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**Return of Organization Exempt From Income Tax**

**2013**

**Open to Public Inspection**

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 7/1/2013, and ending 6/30/2014

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

**C** Name of organization THE CROSSROADS CENTER  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
311 MARTIN LUTHER KING DRIVE  
 City or town State ZIP code  
CINCINNATI OH 45219  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number 31-1327938

**E** Telephone number (513) 475-5300

**F** Name and address of principal officer  
ROKHAYA SEYE 311 MARTIN LUTHER KING DRIVE, CINCINNATI, OH

**G** Gross receipts \$ 5,122,569

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J** Website: ▶ www.thecrossroadscenter.com

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2001 **M** State of legal domicile OH

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities. <u>The purpose of the organization is to provide alcohol and other drug treatment, education, prevention and training services, mental health services and children and family welfare services.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>100</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	3,454,820	3,547,712
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,185,263	1,568,120
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,075	6,737
	<b>12</b>		4,667,158	5,122,569
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,180,578	3,422,278
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,481,453	1,694,678
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,662,031	5,116,956	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	5,127	5,613	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	1,252,740	1,321,117
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	159,348	222,112
<b>22</b>		1,093,392	1,099,005	

**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: Elizabeth Osinska  
 Date: 1/30/15  
 Type or print name and title: Elizabeth Osinska CEO

**Paid Preparer Use Only**  
 Print/Type preparer's name: JESSE HEMPHILL  
 Preparer's signature: Jesse M. Hemphill  
 Date: 1/26/2015  
 Check  if self-employed  
 PTIN: P00801993  
 Firm's name ▶ HEMPHILL & ASSOCIATES, INC  
 Firm's EIN ▶ 31-1345005  
 Firm's address ▶ 471 E. BROAD STREET SUITE 1800, COLUMBUS, OH 43215  
 Phone no 614-461-6110

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

SCANNED FEB 20 2015

917 4

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: The purpose of the organization is to provide alcohol and other drug treatment education, prevention and training services. Mental health services and children and family welfare services

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

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

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 \$ 1,412,685 including grants of \$ ) (Revenue \$ 1,691,135 ) See Attached Schedule 1.

4b (Code: ) (Expenses \$ 757,802 including grants of \$ ) (Revenue \$ 893,103 ) See attached Schedule 1.

4c (Code: ) (Expenses \$ 607,753 including grants of \$ ) (Revenue \$ 757,017 ) See Attached Schedule 1.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,512,018 including grants of \$ 0 ) (Revenue \$ 1,781,314 )

4e Total program service expenses 4,290,258

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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 in 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 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization.

ROKHAYA SEYE 311 MARTIN LUTHER KING DRIVE, CINCINNATI, OH 45219

(513) 475-5300

**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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL BOYD-WYNETTE CHAIRPERSON	1.00 0.00	X		X						
(2) DR JEANETTE TAYLOR VICE CHAIRPERSON	1.00 0.00	X		X						
(3) REV. DAVID BURNS, SR. SECRETARY/TREAS.	1.00 0.00	X		X						
(4) DAVID STENSON BOARD MEMBER	1.00 0.00	X								
(5) DR DONALD RUCKNAGEL BOARD MEMBER	1.00 0.00	X								
(6) DR JACQUELINE GRUPP-PHELAN BOARD MEMBER	1.00 0.00	X								
(7) RODNEY ROBINSON BOARD MEMBER	1.00 0.00	X								
(8) JACQUELINE BUTLER CEO	40.00 0.00			X			139,170			
(9) DR. ROBERTO SORIA MEDICAL DIRECTOR	40.00 0.00			X			199,781			
(10)										
(11)										
(12)										
(13)										
(14)										

**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							338,951	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							338,951	0	0	

**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 **2**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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
NONE		0
		0
		0
		0
		0

**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 **1**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 3,547,712					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0					
	g	Noncash contributions included in lines 1a-1f:	\$ 0					
	h	<b>Total.</b> Add lines 1a-1f	▶ 3,547,712					
	Program Service Revenue	2a	MEDICAID AND RELATED MATCH	Business Code 621300	1,568,120			
b				0				
c				0				
d				0				
e				0				
f		All other program service revenue		0				
g		<b>Total.</b> Add lines 2a-2f	▶ 1,568,120					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	▶ 0				
	4	Income from investment of tax-exempt bond proceeds	▶ 0					
	5	Royalties	▶ 0					
	6a	Gross rents	(i) Real	(ii) Personal				
			0	0				
			▶ 0					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			0	0				
			0	0				
			▶ 0					
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
			b	Less: direct expenses	b 0			
			▶ 0					
			▶ 0					
9a	Gross income from gaming activities. See Part IV, line 19.	a	0					
		b	Less: direct expenses	b 0				
		▶ 0						
10a	Gross sales of inventory, less returns and allowances	a	0					
		b	Less: cost of goods sold	b 0				
		▶ 0						
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS INCOME	900099	6,737					
b			0					
c			0					
d	All other revenue		0					
e	<b>Total.</b> Add lines 11a-11d	▶ 6,737						
12	<b>Total revenue.</b> See instructions	▶ 5,122,569	0	0	0			

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,422,278	2,808,489	613,789	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	573,706	474,722	98,984	
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	110,730	93,924	16,806	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	616,000	532,258	83,742	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	51,855	50,515	1,340	0
23	Insurance	62,735	62,735		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS	23,382	21,500	1,882	
b	EQUIPMENT AND FURNITURE	40,998	34,206	6,792	
c	FOOD	199,905	199,494	411	
d	STAFF TRAINING & EDUCATION	15,367	12,415	2,952	
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	5,116,956	4,290,258	826,698	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	312,987	<b>1</b>	397,057
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	794,251	<b>4</b>	744,022
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 735,068		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 573,638	96,425	<b>10c</b> 161,430
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	49,077	<b>15</b>	18,608
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,252,740	<b>16</b>	1,321,117	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	159,348	<b>17</b>	222,112
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	159,348	<b>26</b>	222,112
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,093,392	<b>27</b>	1,099,005
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,093,392	<b>33</b>	1,099,005	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,252,740	<b>34</b>	1,321,117	

**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	5,122,569
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,116,956
3	Revenue less expenses. Subtract line 2 from line 1	3	5,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,093,392
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,099,005

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 in Schedule O	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**THE CROSSROADS CENTER**

Employer identification number  
**31-1327938**

**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—Non-functionally integrated
- 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?

	Yes	No
(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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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 U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,046,779	3,599,575	3,310,309	3,454,820	3,547,712	17,959,195
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	4,046,779	3,599,575	3,310,309	3,454,820	3,547,712	17,959,195
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						17,959,195

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,046,779	3,599,575	3,310,309	3,454,820	3,547,712	17,959,195
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		122,941	134,423	27,075	6,737	291,176
11 <b>Total support.</b> Add lines 7 through 10						18,250,371
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.40%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.48%
16a <b>33 1/3% support test—2013.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2012.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2013.</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 <b>stop here.</b> 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—2012.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 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 . . . . .						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	0	0	0	0	0	0
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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	0.00%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

**Part IV**

**Supplemental Information.** 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).

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE CROSSROADS CENTER

31-1327938

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

**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 are a significant use of its collection items (check all that apply).

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in 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	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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" to 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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	233,663	232,393	1,270
d Equipment	0	417,508	305,222	112,286
e Other	0	83,897	36,023	47,874
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				161,430

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	5,122,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		0
3	Subtract line 2e from line 1 . . . . .	3		5,122,569
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		5,122,569

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

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

1	Total expenses and losses per audited financial statements . . . . .		1	5,116,956
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		
e	Add lines 2a through 2d . . . . .	2e		0
3	Subtract line 2e from line 1 . . . . .	3		5,116,956
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		5,116,956

**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 X Line 2 Part X Line 2 The Crossroads Center is exempt under Section 501c3 of the  
 Internal Revenue Code as part of a group ruling issued to the Central Psychiatric Clinic  
 Consequently, no provision for income taxes has been made in the accompanying financial  
 statements. Additionally, the Internal Revenue Service has not classified The Crossroads  
 Center as a private foundation because it is an organization of the type described in  
 sections 509(a)(1) and 170(b)(A)(vi) of the Code. The Crossroads Center's federal exempt  
 organization tax returns are subject to examination by the Internal Revenue Service,  
 generally for three years after they are filed.

**Part XIII** Supplemental information (continued)

Area with horizontal dashed lines for supplemental information.

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

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

OMB No 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

THE CROSSROADS CENTER

31-1327938

Form 990, Part III, Line 4d: Program Service Expenses. 1,512,018, Grants and allocations: 0,

Revenue: 1,781,314 4d- Other Program Services: See Attached Schedule 1.

Form 990, Part VI, Section B, Line 11b: The Form 990 is provided to the Finance Committee for  
review prior to filing the return

Form 990, Part VI, Section B, Line 12c: During meeting of the Board, any conflicts that exist  
are to be communicated by the Board Member involved. The Board Member is required to remove  
themselves from discussion of the matter.

Form 990, Part VI, Section C, Line 19 Document are available upon request and approval of  
release by Management and/or the Board

Name of the organization

Employer identification number

**THE CROSSROADS CENTER**

**31-1327938**

Area with horizontal dashed lines for supplemental information.

## **4a Chaney Allen Women's Services**

Expenses: \$1,412,685

Revenue: \$1,691,135

### **Chaney Allen Women's Continuum of Care:**

The Crossroads Center's Chaney Allen Women's Continuum of Care (CAWCC) program is designed to provide structured, progressive treatment to substance abusing women, with an emphasis on treating women with dependent children and women of childbearing age. The program is culturally sensitive, integrating culturally appropriate protocols with evidence based treatment practices. In addition, the program is gender specific with a focus on issues relevant for women such as physical and sexual abuse, and parenting.

The program is structured to provide a continuum of care beginning with focused community outreach and education, centralized assessment with screening to the appropriate level of care, individual and group therapy at an outpatient or residential level of care, case management services, structured day and evening childcare and psychiatric treatment.

The goals of the treatment program are multifaceted and focus on the following:

- To reduce recidivism by educating and linking returning women offenders to community based services.
- To decrease the active incidence of marijuana, cocaine, alcohol and other drug use among women, especially those of childbearing age.
- To enhance social, cultural, family, economic and spiritual functioning.
- To reduce the rates of relapse among substance abusing women.
- To reduce the adverse effects of maternal substance abuse on children.

Moreover, the program is designed to provide services and activities that impact several co-occurring problems such as child abuse/neglect, trauma issues, chronic health issues, dual disorders, employment and self-sufficiency, and home management deficiencies.

### **Chaney Allen Perinatal/Postpartum:**

The Crossroads Center's Chaney Allen Perinatal/Postpartum Women's program (PPW) is designed to provide outpatient or residential treatment to substance-abusing women who are pregnant or have given birth, experienced a miscarriage or had an abortion within 12 months preceding admission. The program is culturally sensitive; integrating an African American worldview (i.e. faith and the importance of family) with science based treatment practices. In addition, the program is gender specific with a focus on physical and sexual abuse, parenting and relationships relevant to females.

The program is structured to provide a continuum of care including priority assessment, individual and group therapy, case management services structured day and evening childcare and medical somatic.

The goals of the program are multifaceted and focus on the following customer behaviors:

- Decreasing the active incidence of marijuana, cocaine, alcohol and other drug use among women, especially pregnant and those of childbearing age.
- Improving family functioning, especially for all parenting customers.
- Enhancing social, cultural and spiritual functioning.
- Reducing the rates of relapse among substance abusing women.
- Reducing the adverse effects of maternal substance abuse on children.

Moreover, the program is designed to provide services and activities that impact several co-occurring problems such as health problems, child abuse/neglect, employment, self-sufficiency and home management deficiencies.

The assessment process is expedited for pregnant clients. A structure referral process provides linkage with a university high risk pregnancy center, court and criminal justice systems, the Department of Jobs and Family Services, community mental health centers, case management agencies and psychiatric emergency services.

Childcare is provided in the program's state licensed child development center. Two children, ages 5 and under, may enter treatment with mom.

### **Outpatient Services:**

These are organized therapeutic services providing outpatient care for women needing less than a 24-hour structured environment. These individuals can take advantage of either Intensive Outpatient or traditional Outpatient treatment.

These women are also able to bring children under the age of five to the facility. The children receive early developmental services while the mothers are in their outpatient counseling sessions/groups.

### **Pre & Post Release Program:**

This is a collaboration between The Crossroads Center, Franklin Pre Release Center, Marysville Correctional Institute and local jails and courts. This program targets under-served and high risk offenders returning to the southwestern portion of the state of Ohio, including Hamilton, Butler, Montgomery, Warren and Clermont counties. Services provided to these institutions include assisting with on-site rehabilitation, as well as assisting with the planning for community re-entry of women prior to their release.

The Women's Pre & Post Release Program utilizes culturally and gender appropriate problem solving processes to engage and support the returning offender in her efforts to successfully re-enter the community and become a productive, responsible and drug-free adult.-

The goals of the program are:

- Reduce the rate of recidivism through linking returning female offenders with histories of substance abuse to community based services
- Improve the capacity of the returning female offenders for a productive lifestyle
- Improve the capacity of the returning female offender for family, social, cultural and economic functioning.

The participants of the program are assessed for service needs and referred by staff to halfway houses, aftercare treatment, job training programs, work release programs, community support programs and other community resources. Services provided by Crossroads include substance abuse education, community and prison outreach, reunification plan development, and linkage with community resources or support.

## **4b Adult Residential Care Unit (ARC)**

Expenses: \$757,802

Revenue: \$893,103

### **Mental Health Court:**

Hamilton County Courts have teamed up with mental health providers in an effort to provide treatment for those with chronic mental illness (in lieu of incarceration) from re-offending repeatedly. "The goal of the Mental Health Court is to break that cycle," based on the concept that recovery is important and obtainable. The goal is to get this targeted population -- mostly sufferers of bi-polar disorder and schizophrenia -- psychiatrically stable, compliant with their own treatment goals and then to obtain stable housing or supportive living arrangements to facilitate remediation of the psychiatric symptoms and reduce recidivism.

### **Short Term Rehabilitation:**

This program is a non-medical community residential treatment program providing a wide continuum of services in support of the recovery process and home/community reintegration. Linkages to other formal and informal services are based on client needs. Clients must have a substance abuse disorder requiring short term residential care and residing in Hamilton County.

### **Intensive Outpatient Program:**

These are organized therapeutic services provided in non-residential setting at least three days per week, three hours a day in a professionally supervised program.

## **4c General Outpatient Services**

Expenses: \$607,753

Revenue: \$757,017

Chemical dependency can be described as any repeated drinking or drug use that interferes with one or more areas of a person's life. Research and experience have indicated that not all chemically dependent individuals require residential treatment. Outpatient chemical dependency treatment is a viable, flexible modality of treatment. Outpatient services often allow an individual to maintain work, school, and/or family schedules while receiving effective treatment. There are two area of the outpatient program, SAMI and STOP.

### **STOP (Substance Abuse Treatment Outpatient Program):**

The program is designed to assist individuals who can utilize an outpatient environment, both as a mode of intervention for the illness of substance dependence and as a means of maintaining sobriety once the illness has been arrested. The program provides services primarily to adults referred through the criminal justice system. However, individuals referred through other sources are also seen within this outpatient program. The STOP program recognizes the importance of collaboration between the treatment system and the criminal justice system and encourages a team approach in the management and support of client's cases. This program can provide primary care in the treatment of substance abuse and dependence or provide follow-up maintenance of sobriety for those moving further into their recovery.

### **SAMI (Substance Abuse and Mental Illness):**

Some individuals seeking services at The Crossroads Center suffer from mental health problems either as a primary issue or secondary to their substance abuse problems. If the mental health diagnosis does not meet the criteria for admission to the SAMI Program, the individual will be admitted to the STOP program and have treatment plans developed to meet their specific needs, The targeted population for the STOP Dual Diagnosis Program is adult men and women with co-existing substance abuse and mental health problems.

## **4d. Other Program Services**

### **Early Childhood Development Center:**

Expenses: \$704,866

Revenue: \$801,651

The Family and Child Development Center is a multi-disciplinary early intervention and education program that is integrated within the culturally proficient behavioral health care system of the Chaney Allen Women's Program at The Crossroads Center and consisting of four components;

- The Child Development Program,
- Family Intervention Program,
- Early Childhood Mental Health,

**The Child Development Program** provides onsite childcare and early intervention services to young children (age 0 - 5) of mothers enrolled in residential or outpatient treatment at the Chaney Allen Women's Services program. The program is open Monday - Friday, 8:30am to

4:30pm. There are separate classrooms for infants, toddlers and preschoolers furnished with developmentally appropriate equipment and materials.

The Child Development Program is licensed by both the Ohio Health Department and the City of Cincinnati Health Department as a daycare center.

**The Family Intervention Program** consist of a Residential Children's Evening and Weekend Program and a Sunday Family Enrichment Program.

Our Residential Evening and Weekend Program provide onsite evening childcare services designed to provide a safe and nurturing environment for children so their mothers can concentrate on their addiction treatment during evening hours at Chaney Allen Women's Services.

Our Sunday Family Enrichment Program is designed to promote family bonding by bringing together the mother and her co-residing or weekend visiting children, in a safe family centered environment. The goal of the program is to promote parenting skills.

**Early Childhood Mental Health** - The ECMP program infuses early childhood mental health principles and best practices into an early childhood education setting. The program integrates early childhood mental health principles and practices with our existing behavioral health treatment for families in recovery. Best practices suggest that to achieve effective results, treatment should involve both the child and their caregivers directly. Services include initial screening and assessment of social, emotional and behavioral concerns, diagnostic classification, early intervention strategies including mental health consultation in our centered-based early childhood setting, and treatment strategies including relationship-based, dyadic, parent-child therapy; specialized day treatment such as individual play therapy.

### **Adolescent Outpatient Program:**

Expenses: \$148,945

Revenue: \$194,242

### **The Adolescent Alcohol and Other drugs (AOD) Treatment Program**

This Outpatient Program is designed to provide community based treatment to youth and their families. The program uses a community based approach, providing treatment in the home, school or at the Agency, which is less restrictive than an institutional approach and more family centered. Parental and family involvement is encouraged under this model.

The goal of the family centered community based alcohol and drug intervention and treatment program is to decrease the active incidence of substance abuse while strengthening the family members' functional and self-sufficient behavior

Our program provides full treatment for individuals ages 11 -18 who are suffering from alcohol and drug-related problem and other self-harming behaviors. The level of intensity and duration of treatment is designed to flow on a continuum based on specific patient characteristics.

### **Adolescent Prevention Programs**

Our Adolescent Prevention program is based on the premise that early intervention may prevent more serious social adjustment problems. Our program aim is to prevent substance abuse,

substance-related disorders, and other behavioral problems that place families and children at risk. The prevention setting is at schools and community sites. Prevention activities include open ended prevention and education groups focusing on cognitive restructuring.

Youth participate in weekly group sessions. Group topics include value clarification, life skill development and rites of passages. Participants include area junior and senior high schools, community centers or juvenile detention centers. In addition, outreach and referral & information can be done to contact persons into the appropriate treatment activity.

Prevention/Intervention services for juvenile offenders: Each participant receives an individual assessment as well as individual and/or group intervention. Youth can participate in daily group sessions which focus on topics such as life skills, anger management, cultural re-grounding and alcohol & other drug information. Participants of this program are adolescents identified as being at "high risk" for school adjustment problems, drug use and delinquency who have been referred to the Crossroads Center by ODYS, their school, parents and/or social agencies

### **Suboxone (Buprenorphine) Treatment Program:**

Expenses: \$504,122

Revenue: \$651,017

Suboxone is a tablet that contains the combination of the narcotic Buprenorphine and the narcotic blocker Naltrexone. It has been approved by the FDA and used for treating opiate addiction since early 2003.

All research to date shows that Suboxone in the right person is at least as effective as Methadone Maintenance in treating addiction to opiates.

Suboxone also works quite well in the treatment of acute or chronic withdrawal from other opiates.

Suboxone treatment is a voluntary outpatient procedure that focuses on medication management for opiate addiction. If the patient is unable to abstain from illicit drug use, the program will either provide additional addiction treatment or make the appropriate referral.

Suboxone treatment at The Crossroads Center is not time limited; it is individualized to each individual patient's needs. The common goals of treatment include stopping illicit opiate use and regaining an unimpaired lifestyle.

All prospective patients receive a phone screen by one of the medical staff within 24 hours of contacting us and if appropriate will usually be seen for their initial evaluation within one week

### **Adolescent Home-based Mental Health:**

Expenses: \$4,764

Revenue: \$5,917

The Adolescent Home-based Mental Health program is designed on the family preservation model. The overall goal is to provide treatment to adolescents whose behavioral problems and mental illnesses make it difficult for them to adjust to the structure and demands of traditional programs. Services include home-based family centered support and treatment focused on building family coping skills, problem solving and life management skills and identification of

positive values that help families cope with mental illness, anger and aggression. The population served is youth ages 11 - 18 with severe mental health problems who have been denied treatment in other systems.

### **WorkLink:**

Expenses: \$36,709

Revenue: \$37,534

The program is composed of 10 Service Agencies that have developed a collaboration to work together on a contract sponsored by the Hamilton County Job and Family Services Department. This project assists Ohio Work First consumers in removing barriers to employment.

### **Home Choice Program:**

Expenses: \$99,047

Revenue: \$73,495

This program is designed to assist consumers living in long-term care facilities to successfully transition from institutional living to community settings. Our transitional coordinators participate in discharge planning from institutional setting, assist with the development of a transition plan and assist with securing housing. They also verify housing meets definition of qualified residence. And if qualified residence is licensed facility, they verify appropriate licensure and type of subsidy if participant is moving to subsidized unit.

Our transitional coordinators assist with securing benefits and locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer. They also assist with linkage to employment options if participant indicates interest in that area.

### **Recovery Link Outreach Program:**

Expenses: \$13,565

Revenue: \$17,458

This project, under Crossroads administration, sprang from "Medicaid Expansion" and involves all the Hamilton County providers that are regrouped under Recovery Link. The Hamilton County Mental Health and Recovery Services Board is providing funding for an Outreach worker who will visit healthcare environments and offer sign-up opportunities for Medicaid. The Outreach Worker will sign up interested persons on site and refer them to treatment as appropriate. A 3-5 brief screening for AOD issues will be administered. If screening suggests possible need for AOD services, the person will be referred to RHAC or Talbert House (on a round robin basis) to schedule an appointment for an assessment. Once the assessment is completed, RHAC or Talbert House will triage the consumer to the provider most suited for his/her treatment needs.