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

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	81,047	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	81,047	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,047	27	0

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

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

What is the organization's primary exempt purpose?

TO PROVIDE THERAPEUTIC SERVICES TO THE MENTALLY ILL.

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ESTABLISH JOURNEYS, SELF HELP, MUTUAL SUPPORT AND PEER RECOVERY PROGRAM.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANDREE GITCHELL PO BOX 301 HARRISONBURG VA 22801	BOARD MEMBER 0.00	0	0	0
TILLI YODER PO BOX 301 HARRISONBURG VA 22801	VP 0.00	0	0	0
DON FOTH PO BOX 301 HARRISONBURG VA 22801	TREASURER 0.00	0	0	0
EARL MARTIN PO BOX 301 HARRISONBURG VA 22801	BOARD MEMBER 0.00	0	0	0
PAUL LONGENECKER PO BOX 301 HARRISONBURG VA 22801	BOARD MEMBER 0.00	0	0	0
PAT HOSTETTER MARTIN PO BOX 301 HARRISONBURG VA 22801	BOARD MEMBER 0.00	0	0	0
JEANNE KNAUF PO BOX 301 HARRISONBURG VA 22801	BOARD MEMBER 0.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b></span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b></span>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b></span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____; section 4955 <span style="float:right">▶</span> _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ <b>None</b></span>		
42a	The organization's books are in care of <span style="float:right">▶ <b>DON FOTH</b></span> 1130 LINCOLNSHIRE DRIVE Located at <span style="float:right">▶ <b>HARRISONBURG</b></span> <span style="float:right">VA</span> ZIP + 4 <span style="float:right">▶ <b>22802</b></span> Telephone no <span style="float:right">▶ <b>540-432-0814</b></span>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b></span> <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Yes  No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
 Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No

**b** If "Yes," was the related organization a section 527 organization?  Yes  No

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ 5/1/12

**52** Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: *Don Foth* Date: \_\_\_\_\_  
 Type or print name and title: **DON FOTH** **TREASURER**

**Paid Preparer Use Only**  
 Preparer's name: **PETER A POIROT** Preparer's signature: PETER A POIROT Date: 02/27/12 Check  if self-employed PTIN: **P00588265**  
 Firm's name: **PETER A. POIROT CPA, PC** Firm's EIN: **54-2046133**  
 Firm's address: **57 SOUTH MAIN STREET STE 507 HARRISONBURG, VA 22801** Phone no: **540-433-2001**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**CROSSING CREEKS**

Employer identification number

**54-1939693**

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2011.</b> 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 type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> 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"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> 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 9 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	147,460	219,870	22,266	300	25	389,921
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	86,322	41,893	3,152	3,227	458	135,052
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	233,782	261,763	25,418	3,527	483	524,973
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						524,973

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	233,782	261,763	25,418	3,527	483	524,973
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	658	918	11	5,216		6,803
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	658	918	11	5,216		6,803
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	234,440	262,681	25,429	8,743	483	531,776

**14 First five 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.72%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	99.07%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	1%

**19a 33 1/3% support tests—2011.** 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—2010.** 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

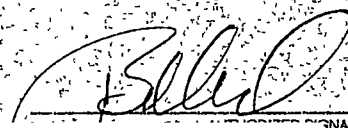
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**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Invoice</b>	<b>Invoice Date</b>	<b>Line Description</b>	<b>Invoice</b>	<b>Matter</b>
	4/27/2012	KR-File articles of Termination and	20.00	

<b>Check Date</b>	<b>Payee</b>	<b>Total</b>
4/27/2012	State Corporation Commission	20.00

WHARTON ALDHIZER & WEAVER PLC 08/11 ATTORNEY'S AT LAW OPERATING ACCOUNT P. O. BOX 20028 HARRISONBURG, VA 22801		DATE 4/27/2012	AMOUNT 20.00
Twenty & No/100 Dollars			
PAY TO THE ORDER OF	State Corporation Commission		
			SIGNATURE

Details on Back Security Features Included

WHARTON ALDHIZER & WEAVER PLC ATTORNEY'S AT LAW OPERATING ACCOUNT

KR-File articles of Termination and	4/27/2012	20.00
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4/27/2012	State Corporation Commission	20.00
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Schedule N (Form 990 or 990-EZ) (2011) **CROSSING CREEKS** **54-1939693**

**Part I Liquidation, Termination, or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

**3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

**4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

**b** If "Yes," did the organization provide such notice?

**5** Did the organization discharge or pay all of its liabilities in accordance with state laws?

**6a** Did the organization have any tax-exempt bonds outstanding during the year?

**b** Did the organization discharge or release all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

**c** If "Yes" to line 6b, describe in Part III how the organization deeded or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.**

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH DISTRIBUTION	11/11/11	2,500		54-1674992	VIRGINIA ORGANIZING 703 CONCORD AVE CHARLOTTESVILLE VA 22903	501 C 3
	CASH DISTRIBUTION	03/28/11	5,500		52-1899771	ON OUR OWN OF HOWARD COUNTY 6470 DOBBIN ROAD # C COLUMBIA MD 21045	501 C 3
	CASH DISTRIBUTION	03/07/11	15,000		54-1326987	GEMEINSCHAFT 1423 MT CLINTON PIKE HARRISONBURG VA 22802	501 C 3
	CASH DISTRIBUTION	03/07/11	27,500		54-1835664	OUR COMMUNITY PLACE 17 EAST JOHNSON ST HARRISONBURG VA 22802	501 C 3
	CASH DISTRIBUTION	03/07/11	12,500		11-3835381	HARTS, INC. 176 WEST MARKET STREET HARRISONBURG VA 22801	501 C 3
	CASH DISTRIBUTION	03/07/11	15,000		20-0092504	OUR COMMUNITY PROJECT 17 EAST JOHNSON STREET HARRISONBURG VA 22802	501 C 3

**2** Did or will any officer, director, trustee, or key employee of the organization

**a** Become a director or trustee of a successor or transferee organization?

**b** Become an employee of, or independent contractor for, a successor or transferee organization?

**c** Become a direct or indirect owner of a successor or transferee organization?

**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

**e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▲

	Yes	No
a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	<input type="checkbox"/>	<input checked="" type="checkbox"/>

---

**Part III Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

---

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

**CROSSING CREEKS**

Employer identification number

**54-1939693**

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
BANK CHARGES	\$ 56
GRANTS	\$ 78,000
MISCELLANEOUS	\$ 125
Non-investment Depreciation	\$ 0
<b>Total</b>	<b>\$ 78,181</b>

**Form 990-EZ, Part III, Line 31 - All Other Accomplishment**

**ESTABLISH JOURNEYS, SELF HELP, MUTUAL SUPPORT AND PEER  
RECOVERY PROGRAM.**



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

SCC904  
(07/07)

ARTICLES OF DISSOLUTION  
(Virginia nonstock corporation)

The undersigned, on behalf of the nonstock corporation set forth below, pursuant to § 13.1-904 of the Code of Virginia, states as follows.

1. The name of the corporation is

Crossing Creeks, INC.

2. The dissolution was authorized on March 30, 2012  
(date)

3 (Complete either A, B or C, below, whichever is applicable.)

A. The corporation's dissolution was authorized by the vote of a majority of the directors in office. Member action was not required because the corporation has no members or no members with voting rights.

Mark this box, if applicable.

B. The corporation has members having voting rights and the dissolution was authorized by the unanimous consent of the members  Mark this box, if applicable. OR

C. The corporation has members having voting rights and the proposed dissolution was submitted to the members by the board of directors in accordance with Title 13.1, Chapter 10 of the Code of Virginia, and the following statements apply (1, 2 & 3).  Mark this box, if applicable, and complete (2) (i) or (2) (ii).

(1) A quorum existed for each voting group entitled to vote separately on dissolution.

(2) Either (i) the total number of votes cast for and against dissolution by each voting group entitled to vote separately on dissolution:

Voting group	Total votes FOR	Total votes AGAINST
_____	_____	_____
_____	_____	_____

Or (ii) the total number of undisputed votes cast for dissolution separately by each voting group:

Voting group	Total number of undisputed votes
_____	_____
_____	_____

(3) The number cast for dissolution by each voting group was sufficient for approval by that voting group.

Executed in the name of the corporation by

*Matilda Yoder*  
(signature)

MATILDA (TILLI) YODER

(printed name)

0511772-6

(corporation's SCC ID #)

4/26/12  
(date)

PRESIDENT

(corporate title)

(telephone number (optional))

The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.

PRIVACY ADVISORY. Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

SEE INSTRUCTIONS ON THE REVERSE

Provide a name and mailing address for sending correspondence regarding the filing of this document (if left blank, correspondence will be sent to the registered agent at the registered office):

PAUL MARSHALL YODER

(name)

WHARTON ALDHIZER & WEAVER, PLC, 100 S MASON ST, HARRISONBURG, VA 22801

(mailing address)



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

SCC912  
(07/07)

ARTICLES OF TERMINATION OF CORPORATE EXISTENCE  
(Virginia nonstock corporation)

The undersigned, on behalf of the nonstock corporation set forth below, pursuant to § 13.1-912 of the Code of Virginia, states as follows:

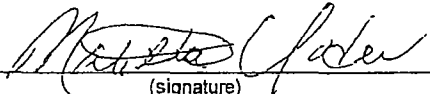
1. The name of the corporation is

CROSSING CREEKS, INC.

2. All of the assets of the corporation have been distributed.

3. The dissolution of the corporation has not been revoked.

Executed in the name of the corporation by:

  
(signature)

4/26/12  
(date)

MATILDA (TILLI) YODER  
(printed name)

PRESIDENT  
(corporate title)

0511772-6  
(corporation's SCC ID #)

(telephone number (optional))

The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing

SEE INSTRUCTIONS ON THE REVERSE

Provide a name and mailing address for sending correspondence regarding the filing of this document (if left blank, correspondence will be sent to the registered agent at the registered office):  
PAUL MARSHALL YODER  
(name)  
WHARTON ALDHIZER & WEAVER, PLC, 100 S MASON ST., HARRISONBURG, VA 22801  
(mailing address)

CROSSING CREEKS, INC.

Action by Unanimous Written Consent of the Board of Directors  
Effective March 30, 2012

Pursuant to Section 13.1-903 of the Code of Virginia, 1950 as amended, the undersigned, being all of the Directors of CROSSING CREEKS, INC., (the "Corporation") hereby execute, effective as of the date written above, this consent in writing to the following action taken by them

WHEREAS, the Board of Directors of the Corporation has reviewed and considered the dissolution and termination of the Corporation and believes such action to be in the best interest of the Corporation;

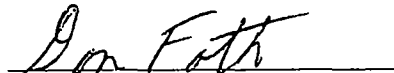
WHEREAS, there are no members of the Corporation;


NOW THEREFORE BE IT RESOLVED: (1) that the Directors, in the exercise of their best judgment, have determined that it is in the best interest of the Corporation to dissolve and terminate the Corporation; and (2) that the Corporation's officers should be and hereby are authorized to take whatever actions are necessary to effect the dissolution and termination of the Corporation, including but not limited to: discharging the Corporation's liabilities, distributing the remaining assets of the Corporation pursuant to its Articles of Organization and Bylaws, filing the Articles of Dissolution and Articles of Termination of Corporate Existence with the State Corporation Commission, and executing and delivering any and all other documents or instruments necessary to effect such dissolution and termination, and taking any and all other action as necessary to effect the dissolution and termination.

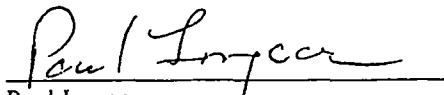
No further action is taken.

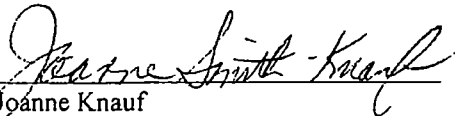
IN WITNESS WHEREOF, this Action by Unanimous Written Consent is hereby taken and approved by the undersigned Directors and is effective as of the date first above written.


  
Tilli Yoder  
Director

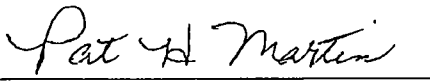
  
Don Foth  
Director

  
Andree Gitchell  
Director

  
Paul Longacre  
Director

  
Joanne Knauf  
Director

  
Earl Martin  
Director

  
Pat Hostetter Martin  
Director

Being all of the Directors of Crossing Creeks, Inc.

12003643