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PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CROSSROADS REHABILITATION CENTER, INC.		D Employer identification number 35-0869058
	Doing Business As EASTER SEALS CROSSROADS		E Telephone number (317) 466-1000
	Number and street (or P.O. box if mail is not delivered to street address) 4740 KINGSWAY DRIVE	Room/suite	
	City, town, or post office, state, and ZIP code INDIANAPOLIS, IN 46205		G Gross receipts \$ 35,822,290.
F Name and address of principal officer: J. PATRICK SANDY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ WWW.EASTERSEALSCROSSROADS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1959 M State of legal domicile: IN	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EASTER SEALS CROSSROADS IMPROVES THE LIVES OF CHILDREN AND ADULTS WITH SPECIAL NEEDS, DISABILITIES OR</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	348
	6 Total number of volunteers (estimate if necessary)	6	512
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,950,415.	2,566,132.
	9 Program service revenue (Part VIII, line 2g)	8,554,467.	14,882,005.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	447,581.	1,335,109.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,801.	147,902.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,079,264.	18,931,148.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,480.	48,957.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,855,259.	7,771,887.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 230,541.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,117,984.	8,615,383.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,008,723.	16,436,227.	
19 Revenue less expenses. Subtract line 18 from line 12	-929,459.	2,494,921.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,065,446.	End of Year 31,709,463.
	21 Total liabilities (Part X, line 26)	2,570,167.	2,229,579.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,495,279.	29,479,884.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer				Date
	▶ J. PATRICK SANDY, CEO/PRESIDENT				Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name AMANDA MEKO, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01062615
	Firm's name ▶ GREENWALT CPAS, INC.	Firm's EIN ▶ 35-1489521	Firm's address ▶ 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	Phone no. 317-241-2999	

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 to any question in this Part III [X]

1 Briefly describe the organization's mission:
EASTER SEALS CROSSROADS IMPROVES THE LIVES OF CHILDREN AND ADULTS WITH SPECIAL NEEDS, DISABILITIES OR CHALLENGES BY PROMOTING INCLUSION, INDEPENDENCE AND DIGNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,630,658. including grants of \$) (Revenue \$ 10,964,405.)
CROSSROADS INDUSTRIAL SERVICES (107 SERVED IN FY 2013) - OUR MISSION IS TO PROVIDE EMPLOYMENT FOR PEOPLE WITH DISABILITIES. THOSE PERSONS EMPLOYED AT THIS LOCATION ARE INDIVIDUALS THAT MAY REQUIRE SUPPORT IN ORDER TO MAINTAIN EMPLOYMENT. AT CROSSROADS INDUSTRIAL SERVICES, WE CAN DESIGN SUPPORTS AROUND THE INDIVIDUALS NEEDS SO THAT THEY CAN WORK AND EARN A LIVING WAGE. ALL PERSONS EMPLOYED RECEIVE MINIMUM WAGE OR BETTER AND ARE ELIGIBLE FOR OTHER BENEFITS. CIS RECEIVES NO STATE FUNDING.

4b (Code:) (Expenses \$ 3,185,247. including grants of \$ 36,886.) (Revenue \$ 1,941,931.)
MEDICAL SERVICES (1,688 SERVED IN FY 2013) - MEDICAL SERVICE REPRESENTS A RANGE OF PROGRAMS DESIGNED TO ASSIST CHILDREN AND ADULTS, WITH DISABILITIES TO BE AS INDEPENDENT AS POSSIBLE. EARLY INTERVENTION SERVICES PROVIDE HOME-BASED SERVICES FOR CHILDREN LESS THAN THREE YEARS OF AGE. PEDIATRIC OUT-PATIENT SERVICES PROVIDE OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY SERVICES FOR CHILDREN WITH A WIDE RANGE OF DIFFERENT DISABILITIES. THESE SERVICES MAY ASSIST A CHILD TO LEARN TO WALK FOR THE FIRST TIME OR TO BE ABLE TO CARE FOR THEMSELVES. OUR UNIQUELY TRAINED STAFF IN OUR AUGMENTATIVE COMMUNICATION PROGRAM CAN ASSIST CHILDREN AND YOUNG ADULTS USE COMPUTERS OR OTHER TECHNOLOGY TO COMMUNICATE WITH THEIR LOVED ONES. OUR MEDICAL SOCIAL WORK STAFF PROVIDES SUPPORT TO THE CHILD AND FAMILY THROUGH THE CHALLENGE

4c (Code:) (Expenses \$ 1,352,535. including grants of \$ 290.) (Revenue \$ 1,149,356.)
EMPLOYMENT (574 SERVED IN FY 2013) - SERVICES OUR CONSUMERS RECEIVE THROUGH THE EMPLOYMENT DIVISION ARE BASED ON INDIVIDUAL NEEDS AND ARE DESIGNED TO PROMOTE THE HIGHEST LEVEL OF INDEPENDENCE POSSIBLE. SERVICES RANGE FROM CAREER COUNSELING THROUGH OUR ASSESSMENT PROGRAM TO COMPREHENSIVE JOB PLACEMENT ASSISTANCE INCLUDING JOB SEEKING SKILLS TRAINING, INTERNSHIPS, JOB COACHING, AND LONG TERM JOB RETENTION. OUR EMPLOYMENT CONSULTANTS PLACED 134 JOB SEEKERS WITH DISABILITIES IN JOBS THAT MATCHED THEIR INTEREST, PREFERENCES AND ABILITIES. OF THOSE PERSONS SECURING EMPLOYMENT, 77% RETAINED EMPLOYMENT FOR AT LEAST 6 MONTHS. THROUGH THE PROJECT SEARCH TRANSITION PROGRAM WE HAVE BEEN ABLE TO PROVIDE 9 MONTHS OF INTENSIVE VOCATIONAL TRAINING OPPORTUNITIES TO 25 STUDENTS WITH DISABILITIES AGED 18-22 DURING THEIR SENIOR YEAR OF

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,247,824. including grants of \$ 11,781.) (Revenue \$ 826,313.)

4e Total program service expenses 14,416,264.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry fields.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization:
SUSAN SAUNDERS, CFO - 317-466-1000
4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) ANNE MURPHY DIRECTOR	1.00	X						0.	0.	0.
(2) BARBARA LEWIS-WEST DIRECTOR	1.00	X						0.	0.	0.
(3) BILL COLEMAN DIRECTOR	1.00	X						0.	0.	0.
(4) BRYAN SEIDENSTICKER DIRECTOR	1.00	X						0.	0.	0.
(5) C. DAVID MOORE DIRECTOR	1.00	X						0.	0.	0.
(6) C. DAWN NEAL DIRECTOR	1.00	X						0.	0.	0.
(7) CHRIS LANDIS DIRECTOR	1.00	X						0.	0.	0.
(8) CONNIE BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) ED KOSCHKA DIRECTOR	1.00	X						0.	0.	0.
(10) FRAN GALE DIRECTOR	1.00	X						0.	0.	0.
(11) GARY STEHLE DIRECTOR	1.00	X						0.	0.	0.
(12) J. PATRICK SANDY PRESIDENT/CEO	37.50	X		X				102,772.	0.	15,205.
(13) JAMES J. VENTO PRIOR PRESIDENT/CEO	37.50	X		X				159,187.	0.	18,059.
(14) JEFF HOKANSON PAST-CHAIR	1.00	X						0.	0.	0.
(15) JIM HAMMOND DIRECTOR	1.00	X						0.	0.	0.
(16) KELLY COPES-ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(17) KEN KOBE CHAIR	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) MARIAN PETTENGILL DIRECTOR	1.00	X						0.	0.	0.
(19) PAULA TAYLOR WHITFIELD BOARD SECOND VICE CHAIR	1.00	X		X				0.	0.	0.
(20) PHILIP BELT DIRECTOR	1.00	X						0.	0.	0.
(21) PHILIP GUTWEIN II SECRETARY	1.00	X		X				0.	0.	0.
(22) PHILIP WHISTLER DIRECTOR	1.00	X						0.	0.	0.
(23) SHERI KENDALL DIRECTOR	1.00	X						0.	0.	0.
(24) STEPHEN D. ORANDER TREASURER	1.00	X		X				0.	0.	0.
(25) STEVE STEVENS BOARD FIRST VICE CHAIR	1.00	X		X				0.	0.	0.
(26) BEVERLY SAUNDERS CFO	37.50			X				105,651.	0.	15,385.
1b Sub-total								367,610.	0.	48,649.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								367,610.	0.	48,649.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,009,152.					
	b Membership dues	1b					
	c Fundraising events	1c 82,389.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 741,088.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 733,503.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,566,132.				
	Program Service Revenue			Business Code			
2 a INDUSTRIAL SERVICES		310000	10,964,405.	10,964,405.			
b CHILDREN'S AND MEDICAL		900099	1,941,931.	1,941,931.			
c EMPLOYMENT SERVICES		900099	1,149,356.	1,149,356.			
d TECHNOLOGY SERVICES		900099	423,370.	423,370.			
e DEAF COMMUNITY SERVICE		900099	351,843.	351,843.			
f All other program service revenue		900099	51,100.	51,100.			
g Total. Add lines 2a-2f			14,882,005.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		532,948.			532,948.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	17,629,785.				
		(ii) Other	29,045.				
		b Less: cost or other basis and sales expenses	16,854,446.	2,223.			
		c Gain or (loss)	775,339.	26,822.			
	d Net gain or (loss)		802,161.	26,822.		775,339.	
	8 a Gross income from fundraising events (not including \$ 82,389. of contributions reported on line 1c). See Part IV, line 18	a 22,055.					
		b Less: direct expenses	b 29,565.				
c Net income or (loss) from fundraising events			-7,510.			-7,510.	
9 a Gross income from gaming activities. See Part IV, line 19	a 36,780.						
	b Less: direct expenses	b 4,908.					
	c Net income or (loss) from gaming activities		31,872.			31,872.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	123,540.	123,540.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		123,540.				
12 Total revenue. See instructions.		18,931,148.	15,032,367.	0.	1,332,649.		

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 to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	48,957.	48,957.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	436,236.	86,915.	349,321.	
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	5,819,091.	5,149,624.	514,067.	155,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,956.	155,672.	13,957.	4,327.
9 Other employee benefits	889,222.	752,585.	127,059.	9,578.
10 Payroll taxes	453,382.	384,800.	57,364.	11,218.
11 Fees for services (non-employees):				
a Management				
b Legal	11,260.		11,260.	
c Accounting	53,350.		53,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	652,864.	604,775.	43,802.	4,287.
12 Advertising and promotion	131,799.	116,785.	4,017.	10,997.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	563,441.	447,707.	109,696.	6,038.
17 Travel	156,731.	150,662.	5,996.	73.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	57,766.		57,766.	
22 Depreciation, depletion, and amortization	692,649.	534,755.	152,510.	5,384.
23 Insurance	165,345.	135,619.	26,132.	3,594.
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 DIRECT JOB COSTS	4,853,451.	4,853,451.		
b LICENSING AND FEES	454,389.	420,676.	33,055.	658.
c EQUIPMENT RENTAL AND MA	320,810.	167,810.	139,777.	13,223.
d SUPPLIES	284,784.	228,982.	52,747.	3,055.
e All other expenses	216,744.	176,489.	37,546.	2,709.
25 Total functional expenses. Add lines 1 through 24e	16,436,227.	14,416,264.	1,789,422.	230,541.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,138,502.	1	2,977,666.
	2 Savings and temporary cash investments	1,130,724.	2	926,560.
	3 Pledges and grants receivable, net	508,095.	3	545,771.
	4 Accounts receivable, net	1,423,627.	4	1,361,604.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	338,544.	8	670,415.
	9 Prepaid expenses and deferred charges	103,844.	9	83,579.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,122,606.		
	b Less: accumulated depreciation	10b 10,186,120.	5,286,442.	10c 4,936,486.
	11 Investments - publicly traded securities	17,507,740.	11	18,526,444.
	12 Investments - other securities. See Part IV, line 11	1,419,812.	12	1,472,734.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	208,116.	15	208,204.
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,065,446.	16	31,709,463.	
Liabilities	17 Accounts payable and accrued expenses	1,046,495.	17	885,975.
	18 Grants payable		18	
	19 Deferred revenue	6,137.	19	5,183.
	20 Tax-exempt bond liabilities	1,165,000.	20	980,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	352,535.	25	358,421.
	26 Total liabilities. Add lines 17 through 25	2,570,167.	26	2,229,579.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,767,406.	27	26,191,600.
	28 Temporarily restricted net assets	2,188,175.	28	1,695,077.
	29 Permanently restricted net assets	1,539,698.	29	1,593,207.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,495,279.	33	29,479,884.
34 Total liabilities and net assets/fund balances	29,065,446.	34	31,709,463.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,931,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,436,227.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,494,921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,495,279.
5	Net unrealized gains (losses) on investments	5	408,214.
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	81,470.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,479,884.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,634,860.	3,366,020.	3,364,435.	2,950,415.	2,566,132.	15,881,862.
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	3,634,860.	3,366,020.	3,364,435.	2,950,415.	2,566,132.	15,881,862.
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.						15,881,862.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,634,860.	3,366,020.	3,364,435.	2,950,415.	2,566,132.	15,881,862.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	580,321.	476,609.	637,699.	550,600.	532,948.	2,778,177.
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 IV.)	70,160.	76,378.	114,074.	113,150.	123,540.	497,302.
11 Total support. Add lines 7 through 10						19,157,341.
12 Gross receipts from related activities, etc. (see instructions)					12	58,323,371.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	82.90 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	84.48 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

CROSSROADS REHABILITATION CENTER, INC.

35-0869058

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 66,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 83,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 205,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization CROSSROADS REHABILITATION CENTER, INC.	Employer identification number 35-0869058
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CROSSROADS REHABILITATION CENTER, INC.

Employer identification number

35-0869058

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 Tax 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
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? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,786,729.	16,948,474.	9,510,243.	8,487,258.	10,688,377.
b Contributions			5,172,436.		
c Net investment earnings, gains, and losses	1,740,712.	-161,745.	2,265,795.	1,022,985.	-2,201,119.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,527,441.	16,786,729.	16,948,474.	9,510,243.	8,487,258.

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

- a Board designated or quasi-endowment 91.40 %
- b Permanent endowment 8.60 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. 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		413,500.		413,500.
b Buildings		8,943,637.	5,463,122.	3,480,515.
c Leasehold improvements				
d Equipment		5,190,960.	4,317,086.	873,874.
e Other		574,509.	405,912.	168,597.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,936,486.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, ALTERNATE LOAN FINANCING FUND LIABILITY, and DEFERRED COMPENSATION LIABILITY.

2. FIN 48 (ASC 740) Footnote. 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 [X]

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

1	Total revenue, gains, and other support per audited financial statements	1	19,455,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	408,214.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	115,943.
e	Add lines 2a through 2d	2e	524,157.
3	Subtract line 2e from line 1	3	18,931,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,931,148.

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

1	Total expenses and losses per audited financial statements	1	16,470,700.
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	34,473.
e	Add lines 2a through 2d	2e	34,473.
3	Subtract line 2e from line 1	3	16,436,227.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,436,227.

Part XIII Supplemental Information

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

PART V, LINE 4: ENDOWMENT ASSETS INCLUDE BOARD DESIGNATED FUNDS.

PERMANENTLY RESTRICTED ENDOWMENT ASSETS CONSIST OF PERPETUAL TRUSTS

ADMINISTERED BY OUTSIDE PARTIES. THE PURPOSE OF THESE FUNDS IS TO PROVIDE

A PREDICTABLE STREAM OF FUNDING FOR PROGRAMS.

PART X, LINE 2: CROSSROADS IS EXEMPT FROM INCOME TAX UNDER SECTION

501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION IS

MADE FOR FEDERAL OR STATE INCOME TAXES OR INCOME TAX EFFECTS. CROSSROADS

Part XIII Supplemental Information (continued)

IS NOT CONSIDERED A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE
INTERNAL REVENUE CODE.

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR
FINANCIAL STATEMENT RECOGNITIONS, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN
TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS.

CROSSROADS INDIVIDUALLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY ARE
IN COMPLIANCE WITH ITS TAX-EXEMPT PURPOSES. MANAGEMENT DOES NOT BELIEVE IT
IS ENGAGED IN ANY ACTIVITIES THAT WOULD CREATE UNCERTAIN TAX POSITIONS.

ALL TAX PERIODS PRIOR TO 2009 ARE NO LONGER SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL EVENTS	34,473.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	27,961.
CHANGE IN VALUE OF BENEFICIAL INTEREST ON PERPETUAL TRUSTS	53,509.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	115,943.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL EVENTS	34,473.
-----------------------------------	---------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BUSINESS LUNCH (event type)	CHRISTMAS ORNAMENTS (event type)	NONE (total number)	
Revenue	1 Gross receipts	86,915.	17,529.		104,444.
	2 Less: Contributions	74,385.	8,004.		82,389.
	3 Gross income (line 1 minus line 2)	12,530.	9,525.		22,055.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	19,215.	10,350.		29,565.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(29,565)
	11 Net income summary. Combine line 3, column (d), and line 10				-7,510.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue	36,780.		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	4,908.			4,908.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(4,908)	
8 Net gaming income summary. Combine line 1, column d, and line 7				31,872.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE IS MADE IN THE FORM OF PAYMENTS ON BEHALF OF FAMILIES OF CHILDREN WITH DISABILITIES WHO TAKE ADVANTAGE OF THE ORGANIZATION'S RESPITE PROGRAM.	472	0.	26,501.	FMV	SEE COLUMN A.
EQUIPMENT PROVIDED TO ASSIST PERSONS WITH DISABILITIES.	51	0.	22,456.	FMV	SEE COLUMN A.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES ASSISTANCE THROUGH
 GRANT PROGRAMS. FUNDS EXPENDED ON THIS NON-CASH ASSISTANCE ARE TRACKED
 THROUGH THE ORGANIZATION'S ACCOUNTING SYSTEM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CROSSROADS REHABILITATION CENTER, INC.

Employer identification number

35-0869058

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in 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	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in 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	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in 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	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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Schedule J (Form 990) 2012

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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES J. VENTO PRIOR PRESIDENT/CEO	(i)	159,187.	0.	0.	0.	18,059.	177,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Part I Bond Issues		SEE PART VI FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA HEALTH FACILITY FINANCING AUTHORITY	35-1611409	454798PC7	07/29/04	2,600,000.	USED FOR THE PURCHASE AND RENOVATION OF CIS BUILDI		X		X		X
B											
C											
D											

Part II Proceeds		A		B		C		D	
1 Amount of bonds retired		1,620,000.							
2 Amount of bonds legally defeased									
3 Total proceeds of issue		2,600,000.							
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		2,600,000.							
11 Other spent proceeds									
12 Other unspent proceeds		926,560.							
13 Year of substantial completion		2005							
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?			X						
15 Were the bonds issued as part of an advance refunding issue?			X						
16 Has the final allocation of proceeds been made?			X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?			X						

Part III Private Business Use		A		B		C		D	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Yes	No	Yes	No	Yes	No	Yes	No
				X					
2 Are there any lease arrangements that may result in private business use of bond-financed property?			X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: INDIANA HEALTH FACILITY FINANCING AUTHORITY

(F) DESCRIPTION OF PURPOSE:

USED FOR THE PURCHASE AND RENOVATION OF CIS BUILDING AT 8302 E. 33RD ST

SCHEDULE K, SUPPLEMENTAL INFORMATION: IN 2013 RECIEVED APPROVAL FROM THE INDIANA HEALTH FACILITY FINANCING AUTHORITY FOR THE PURCHASE OF EQUIPMENT AND VEHICLES.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHALLENGES BY PROMOTING INCLUSION, INDEPENDENCE AND DIGNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

REHABILITATION. THE DRIVER EVALUATION AND TRAINING PROGRAM ASSISTS

THOSE WITH DISABILITIES LEARNING TO DRIVE FOR THE FIRST TIME,

EXPERIENCED DRIVERS WHO HAVE BECOME IMPAIRED, AS WELL AS SENIORS WHO

DESIRE TO REMAIN SAFE BEHIND THE WHEEL. DAY SERVICES PROVIDES A SAFE

NURTURING ENVIRONMENT FOR ADULTS WITH SIGNIFICANT DISABILITIES AS WELL

AS THOSE WITH DEVELOPMENTAL DISABILITIES TRANSITIONING TO SCHOOL AND/OR

WORK. EACH OF OUR MEDICAL PROGRAMS AND SERVICES OPERATE WITH THE GOAL

OF ASSISTING THOSE SERVED IN REACHING THE GREATEST LEVEL OF

INDEPENDENCE POSSIBLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGH SCHOOL. WE HAVE INITIATED A MILITARY VETERAN COMMUNITY

DEVELOPMENT PROJECT BRING TOGETHER MORE THAN 60 COMMUNITY STAKEHOLDERS

FROM 45 DIFFERENT VETERAN SERVICE ORGANIZATIONS TO ASSESS THE IMMEDIATE

AND LONG TERM NEEDS OF MILITARY VETERANS AND THEIR FAMILIES RESIDING IN

OUR COMMUNITY. WE TAKE A PERSON CENTERED APPROACH TO EVERY CONSUMER WE

SERVE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASSISTIVE TECHNOLOGY (1,843 SERVED IN FY 2013) - THE ASSISTIVE

TECHNOLOGY CENTER AT EASTER SEALS CROSSROADS PROVIDES ASSISTIVE

TECHNOLOGY, EQUIPMENT AND SERVICES TO INDIVIDUALS WITH DISABILITIES.

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

Schedule O (Form 990 or 990-EZ) (2012)

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WHILE MANY OF THE SOLUTIONS WE IMPLEMENT ARE HIGH-TECH IN NATURE, THERE

ARE ALSO A GREAT MANY LOW-TECH OR NO-TECH SOLUTIONS THAT GREATLY

INCREASE THE EMPLOYMENT OPPORTUNITIES OF INDIVIDUALS WITH DISABILITIES.

SINCE OUR INCEPTION IN 1979, WE HAVE HELPED THOUSANDS OF INDIVIDUALS

SUCCESSFULLY UTILIZE ASSISTIVE OR ADAPTIVE TECHNOLOGY TO BECOME MORE

INDEPENDENT ON THE JOB, IN THE HOME OR AT SCHOOL.

EASTER SEALS CROSSROADS PARTNERS WITH THE STATE OF INDIANA, BUREAU OF

REHABILITATIVE SERVICES TO ESTABLISH THE INDIANA ASSISTIVE TECHNOLOGY

ACT (INDATA) PROJECT. THE INDATA PROJECT IS ONE OF 56 SIMILAR,

FEDERALLY-FUNDED PROJECTS DESIGNED TO INCREASE ACCESS AND AWARENESS OF

ASSISTIVE TECHNOLOGY. INDATA CORE SERVICES INCLUDE: INFORMATION AND

REFERRAL, FUNDING ASSISTANCE, PUBLIC AWARENESS AND EDUCATION, DEVICE

DEMONSTRATION, DEVICE LOAN, REUTILIZED COMPUTERS, AND EQUIPMENT

REUTILIZATION.

EXPENSES \$ 1,045,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 423,370.

AUTISM SERVICES - THE GOAL OF THE AUTISM SERVICES AT ESC IS TO PROVIDE

EVIDENCE BASED INTERVENTIONS ACROSS THE LIFE SPAN OF A PERSON WITH

AUTISM. THE AUTISM DIAGNOSTIC CLINIC PROVIDES COMPREHENSIVE EVALUATION

SERVICES TO CHILDREN AGES 18 MONTHS TO 18 YEARS WITH SYMPTOMS THAT MAY

INDICATE THE PRESENCE OF AUTISM SPECTRUM DISORDER (ASD). A COLLABORATION

OF EASTER SEALS CROSSROADS AND PEYTON MANNING CHILDREN'S HOSPITAL AT

ST. VINCENT, THE CLINIC CONSISTS OF A MEDICAL EVALUATION WITH A

DEVELOPMENTAL PEDIATRICIAN AND A DEVELOPMENTAL/BEHAVIORAL EVALUATION

WITH A PSYCHOLOGIST AND A BOARD CERTIFIED BEHAVIOR ANALYST.

PROVIDED BY AN INTERDISCIPLINARY TEAM OF CLINICIANS, BEHAVIORAL

TREATMENT SERVICES ARE OFFERED AS AN INTEGRATED PART OF EASTER SEALS

CROSSROADS' PROGRAMS AS WELL AS AN OUTPATIENT SERVICE. OUR STAFF

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PARTNERS WITH THE PERSON WITH AUTISM, HIS/HER FAMILY OR CAREGIVERS AND

OTHER SERVICE PROVIDERS TO CREATE AN EFFECTIVE BEHAVIOR SUPPORT PLAN.

OUR STAFF IS ABLE TO PROVIDE INDIVIDUAL AS WELL AS FAMILY INTERVENTION

TO PROVIDE ONGOING SUPPORT FOR BOTH CHILDREN AND ADULTS.

EXPENSES \$ 783,482. INCLUDING GRANTS OF \$ 11,781. REVENUE \$ 51,100.

DEAF COMMUNITY SERVICES (374 SERVED IN FY 2013)- WE PROVIDE

INTERPRETING SERVICES TO DEAF CONSUMERS AND COMMUNITY MEMBERS WHO NEED

TO COMMUNICATE WITH THE DEAF COMMUNITY. OUR SERVICES ALSO INCLUDE CASE

MANAGEMENT FOR THE DEAF COMMUNITY. WE ASSIST DEAF CONSUMERS IN FINDING

APARTMENTS, WORKING ON FINANCIAL ISSUES, LOCATING JOBS, MAKING

ARRANGEMENT WITH UTILITY COMPANIES, WHAT EVER THEIR NEEDS ARE.

ADDITIONALLY, WE ARE A PROVIDER OF PAH SERVICES (VIDEO INTERPRETING).

EXPENSES \$ 419,085. INCLUDING GRANTS OF \$ 0. REVENUE \$ 351,843.

FORM 990, PART VI, SECTION A, LINE 6: A PERSON WHO DONATES AT LEAST \$100

IS CONSIDERED A MEMBER OF CROSSROADS FOR PURPOSES OF THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS ARE APPROVED

BY THE MEMBERS AT THE ANNUAL MEETING OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: DETAILED REVIEW OF THE 990 IS

PERFORMED BY THE CFO WHO THEN REVIEWS THE SPECIFIC DETAILS ESPECIALLY

SURROUNDING COMPENSATION, PROGRAM PERFORMANCE, SPECIAL EVENTS AND

FUNDRAISING WITH THE FISCAL COMMITTEE OF THE BOARD WHO RECOMMENDS APPROVAL

FOR FILING TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY EMPLOYEES

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ARE ASKED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORMS ANNUALLY.

EXECUTIVE LEADERSHIP THEN REVIEWS CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: IT IS EASTER SEALS CROSSROADS'

POLICY TO PROVIDE COMPETITIVE AND EQUITABLE COMPENSATION BASED UPON THE

APPROPRIATE PAY STRUCTURE WITHIN EASTER SEALS CROSSROADS AND THE RATE BEING

PAID BY COMPETITORS IN THE AREA LABOR MARKET FOR SIMILAR POSITIONS.

EASTER SEALS CROSSROADS PARTICIPATES IN PERIODIC SALARY SURVEYS INCLUDING

THOSE CONDUCTED BY UNITED WAY OF CENTRAL INDIANA, EASTER SEALS NATIONAL

HEADQUARTERS, IN-ARF AND OTHERS IN ORDER TO ENSURE PAY COMPETITIVENESS AND

EQUITY. RESULTS OF THESE SURVEYS ARE USED BY MANAGEMENT IN THE REVIEW OF

SALARIES FOR ALL POSITIONS IN THE ORGANIZATION.

THE FISCAL AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS PERIODICALLY

REVIEW THE COMPENSATION OF THE PRESIDENT AND OTHER KEY MANAGEMENT

PERSONNEL. THIS REVIEW IS CONDUCTED BASED UPON INFORMATION FROM THE SALARY

SURVEYS, AS WELL AS THE REVIEW OF OTHER SIMILAR ORGANIZATIONS' FORM 990

SALARY INFORMATION FOR SIMILAR POSITIONS. ANY ADJUSTMENTS TO THESE

SALARIES OTHER THAN ANNUAL INCREASES APPROVED BY THE BOARD OF DIRECTORS AS

PART OF THE ANNUAL OPERATING BUDGET WILL BE APPROVED BY THE FISCAL AND

EXECUTIVE COMMITTEES. IN ADDITION, THE COMPENSATION OF THE PRESIDENT IS

GOVERNED BY AN EMPLOYMENT CONTRACT WHICH IS APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL REPORT WHICH CONTAINS

FINANCIAL RESULTS AND STATISTICS IS AVAILABLE ON THE ORGANIZATION'S

WEBSITE. THE 990 IS AVAILABLE THROUGH GUIDESTAR. ANY REQUESTS FOR THIS

INFORMATION FROM THE PUBLIC WOULD BE HONORED BY PROVIDING COPIES TO THE

REQUESTOR.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST A	27,961.
CHANGE IN VALUE OF PERPETUAL TRUSTS	53,509.
TOTAL TO FORM 990, PART XI, LINE 9	81,470.

FORM 990, PART XII, LINE 2C

AUDIT OVERSIGHT

AN RFP PROCESS IS FOLLOWED PERIODICALLY TO SELECT THE AUDITOR, WITH THAT PROCESS IMPLEMENTED BY THE CFO AND ALL QUOTES REVIEWED BY THE FISCAL COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING FACE TO FACE PRESENTATIONS BY FINALISTS AND SELECTION DONE BY THE FISCAL COMMITTEE AND APPROVED BY THE BOARD. OVERSIGHT OF THE AUDIT IS PROVIDED BY THE FISCAL COMMITTEE WHO MEETS ANNUALLY WITH THE AUDITORS FOR PRESENTATION OF AUDITED FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.