	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 current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,996,728.	8	3,100,130.
	9 Prepaid expenses and deferred charges	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	10b 15,098,931.		
	11 Investments - publicly traded securities	3,834,412.	10c	3,513,433.
	12 Investments - other securities. See Part IV, line 11	24,966,820.	11	22,083,738.
	13 Investments - program-related. See Part IV, line 11	1,871,372.	12	1,535,612.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,191,358.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,026,427.	15	2,756,951.	
		16	42,140,605.	
Liabilities	17 Accounts payable and accrued expenses	1,521,342.	17	1,698,575.
	18 Grants payable		18	
	19 Deferred revenue	201.	19	1,432.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 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.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,842,535.	27	18,887,653.
	28 Net assets with donor restrictions	22,822,257.	28	20,474,525.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar 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 instructions)					12	68,577,953.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	43.85 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	42.07 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

CROSSROADS REHABILITATION CENTER, INC.

Employer identification number

35-0869058

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,096,804.	19,526,762.	26,327,010.	26,384,879.	19,886,650.
b Contributions					10,000,000.
c Net investment earnings, gains, and losses	806,073.	4,570,042.	584,524.	1,513,114.	840,222.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,622,876.		7,384,772.	1,570,983.	4,342,043.
f Administrative expenses					
g End of year balance	21,280,001.	24,096,804.	19,526,762.	26,327,010.	26,384,829.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 45.7930 %
 - b Permanent endowment 54.2068 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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 equal Form 990, Part X, column (B), line 10c.)				3,513,433.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 end-of-year market value
(1) Financial derivatives		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GOODWILL	2,756,951.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,756,951.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALTERNATE LOAN FINANCING FUND LIABILITY	382,460.
(3) FEDERAL AFP: LOAN FUND	695,960.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,078,420.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:			
a	Net unrealized gains (losses) on investments	2a	-3,704,707.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-325,510.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	23,631,748.

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

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

1	Total expenses and losses per audited financial statements		1	23,904,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,250.	
e	Add lines 2a through 2d		2e	10,250.
3	Subtract line 2e from line 1		3	23,893,895.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	23,893,895.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT ASSETS INCLUDE BOARD DESIGNATED FUNDS. PERMANENTLY RESTRICTED

ENDOWMENT ASSETS CONSIST OF BOTH PERPETUAL TRUSTS ADMINISTERED BY OUTSIDE

PARTIES AND A \$10 MILLION PERMANENT ENDOWMENT ADMINISTERED BY THE

ORGANIZATION ITSELF. THE PURPOSE OF THESE FUNDS IS TO PROVIDE A

PREDICTABLE STREAM OF FUNDING FOR PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST ON PERPETUAL TRUSTS -335,760.

SPECIAL EVENT EXPENSES 10,250.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -325,510.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 10,250.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public
Inspection

Name of the organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			MATERIALS AND MANUFACTURING PRODUCTION		2,109,192.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			MATERIALS AND MANUFACTURING PRODUCTION		1,490,506.
3 a Subtotal	0	0			3,599,698.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,599,698.

Part IV Foreign Forms

- 1 Was 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 Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt 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 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 Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes 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 Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		RAFFLE SPONSORSHIP (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)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			10,250.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				10,250.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				10,230.

9 Enter the state(s) in which the organization conducts gaming activities: IN

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES ASSISTANCE THROUGH GRANT PROGRAMS. FUNDS

EXPENDED ON THIS NON-CASH ASSISTANCE ARE TRACKED THROUGH THE ORGANIZATION'S

ACCOUNTING SYSTEM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

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
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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

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?

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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

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

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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CROSSROADS REHABILITATION CENTER, INC.

Employer identification number

35-0869058

FORM 990, 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, WE
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

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

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

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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

Name of the organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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EXECUTIVE COMMITTEES. IN ADDITION, THE COMPENSATION OF THE PRESIDENT IS

GOVERNED BY AN EMPLOYMENT CONTRACT WHICH IS APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ANNUAL REPORT WHICH CONTAINS FINANCIAL RESULTS AND STATISTICS IS

AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE 990 IS AVAILABLE THROUGH

GUIDESTAR. ANY REQUESTS FOR THIS INFORMATION FROM THE PUBLIC WOULD BE

HONORED BY PROVIDING COPIES TO THE REQUESTOR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

DATA PROCESSING FEES:

PROGRAM SERVICE EXPENSES	12,861.
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MANAGEMENT AND GENERAL EXPENSES	37,795.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	50,656.
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CONSULTING:

PROGRAM SERVICE EXPENSES	2,399,600.
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MANAGEMENT AND GENERAL EXPENSES	230,024.
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FUNDRAISING EXPENSES	6,525.
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TOTAL EXPENSES	2,636,149.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,686,805.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	0.
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CHANGE IN VALUE OF PERPETUAL TRUSTS	-335,760.
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TOTAL TO FORM 990, PART XI, LINE 9	-335,760.
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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

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

2021

Open to Public Inspection

Name of the organization <p style="text-align: center;">CROSSROADS REHABILITATION CENTER, INC.</p>	Employer identification number <p style="text-align: center;">35-0869058</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(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.	5,470,415.	CROSSROADS REHABILITATION CENTER, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

