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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 EAST

City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 45219

D Employer identification number
31-1327938

E Telephone number
(513) 475-5300

G Gross receipts $ 8,192,071

F Name and address of principal officer:
ROKHAYA SEYE
311 MARTIN LUTHER KING DRIVE EAST
CINCINNATI, OH 45219

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)

H(c) Group exemption number ▶

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

J Website: ▶ THECROSSROADSCENTER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	122
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,526,170	2,578,500
9	Program service revenue (Part VIII, line 2g)	6,110,091	5,445,058
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,993	168,513
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,670,254	8,192,071
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,492,274	4,229,192
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,170,177	1,935,602
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,662,451	6,164,794
19	Revenue less expenses. Subtract line 18 from line 12	1,007,803	2,027,277

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,895,620	8,136,521
21	Total liabilities (Part X, line 26)	1,326,658	540,282
22	Net assets or fund balances. Subtract line 21 from line 20	5,568,962	7,596,239

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

****** 2022-02-24
Signature of officer Date

ROKHAYA SEYE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
		2022-02-24		P01867509

Firm's name ▶ WELLS CPA LLC — Firm's EIN ▶ 47-2461346

Firm's address ▶ 6500 BUSCH BLVD STE 120
COLUMBUS, OH 43229 — Phone no. (614) 396-8974

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

Part III Statement of Program Service Accomplishments

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

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 ☑ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 5,107,360 including grants of $) (Revenue $ 5,445,058)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

(Code:) (Expenses $ including grants of $) (Revenue $)

4D OTHER PROGRAM SERVICES ADOLESCENT OUTPATIENT PROGRAM: EXPENSES: 3,328 REVENUE: 5,867 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. ADOLESCENT HOME-BASED MENTAL HEALTH: 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. MEDICATION ASSISTED TREATMENT PROGRAM: EXPENSES: 1,969,059 REVENUE: 4,027,247 METHADONE CLINIC: IN NOVEMBER 2013, THE METHADONE CLINIC OPENED ITS DOORS AND BEGAN TREATING PEOPLE ADDICTED TO OPIATES. THIS MEDICATION MANAGED PROGRAM ALSO KNOWN AS MEDICATION ASSISTED PROGRAM (MAP) HAS A STAFF OF 11 AND OVER 500 PATIENTS. THE CLINICAL STAFF INCLUDES A MEDICAL DIRECTOR, SPECIALIZING IN ADDICTION MEDICINE AND ADDICTION PSYCHIATRY, A PHYSICIAN SPECIALIZED IN ADDICTION MEDICINE, FOUR REGISTERED NURSES, SIX LICENSED ALCOHOL AND DRUG COUNSELORS ALL WITH SIGNIFICANT EXPERIENCE IN TREATING OPIATE DEPENDENCE, AND A FULL TIME CLINIC ADMINISTRATOR. THE MEDICATION ASSISTED PROGRAM PHILOSOPHY AND OBJECTIVES ARE TO PROVIDE RESPECTFUL, HUMANE, STATE OF THE ART CLINICAL AND HOLISTIC CARE FOR ALL ITS PATIENTS. BY ACHIEVING REMISSION OF THEIR ADDICTION, THE PATIENT CAN THEN FOCUS ON RELEARNING HEALTHY SOBER COPING BEHAVIORS IN AN EFFORT TO IMPROVE THEIR LIFESTYLE AND BECOME ONCE AGAIN AN INTEGRAL PART OF THEIR FAMILY AND COMMUNITY. WHAT SETS MAP APART FROM OTHER TREATMENT PROGRAMS, IS THE CARE IT PROVIDES FOR ALL ITS PATIENTS AS WELL AS OTHER SERVICES USUALLY NOT SEEN WITH THIS TYPE OF PROGRAM. MAP PROVIDES ONSITE PSYCHIATRIC CARE FOR MANY OF ITS PATIENTS. WITH LOCAL OB-GYN CLINICS, IT FOLLOWS PREGNANT PATIENTS, IN THIS WAY MARKEDLY IMPROVING THE HEALTH OF THE BABY AND MOTHER. MAP IS ABLE TO PROVIDE THE LEVEL OF CARE NEEDED FOR ALL PHASES OF RECOVERY. MAP IS ALSO A RESOURCE FOR SEVERAL COMMUNITY AGENCIES AND THE LEGAL SYSTEM. RECOVERY LINK OUTREACH PROGRAM: EXPENSES: 89,729 REVENUE: 69,859 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. INTAKE PROGRAM: EXPENSES: 420,794 REVENUE: 408,797 THE INTAKE AND ASSESSMENT DEPARTMENT IS IN CHARGE OF PROVIDING CENTRALIZED ADMISSION TO THE VARIOUS TREATMENT PROGRAMS RESIDENTIAL AND OUTPATIENT. THE ADMISSION PROCESS INVOLVES INTAKE SCREENING, INTAKE SCHEDULING, INTAKE ASSESSMENT, AND CASE ASSIGNMENTS. THE DEPARTMENT ALSO PROVIDES REFERRALS TO OTHER AGENCIES AND PROGRAMS AS NECESSARY.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 5,107,360

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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*	5		No
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	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10		No
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.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	122		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records:
▶ROKHAYA SEYE 311 MARTIN LUTHER KING DRIVE EAST 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) DR ROBERTO SORIA MEDICAL DIRE	40.00					X		202,176	0	0
(2) JAMAHAL C BOYD SR CEO	40.00			X				159,389	0	0
(3) DR JEANETTE TAYLOR BOARD CHAIR	1.00	X		X				0	0	0
(4) JOHN AFFLECK-GRAVES BOARD MEMBER	1.00	X						0	0	0
(5) DR LAWRENCE ANTHONY BOARD MEMBER	1.00	X						0	0	0
(6) M KAY BROWN BOARD MEMBER	1.00	X						0	0	0
(7) DR BABETTE PLUMMER CRAIG BOARD MEMBER	1.00	X						0	0	0
(8) HONORABLE CHERYL D GRANT BOARD MEMBER	1.00	X						0	0	0
(9) ROBERT MECUM BOARD MEMBER	1.00	X						0	0	0
(10) DR STEVEN PATRICK BOARD MEMBER	1.00	X						0	0	0
(11) MARSHA A POLK BOARD MEMBER	1.00	X						0	0	0
(12) DR DONALD RUCKNAGEL BOARD MEMBER	1.00	X						0	0	0
(13) JEAN SEPATE BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	361,565		

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

Section B. Independent Contractors

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

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 ▶

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**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**	2,497,546			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	80,954			
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	2,578,500			
Program Service Revenue		Business Code			
	2a PROGRAM SERVICE REVENUE	621300	5,445,058	5,445,058	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	5,445,058			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**				
	b Less: cost or other basis and sales expenses **7b**				
	c Gain or (loss) **7c**				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a MISCELLANEOUS INCOME	900099	168,513	168,513	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		168,513		
	12 Total revenue. See instructions . . . . . ▶		8,192,071	5,613,571	

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	159,389		159,389	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,069,803	3,577,769	492,034	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	751,394	511,445	239,949	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	195,121	182,077	13,044	
14 Information technology				
15 Royalties				
16 Occupancy	612,620	509,046	103,574	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,972	28,542	6,430	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,192	24,192		
23 Insurance	60,906	51,770	9,136	
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 EQUIPMENT AND FURNITURE	131,156	105,004	26,152	
b FOOD	108,234	106,775	1,459	
c MISCELLANEOUS	17,007	10,740	6,267	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	6,164,794	5,107,360	1,057,434	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,715,130	1	6,984,935
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,146,294	4	1,141,582
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 898,731			
	b	Less: accumulated depreciation	10b 888,727	34,196	10c	10,004
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,895,620	16	8,136,521
Liabilities	17	Accounts payable and accrued expenses		370,770	17	314,034
	18	Grants payable			18	
	19	Deferred revenue		124,788	19	103,388
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		831,100	24	122,860
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,326,658	26	540,282
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,568,962	27	7,596,239
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		5,568,962	32	7,596,239
	33	Total liabilities and net assets/fund balances		6,895,620	33	8,136,521

Part XI Reconcilliation 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	8,192,071
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,164,794
3	Revenue less expenses. Subtract line 2 from line 1	3	2,027,277
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,568,962
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 32, column (B))	10	7,596,239

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1327938

Name: THE CROSSROADS CENTER

Form 990 (2020)

Form 990, Part III, Line 4a:

4A CHANEY ALLEN WOMENS SERVICES EXPENSES: 1,279,300 REVENUE: 1,680,741 CHANEY ALLEN WOMENS CONTINUUM OF CARE: THE CROSSROADS CENTERS CHANEY ALLEN WOMENS 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 COOCCURRING 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 CENTERS CHANEY ALLEN PERINATAL/POSTPARTUM WOMENS 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 COOCCURRING 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. 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 WOMENS PRE & POST RELEASE PROGRAM UTILIZES CULTURALLY AND GENDER APPROPRIATE PROBLEMSOLVING PROCESSES TO ENGAGE AND SUPPORT THE RETURNING OFFENDER IN HER EFFORTS TO SUCCESSFULLY REENTER 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. CHILD CARE SERVICES: THE CHANEY ALLEN WOMENS SERVICE PROGRAM PROVIDES ONSITE CHILDCARE TO YOUNG CHILDREN (AGE 0 - 5) OF MOTHERS ENROLLED IN RESIDENTIAL OR OUTPATIENT TREATMENT IN THE PROGRAM. TWO CHILDREN MAY ENTER TREATMENT WITH MOM. THESE SERVICES INCLUDE A FAMILY INTERVENTION PROGRAM THAT CONSISTS OF A RESIDENTIAL CHILDREN'S EVENING AND WEEKEND PROGRAM AND A SUNDAY FAMILY ENRICHMENT PROGRAM. THE 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. AND THE 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.

Form 990, Part III, Line 4b:

4B ADULT RESIDENTIAL CARE UNIT (ARC) EXPENSES: 875,915 REVENUE: 1,173,293 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.

Form 990, Part III, Line 4c:

4C GENERAL OUTPATIENT SERVICES EXPENSES: 469,235 REVENUE: 826,267 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 COEXISTING SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS. MEDICATION ASSISTED TREATMENT/ SUBOXONE (BUPRENORPHINE) TREATMENT: 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 PATIENTS 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.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,279,438	1,802,503	1,686,064	1,526,170	2,578,500	8,872,675
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	1,279,438	1,802,503	1,686,064	1,526,170	2,578,500	8,872,675
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						8,872,675

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	1,279,438	1,802,503	1,686,064	1,526,170	2,578,500	8,872,675
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	4,971	3,010	26,520	33,993	168,513	237,007
11 **Total support.** Add lines 7 through 10						9,109,682

12 Gross receipts from related activities, etc. (see instructions) 12 27,551,360

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 97.400 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . 15 99.090 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 237,007

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE CROSSROADS CENTER

Employer identification number
31-1327938

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 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)? ☐ Yes ☐ No

9 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

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 Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations 3a(i)		
(ii) Related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		315,046	311,539	3,507
d Equipment		425,997	421,255	4,742
e Other		157,688	155,933	1,755
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				10,004

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,192,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) 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	
3	Subtract line **2e** from line **1**			3	8,192,071
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	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	8,192,071

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

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

1	Total expenses and losses per audited financial statements			1	6,164,794
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	
3	Subtract line **2e** from line **1**			3	6,164,794
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	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	6,164,794

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1327938
Name: THE CROSSROADS CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE CROSSROADS CENTER IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CONSEQUENTLY, NO PROVISIONS FOR INCOME TAXES HAVE BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. ADDITIONALLY, THE INTERNAL REVENUE SERVICE HAS NOT CLASSIFIED THE CROSSROADS C ENTER AS A PRIVATE FOUNDATION BECAUSE IT IS AN ORGANIZATION OF THE TYPE DESCRIBED IN SECTI ONS 509(A)(1) AND 170 (B)(A)(VI) OF THE CODE. THE ORGANIZATION FOLLOWS FASB GUIDANCE ON AC COUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINA NCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL B E SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POS ITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AND VA RIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBI T). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASU RED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING RE ALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXE S ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, A ND ACCOUNTING IN INTERIM PERIODS. ON JUNE 30, 2021, THERE WERE NO MATERIAL UNRECOGNIZED TA X BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES. THE ORGANIZATION FILES FORM 990 IN THE U .S. FEDERAL JURISDICTION AND THE STATE OF OHIO. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZA TION TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE CROSSROADS CENTER

Employer identification number
31-1327938

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 DR ROBERTO SORIA MEDICAL DIRECTOR	**(i)**	202,176					202,176	
	(ii)							
2 JAMAHAL C BOYD SR CEO	**(i)**	159,389					159,389	
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493055001392

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE CROSSROADS CENTER

Employer identification number
31-1327938

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	4A CHANEY ALLEN WOMENS SERVICES EXPENSES: 1,279,300 REVENUE: 1,680,741 CHANEY ALLEN WOMENS CONTINUUM OF CARE: THE CROSSROADS CENTERS CHANEY ALLEN WOMENS CONTINUUM OF CARE (CAWCC) P ROGRAM 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 E VIDENCE-BASED TREATMENT PRACTICES. IN ADDITION, THE PROGRAM IS GENDER SPECIFIC WITH A FOCU S ON ISSUES RELEVANT FOR WOMEN SUCH AS PHYSICAL AND SEXUAL ABUSE, AND PARENTING. THE PROGR AM 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, IND IVIDUAL AND GROUP THERAPY AT AN OUTPATIENT OR RESIDENTIAL LEVEL OF CARE, CASE MANAGEMENT S ERVICES, 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 EDU CATING 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 FU NCTIONING. TO REDUCE THE RATES OF RELAPSE AMONG SUBSTANCE ABUSING WOMEN. TO REDUCE THE ADV ERSE EFFECTS OF MATERNAL SUBSTANCE ABUSE ON CHILDREN. MOREOVER, THE PROGRAM IS DESIGNED TO PROVIDE SERVICES AND ACTIVITIES THAT IMPACT SEVERAL COOCCURRING PROBLEMS SUCH AS CHILD AB USE/NEGLECT, TRAUMA ISSUES, CHRONIC HEALTH ISSUES, DUAL DISORDERS, EMPLOYMENT AND SELF- SU FFICIENCY, AND HOME MANAGEMENT DEFICIENCIES. CHANEY ALLEN PERINATAL/POSTPARTUM: THE CROSSR OADS CENTERS CHANEY ALLEN PERINATAL/POSTPARTUM WOMENS PROGRAM (PPW) IS DESIGNED TO PROVIDE OUTPATIENT OR RESIDENTIAL TREATMENT TO SUBSTANCE-ABUSING WOMEN WHO ARE PREGNANT OR HAVE G IVEN BIRTH, EXPERIENCED A MISCARRIAGE OR HAD AN ABORTION WITHIN 12 MONTHS PRECEDING ADMISS ION. 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, T HE PROGRAM IS GENDER SPECIFIC WITH A FOCUS ON PHYSICAL AND SEXUAL ABUSE, PARENTING AND REL ATIONSHIPS RELEVANT TO FEMALES. THE PROGRAM IS STRUCTURED TO PROVIDE A CONTINUUM OF CARE I NCLUDING PRIORITY ASSESSMENT, INDIVIDUAL AND GROUP THERAPY, CASE MANAGEMENT SERVICES STRUC TURED DAY AND EVENING CHILDCARE AND MEDICAL SOMATIC. THE GOALS OF THE PROGRAM ARE MULTIFAC ETED AND FOCUS ON THE FOLLOWING CUSTOMER BEHAVIORS: DECREASING THE ACTIVE INCIDENCE OF MAR IJUANA, COCAINE, ALCOHOL AND OTHER DRUG USE AMONG WOMEN, ESPECIALLY PREGNANT AND THOSE OF CHILDBEARING AGE. IMPROVING FAMILY FUNCTIONING, ESPECIALLY FOR ALL PARENTING CUSTOMERS. EN HANCING SOCIAL, CULTURAL AND SPIRITUAL FUNCTIONING. REDUCING THE RATES OF RELAPSE AMONG SU BSTANCE ABUSING WOMEN. REDUCIN

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	G THE ADVERSE EFFECTS OF MATERNAL SUBSTANCE ABUSE ON CHILDREN. MOREOVER, THE PROGRAM IS DE SIGNED TO PROVIDE SERVICES AND ACTIVITIES THAT IMPACT SEVERAL COOCCURRING PROBLEMS SUCH AS HEALTH PROBLEMS, CHILD ABUSE/NEGLECT, EMPLOYMENT, SELF-SUFFICIENCY AND HOME MANAGEMENT DE FICIENCIES. 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 CENT ERS, CASE MANAGEMENT AGENCIES AND PSYCHIATRIC EMERGENCY SERVICES. OUTPATIENT SERVICES: THE SE ARE ORGANIZED THERAPEUTIC SERVICES PROVIDING OUTPATIENT CARE FOR WOMEN NEEDING LESS THA N A 24-HOUR STRUCTURED ENVIRONMENT. THESE INDIVIDUALS CAN TAKE ADVANTAGE OF EITHER INTENSI VE OUTPATIENT OR TRADITIONAL OUTPATIENT TREATMENT. THESE WOMEN ARE ALSO ABLE TO BRING CHIL DREN UNDER THE AGE OF FIVE TO THE FACILITY. THE CHILDREN RECEIVE EARLY DEVELOPMENTAL SERVI CES WHILE THE MOTHERS ARE IN THEIR OUTPATIENT COUNSELING SESSIONS/GROUPS. PRE & POST RELEA SE PROGRAM: THIS IS A COLLABORATION BETWEEN THE CROSSROADS CENTER, FRANKLIN PRE RELEASE CE NTER, MARYSVILLE CORRECTIONAL INSTITUTE AND LOCAL JAILS AND COURTS. THIS PROGRAM TARGETS U NDER-SERVED AND HIGH RISK OFFENDERS RETURNING TO THE SOUTHWESTERN PORTION OF THE STATE OF OHIO, INCLUDING HAMILTON, BUTLER, MONTGOMERY, WARREN AND CLERMONT COUNTIES. SERVICES PROVI DED TO THESE INSTITUTIONS INCLUDE ASSISTING WITH ON-SITE REHABILITATION, AS WELL AS ASSIST ING WITH THE PLANNING FOR COMMUNITY RE-ENTRY OF WOMEN PRIOR TO THEIR RELEASE. THE WOMENS P RE & POST RELEASE PROGRAM UTILIZES CULTURALLY AND GENDER APPROPRIATE PROBLEMSOLVING PROCES SES TO ENGAGE AND SUPPORT THE RETURNING OFFENDER IN HER EFFORTS TO SUCCESSFULLY REENTER TH E COMMUNITY AND BECOME A PRODUCTIVE, RESPONSIBLE AND DRUG-FREE ADULT. THE GOALS OF THE PRO GRAM ARE: REDUCE THE RATE OF RECIDIVISM THROUGH LINKING RETURNING FEMALE OFFENDERS WITH HI STORIES OF SUBSTANCE ABUSE TO COMMUNITY-BASED SERVICES. IMPROVE THE CAPACITY OF THE RETURN ING FEMALE OFFENDERS FOR A PRODUCTIVE LIFESTYLE. IMPROVE THE CAPACITY OF THE RETURNING FEM ALE OFFENDER FOR FAMILY, SOCIAL, CULTURAL AND ECONOMIC FUNCTIONING. THE PARTICIPANTS OF TH E PROGRAM ARE ASSESSED FOR SERVICE NEEDS AND REFERRED BY STAFF TO HALFWAY HOUSES, AFTERCAR E TREATMENT, JOB TRAINING PROGRAMS, WORK RELEASE PROGRAMS, COMMUNITY SUPPORT PROGRAMS AND OTHER COMMUNITY RESOURCES. SERVICES PROVIDED BY CROSSROADS INCLUDE SUBSTANCE ABUSE EDUCATI ON, COMMUNITY AND PRISON OUTREACH, REUNIFICATION PLAN DEVELOPMENT, AND LINKAGE WITH COMMUN ITY RESOURCES OR SUPPORT. CHILD CARE SERVICES: THE CHANEY ALLEN WOMENS SERVICE PROGRAM PRO VIDES ONSITE CHILDCARE TO YOUNG CHILDREN (AGE 0 - 5) OF MOTHERS ENROLLED IN RESIDENTIAL OR OUTPATIENT TREATMENT IN THE PROGRAM. TWO CHILDREN MAY ENTER TREATMENT WITH MOM. THESE SER VICES INCLUDE A FAMILY INTERVENTION PROGRAM THAT CONSISTS OF A RESIDENTIAL CHILDREN'S EVEN ING AND WEEKEND PROGRAM AND A

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	SUNDAY FAMILY ENRICHMENT PROGRAM. THE RESIDENTIAL EVENING AND WEEKEND PROGRAM PROVIDE ONSI TE EVENING CHILDCARE SERVICES DESIGNED TO PROVIDE A SAFE AND NURTURING ENVIRONMENT FOR CHI LDREN SO THEIR MOTHERS CAN CONCENTRATE ON THEIR ADDICTION TREATMENT DURING EVENING HOURS A T CHANEY ALLEN WOMEN'S SERVICES. AND THE SUNDAY FAMILY ENRICHMENT PROGRAM IS DESIGNED TO P ROMOTE FAMILY BONDING BY BRINGING TOGETHER THE MOTHER AND HER CO-RESIDING OR WEEKEND VISIT ING CHILDREN, IN A SAFE FAMILY CENTERED ENVIRONMENT. THE GOAL OF THE PROGRAM IS TO PROMOTE PARENTING SKILLS.

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	4B ADULT RESIDENTIAL CARE UNIT (ARC) EXPENSES: 875,915 REVENUE: 1,173,293 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.

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	4C GENERAL OUTPATIENT SERVICES EXPENSES: 469,235 REVENUE: 826,267 CHEMICAL DEPENDENCY CAN BE DESCRIBED AS ANY REPEATED DRINKING OR DRUG USE THAT INTERFERES WITH ONE OR MORE AREAS O F A PERSON'S LIFE. RESEARCH AND EXPERIENCE HAVE INDICATED THAT NOT ALL CHEMICALLY DEPENDEN T 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 OUT PATIENT PROGRAM): THE PROGRAM IS DESIGNED TO ASSIST INDIVIDUALS WHO CAN UTILIZE AN OUTPATI ENT ENVIRONMENT, BOTH AS A MODE OF INTERVENTION FOR THE ILLNESS OF SUBSTANCE DEPENDENCE AN D AS A MEANS OF MAINTAINING SOBRIETY ONCE THE ILLNESS HAS BEEN ARRESTED. THE PROGRAM PROVI DES SERVICES PRIMARILY TO ADULTS REFERRED THROUGH THE CRIMINAL JUSTICE SYSTEM. HOWEVER, IN DIVIDUALS 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 O F CLIENT'S CASES. THIS PROGRAM CAN PROVIDE PRIMARY CARE IN THE TREATMENT OF SUBSTANCE ABUS E AND DEPENDENCE OR PROVIDE FOLLOW-UP MAINTENANCE OF SOBRIETY FOR THOSE MOVING FURTHER INT O THEIR RECOVERY. SAMI (SUBSTANCE ABUSE AND MENTAL ILLNESS): SOME INDIVIDUALS SEEKING SERV ICES 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 M EET 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 TARGETE D POPULATION FOR THE STOP DUAL DIAGNOSIS PROGRAM IS ADULT MEN AND WOMEN WITH COEXISTING SU BSTANCE ABUSE AND MENTAL HEALTH PROBLEMS. MEDICATION ASSISTED TREATMENT/ SUBOXONE (BUPRENO RPHINE) TREATMENT: SUBOXONE IS A TABLET THAT CONTAINS THE COMBINATION OF THE NARCOTIC BUPR ENORPHINE AND THE NARCOTIC BLOCKER NALTREXONE. IT HAS BEEN APPROVED BY THE FDA AND USED FO R 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 T O 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 ILLI CIT DRUG USE, THE PROGRAM WILL EITHER PROVIDE ADDITIONAL ADDICTION TREATMENT OR MAKE THE A PPROPRIATE REFERRAL. SUBOXONE TREATMENT AT THE CROSSROADS CENTER IS NOT TIME LIMITED; IT I S INDIVIDUALIZED TO EACH INDIVIDUAL PATIENTS NEEDS. THE COMMON GOALS OF TREATMENT INCLUDE STOPPING ILLICIT OPIATE USE AN

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	D REGAINING AN UNIMPAIRED LIFESTYLE. ALL PROSPECTIVE PATIENTS RECEIVE A PHONE SCREEN BY ON E OF THE MEDICAL STAFF WITHIN 24 HOURS OF CONTACTING US AND IF APPROPRIATE WILL USUALLY BE SEEN FOR THEIR INITIAL EVALUATION WITHIN ONE WEEK.

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	4D OTHER PROGRAM SERVICES ADOLESCENT OUTPATIENT PROGRAM: EXPENSES: 3,328 REVENUE: 5,867 TH E ADOLESCENT ALCOHOL AND OTHER DRUGS (AOD) TREATMENT PROGRAM THIS OUTPATIENT PROGRAM IS DE SIGNED 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, WHIC H IS LESS RESTRICTIVE THAN AN INSTITUTIONAL APPROACH AND MORE FAMILY CENTERED. PARENTAL AN D FAMILY INVOLVEMENT IS ENCOURAGED UNDER THIS MODEL. THE GOAL OF THE FAMILY CENTERED COMMU NITY-BASED ALCOHOL AND DRUG INTERVENTION AND TREATMENT PROGRAM IS TO DECREASE THE ACTIVE I NCIDENCE OF SUBSTANCE ABUSE WHILE STRENGTHENING THE FAMILY MEMBERS FUNCTIONAL AND SELF-SUF FICIENT 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 LEV EL OF INTENSITY AND DURATION OF TREATMENT IS DESIGNED TO FLOW ON A CONTINUUM BASED ON SPEC IFIC PATIENT CHARACTERISTICS. ADOLESCENT PREVENTION PROGRAMS OUR ADOLESCENT PREVENTION PRO GRAM IS BASED ON THE PREMISE THAT EARLY INTERVENTION MAY PREVENT MORE SERIOUS SOCIAL ADJUS TMENT 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 S ETTING IS AT SCHOOLS AND COMMUNITY SITES. PREVENTION ACTIVITIES INCLUDE OPEN ENDED PREVENT ION 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 DON E TO CONTACT PERSONS INTO THE APPROPRIATE TREATMENT ACTIVITY. PREVENTION/INTERVENTION SERV ICES 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 REFER RED TO THE CROSSROADS CENTER BY ODYS, THEIR SCHOOL, PARENTS AND/OR SOCIAL AGENCIES. ADOLES CENT HOME-BASED MENTAL HEALTH: 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 TH E STRUCTURE AND DEMANDS OF TRADITIONAL PROGRAMS. SERVICES INCLUDE HOME-BASED FAMILY CENTER ED SUPPORT AND TREATMENT FOCUSED ON BUILDING FAMILY COPING SKILLS, PROBLEM SOLVING AND LIF E MANAGEMENT SKILLS AND IDENTIFICATION OF POSITIVE VALUES THAT HELP FAMILIES COPE WITH MEN TAL ILLNESS, ANGER AND AGGRESS

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ION. THE POPULATION SERVED IS YOUTH AGES 11 - 18 WITH SEVERE MENTAL HEALTH PROBLEMS WHO HA VE BEEN DENIED TREATMENT IN OTHER SYSTEMS. MEDICATION ASSISTED TREATMENT PROGRAM: EXPENSES : 1,969,059 REVENUE: 4,027,247 METHADONE CLINIC: IN NOVEMBER 2013, THE METHADONE CLINIC OP ENED ITS DOORS AND BEGAN TREATING PEOPLE ADDICTED TO OPIATES. THIS MEDICATION MANAGED PROG RAM ALSO KNOWN AS MEDICATION ASSISTED PROGRAM (MAP) HAS A STAFF OF 11 AND OVER 500 PATIENT S. THE CLINICAL STAFF INCLUDES A MEDICAL DIRECTOR, SPECIALIZING IN ADDICTION MEDICINE AND ADDICTION PSYCHIATRY, A PHYSICIAN SPECIALIZED IN ADDICTION MEDICINE, FOUR REGISTERED NURSE S, SIX LICENSED ALCOHOL AND DRUG COUNSELORS ALL WITH SIGNIFICANT EXPERIENCE IN TREATING OP IATE DEPENDENCE, AND A FULL TIME CLINIC ADMINISTRATOR. THE MEDICATION ASSISTED PROGRAM PHI LOSOPHY AND OBJECTIVES ARE TO PROVIDE RESPECTFUL, HUMANE, STATE OF THE ART CLINICAL AND HO LISTIC CARE FOR ALL ITS PATIENTS. BY ACHIEVING REMISSION OF THEIR ADDICTION, THE PATIENT C AN THEN FOCUS ON RELEARNING HEALTHY SOBER COPING BEHAVIORS IN AN EFFORT TO IMPROVE THEIR L IFESTYLE AND BECOME ONCE AGAIN AN INTEGRAL PART OF THEIR FAMILY AND COMMUNITY. WHAT SETS M AP APART FROM OTHER TREATMENT PROGRAMS, IS THE CARE IT PROVIDES FOR ALL ITS PATIENTS AS WE LL AS OTHER SERVICES USUALLY NOT SEEN WITH THIS TYPE OF PROGRAM. MAP PROVIDES ONSITE PSYCH IATRIC CARE FOR MANY OF ITS PATIENTS. WITH LOCAL OB-GYN CLINICS, IT FOLLOWS PREGNANT PATIE NTS, IN THIS WAY MARKEDLY IMPROVING THE HEALTH OF THE BABY AND MOTHER. MAP IS ABLE TO PROV IDE THE LEVEL OF CARE NEEDED FOR ALL PHASES OF RECOVERY. MAP IS ALSO A RESOURCE FOR SEVERA L COMMUNITY AGENCIES AND THE LEGAL SYSTEM. RECOVERY LINK OUTREACH PROGRAM: EXPENSES: 89,72 9 REVENUE: 69,859 THIS PROJECT, UNDER CROSSROADS ADMINISTRATION, SPRANG FROM MEDICAID EXPA NSION AND INVOLVES ALL THE HAMILTON COUNTY PROVIDERS THAT ARE REGROUPED UNDER RECOVERY LIN K. 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 T O 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 PROVIDE R MOST SUITED FOR HIS/HER TREATMENT NEEDS. INTAKE PROGRAM: EXPENSES: 420,794 REVENUE: 408, 797 THE INTAKE AND ASSESSMENT DEPARTMENT IS IN CHARGE OF PROVIDING CENTRALIZED ADMISSION T O THE VARIOUS TREATMENT PROGRAMS RESIDENTIAL AND OUTPATIENT. THE ADMISSION PROCESS INVOLVE S INTAKE SCREENING, INTAKE SCHEDULING, INTAKE ASSESSMENT, AND CASE ASSIGNMENTS. THE DEPART MENT ALSO PROVIDES REFERRALS TO OTHER AGENCIES AND PROGRAMS AS NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD COMPARES THE COMPENSATION OF THESE POSITIONS WITH THOSE IN THE AREA THROUGH THEIR INDIVIDUAL KNOWLEDGE. COMPENSATION IS APPROVED BY THE BOARD.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENT ARE AVAILABLE UPON REQUEST AND APPROVAL OF RELEASE BY MANAGEMENT AND/OR THE BOARD.