

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(2) of the Internal Revenue Code (except private foundation)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **07/01/14** and ending **06/30/15**

- B** Check if applicable:
- Initial change
 - Name change
 - Initial setup
 - First year of operation
 - Amended return
 - Application pending

C Name of organization
Crosswinds Youth Services, Inc.

Doing business as

Number and street for P.O. box (do not check if not delivered to above address)
1407 Dixon Blvd.

City or town, state or province, country, and ZIP or foreign postal code
Cocoa FL 32922

F Name and address of principal officer
**Jan Lokay
1407 Dixon Blvd.
Cocoa FL 32922**

D Employer identification number
23-7376943

E Telephone number
321-452-0800

G Gross assets
3,048,600

Part 150-a program for substance use? Yes No
Part 150-b substance included? Yes No
If "Yes," attach a list (see instructions)

I Federal EIN: 501(c)3 501(c)29 501(c)28 501(c)27 501(c)26 501(c)25 501(c)24 501(c)23 501(c)22 501(c)21 501(c)20 501(c)19 501(c)18 501(c)17 501(c)16 501(c)15 501(c)14 501(c)13 501(c)12 501(c)11 501(c)10 501(c)9 501(c)8 501(c)7 501(c)6 501(c)5 501(c)4 501(c)3 501(c)2 501(c)1

J Website: **www.crosswindseyouthservices.org**

K Form of organization: Corporation Trust Association Other: _____

L Year of formation: **1974** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or other significant activities: See Schedule D			
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	16	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	65	
6 Total number of volunteers (estimate if necessary)	6	261	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue		Pre Year	Current Year
8 Contributions and grants (Part VII, line 4a)		2,801,388	2,887,313
9 Program service revenue (Part VII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,759	-58,284
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 10c, and 11e)		147,654	72,685
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)		2,971,801	2,901,714
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,901,268	1,721,483
16a Professional fundraising fees (Part IX, column (A), line 11a)			0
b Total fundraising expenses (Part IX, column (D), line 26) 135,854			
17 Other expenses (Part IX, column (A), lines 11b-11f, 11i-24e)		1,311,430	1,266,680
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,212,698	2,988,163
19 Revenue less expenses. Subtract line 18 from line 12		-240,897	-86,449
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		4,947,348	4,662,499
21 Total liabilities (Part X, line 26)		1,271,984	1,071,877
22 Net assets or fund balances. Subtract line 21 from line 20		3,675,364	3,590,622

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.

Signature of officer: *Jan Lokay* Date: **2/12/2016**
Type or print name and title: **Jan Lokay President/CEO**

Preparer's name: **E. Rayne Cooper, CPA** Date: **02/15/16** Preparer's signature: *E. Rayne Cooper* Preparer's ID: **00263070**
Firm's name: **Whittaker Cooper Financial Group** Firm's EIN: **59-2977986**
Firm's address: **1692 West Hibiscus Boulevard
Melbourne, FL 32901** Phone no: **321-723-3352**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4a (Code:) (Expenses \$ **2,669,413** including grants of \$) (Revenue \$)
A range of services, including but not limited to, emergency shelter, transitional housing, assessment, individual and family counselling, case management, independent living skills, educational and employment assistance, life and social skills, delinquency intervention and diversion, intensive family therapy, outreach, information and referral for at-risk youth and their families.

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

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

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

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

4e Total program services expenses **2,669,413**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(15), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule E, Part II		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule E, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments values of \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 8e? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 9e? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amounts on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.1701-2 and 301.1701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts R, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-E for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>NA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBARI).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 9888-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$700,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c):		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		
d	If "Yes," indicate the number of Forms 8822 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4956?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Institution fees and capital contributions included on Part VII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 17, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(2) non-exempt charitable trusts. Is the organization filing Form 990 as req. of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16
b Enter the number of voting members included in line 1a, above, who are independent	1b	16
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: **FL**
- 18 Section 5104 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Jan Lokay 1407 Dixon Blvd**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (if any hours for which compensation is being stated) (C)	(C) Position (do not check more than one box, unless person holds an office 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) Jan Lokey President and CEO	40.00 0.00			X			124,368	0	0	
(2) Greg Crews Chair	1.00 0.00			X			0	0	0	
(3) Summit Shah Vice Chair	1.00 0.00			X			0	0	0	
(4) Robert Lehton Past Chair	1.00 0.00	X					0	0	0	
(5) Charles Nash Treasurer	1.00 0.00			X			0	0	0	
(6) Sheriff Wayne Ivey Secretary	1.00 0.00			X			0	0	0	
(7) Nina Gadodia Director	1.00 0.00	X					0	0	0	
(8) Mitchell Goldman Director	1.00 0.00	X					0	0	0	
(9) James Handley Director	1.00 0.00	X					0	0	0	
(10) Rear Admiral Wayne Justice Director	1.00 0.00	X					0	0	0	
(11) Alison Malone Director	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hourly pay wage (or) any hourly paid organization (do not enter 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 (do not enter -)	(E) Reportable compensation from other organizations (do not enter -)	(F) Estimated amount of other compensation from the organization and other organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(12) Jack Parker Director	1.00 0.00	X					0	0	0	
(13) Dara Cunion Pauley Director	1.00 0.00	X					0	0	0	
(14) Andrew Walters Director	1.00 0.00	X					0	0	0	
(15) Thomas Weinberg Director	1.00 0.00	X					0	0	0	
(16) Stockton Whitten Director	1.00 0.00	X					0	0	0	
(17) Shannon Wilson Director	1.00 0.00	X					0	0	0	
(18)										
(19)										
1b Sub-total							124,368			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							124,368			

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 is: **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who exceeded more than \$100,000 of compensation from the organization is: **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Number of related foundation revenues	(C) Unrelated business income	(D) Revenue excluded from part under section 511-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c	20,493			
	1d Related organizations	1d				
	1e Government grants (contributions)	1e	2,653,887			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	222,925			
	1g Total. Add lines 1a-1f	1g	2,887,313			
	2a Total. Add lines 2a-2f		2a			
Program Service Revenue	2b	2b				
	2c	2c				
	2d	2d				
	2e	2e				
	2f All other program service revenue	2f				
	2g Total. Add lines 2a-2f	2g				
	3 Investment income (including dividends, interest, and other similar amounts)	3	2,703	2,703		
	4 Income from investment of tax-exempt bond proceeds	4				
5 Royalties	5					
Other Revenue	6a Gross rents	(i) Real				
		(ii) Personal				
	6b Less: rental exp					
	6c Residual or (loss)					
	6d Net rental income or (loss)	6d				
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,236	40,788		
		(ii) Other				
	7b Less: cost or other basis & sales exp	681	102,330			
	7c Gain or (loss)	681	-61,542			
	7d Net gain or (loss)	7d	-60,987	-60,987		
8a Gross income from fundraising events (not including \$ 10,493 of contributions reported on line 1c). See Part IV, line 18	a	116,760				
	b Less: direct expenses	b	44,075			
	c Net income or (loss) from fundraising events	c	72,685			
8b Gross income from gaming activities. See Part IV, line 18	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	c				
10a 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	c				
11a Specialized Revenue		11a				
11b		11b				
11c		11c				
11d All other revenue		11d				
11e Total. Add lines 11a-11e		11e				
12 Total revenue. See instructions.		12	2,901,714	-68,284	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule D contains a response or note to any line in this Part IX

Do not include amounts reported on lines 8b, 7b, 8c, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations or domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,368	111,645	7,213	5,510
6 Compensation not included above, to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,242,308	1,115,161	72,150	54,997
8 Pension plan accruals and contributions (exclude section 401(a) and 408(a) employer contributions)	28,843	25,892	1,673	1,278
9 Other employee benefits	187,987	168,756	10,903	8,328
10 Payroll taxes	137,977	123,862	8,003	6,112
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,000		21,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (Use the 5% limit exceeds 10% of the 25, column (A) amount, list the 5% portion on Schedule O.)	45,330	36,247	7,410	1,673
12 Advertising and promotion	10,523	6,092	4,233	198
13 Office expenses	44,998	35,295	8,044	1,659
14 Information technology				
15 Royalties				
16 Occupancy	148,049	124,996		15,053
17 Travel	40,590	36,041	3,177	1,372
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,282	18,509	1,783	
20 Interest	63,292	58,925		4,367
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,416	132,346	9,893	11,187
23 Insurance	68,483	64,122	1,330	3,031
24 Other expenses. Permit expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 50% of the 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Allocated General & Admin	221,599	206,219		15,380
b Youth Expenditures	135,751	135,751		
c Repairs & Maintenance	111,786	102,741	5,241	3,806
d Program Food	97,638	97,638		
e All other expenses	97,931	69,175	26,853	1,903
25 YOUR functional expenses. Add lines 1 through 24e	2,988,163	2,669,413	182,896	135,854
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 <input type="checkbox"/> if following SOP 98-7 (ASC 98-722)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	36,499	1	65,454
	2	Savings and temporary cash investments	26,050	2	96,086
	3	Pledges and grants receivable, net	337,204	3	267,114
	4	Accounts receivable, net		4	
	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)(2) voluntary employees' beneficiary organizations (see instructions). Complete Part III of Schedule L.		6	
	7	Notes and loans receivable, net	52,500	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,709	9	13,306
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 5,924,695		
	10b	Less: accumulated depreciation	10b 1,841,368		
			4,340,524	10c	4,083,307
	11	Investments—publicly traded securities	121,783	11	124,593
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	17,080	15	12,638	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,947,348	16	4,662,499	
Liabilities	17	Accounts payable and accrued expenses	43,540	17	26,758
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	1,132,676	23	985,975
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payable to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	95,768	25	59,144
	26	Total liabilities. Add lines 17 through 25	1,271,984	26	1,071,877
	Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,607,224	27
28		Temporarily restricted net assets		28	
29		Permanently restricted net assets	69,140	29	72,353
30		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	3,675,364	33	3,590,622
34		Total liabilities and net assets/fund balances	4,947,348	34	4,662,499

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,901,714
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,988,163
3	Revenue less expenses. Subtract line 2 from line 1	3	-86,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,675,366
5	Net unrealized gains (losses) on investments	5	1,754
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	-47
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,590,622

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	
2c	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	
3b	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	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For information about Schedule A (Form 990 or 990-EZ) and its instructions, go to www.irs.gov/form990.

Name of the organization

Crosswinds Youth Services, Inc.

Employer identification number

23-7376943

Part 3 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)(vii). (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 513 tax) from businesses acquired by the organization after June 30, 1975. See section 509(e)(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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly elect or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- * Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations:

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-6 above or IRS section 509(a)(1)-(3))	(iv) Is the organization listed in your governing documents?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,238,666	3,145,843	3,104,673	2,901,388	2,887,313	15,177,683
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	3,238,666	3,145,843	3,104,673	2,901,388	2,887,313	15,177,683
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						15,177,683

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,238,666	3,145,843	3,104,673	2,901,388	2,887,313	15,177,683
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,175	2,304	2,689	2,685	2,703	12,456
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						15,190,139
12 Gross receipts from related activities, etc. (see instructions)					12	12
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.82%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.93%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and the 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"/>
16b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and the 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and the 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and the 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 508(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 III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 2014	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "exchange 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 6 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) 2014	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 8						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests--2014. 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--2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11e of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, if historic and continuing relationship, explain.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(7) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's governing document authorizing each action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b. Type I or Type B only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, contribution, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(E)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type I supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," list in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1c	3	
4	Cash deemed held for exempt use. Enter 1/12% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 89% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to alternate supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(A) Excess Distributions	(B) Underdistributions Pre-2014	(C) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 8			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 2 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3c and 4c.			
E	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

**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, lines 5, 7, 8, 10, 11a, 11b, 11c, 11d, 11e, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization

Employer identification number

Crosswinds Youth Services, Inc.

23-7376943

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 in other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/08, 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: ▶

6 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

8 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 5.

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 Revenue 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)

- 9 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 Preparation 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 collect or receive donations of art, historical treasures, or other similar objects 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII: Yes No

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (Use Eq. column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (adjusted)	(b) Cost or other basis (original)	(c) Accumulated depreciation	(d) Book value
1a Land		318,730		318,730
b Buildings		5,147,637	1,425,902	3,721,735
c Leasehold improvements				
d Equipment		421,206	381,817	39,389
e Other		37,122	33,667	3,455
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,083,309

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued expenses	59,144
(3) Interfund loan	
(4)	
(5)	
(6)	
(7)	
(8)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 26.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FSA 48 (ASG 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,048,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,756	
b	Donated services and use of facilities	2b	39,455	
c	Recovery of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	105,618	
e	Add lines 2a through 2d			2e 146,827
3	Subtract line 2e from line 1			3 2,901,667
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	47	
c	Add lines 4a and 4b			4c 47
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 2,901,714

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

6	Total expenses and losses per audited financial statements		1	3,133,296
7	Amounts included on line 6 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	7a	39,455	
b	Prior year adjustments	7b		
c	Other losses	7c		
d	Other (Describe in Part XIII.)	7d	105,618	
e	Add lines 7a through 7d			7e 145,073
8	Subtract line 7e from line 6			8 2,988,163
9	Amounts included on Form 990, Part IX, line 25, but not on line 6:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	9a		
b	Other (Describe in Part XIII.)	9b		
c	Add lines 9a and 9b			9c
10	Total expenses. Add lines 8 and 9c. (This must equal Form 990, Part I, line 18.)			10 2,988,163

Part XIII Supplemental information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Loss on disposal of assets included as	\$	0
a reduction of revenue on return	\$	61,543
Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	44,075

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Book/tax difference - Realized capital gains	\$	47
--	----	----

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Loss on disposal of assets included as	\$	0
a reduction of revenue on return	\$	61,543
Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	44,075

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization reported more than \$10,000 on Form 990-EZ, line 6.

Or Attach to Form 990 or Form 990-EZ.

For information about Schedule G (Form 990 or 990-EZ) and its instructions, go to www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Crosswinds Youth Services, Inc.

Employer identification number

23-7376943

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

1	2b Name and address of individual or entity fundraiser	3a Activity	4 Did the fundraiser have access or control of contributions?		5a Gross income from activity	5b Amount paid to (or received by) fundraiser listed in 2b	6 Amount paid to (or received by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part A 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 #	(b) Event name	(c) Date range	(d) Total gross	
				(add col. 1a through col. 1c)	
Revenue		Duck Race	Cine at the Zoo	1	
		(event type)	(event type)	(date range)	
	1 Gross receipts	97,001	21,205	9,045	127,251
2 Less: Contributions	10,491			10,491	
3 Gross income (line 1 minus line 2)	86,510	21,205	9,045	116,760	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,270	11,633	1,172	44,075
	10 Direct expense summary. Add lines 4 through 9 in column (d)				44,075
	11 Net income summary. Subtract line 10 from line 3, column (d)				72,685

Part B 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 8a.

	(a) Game	(b) Full-time/season	(c) Other gaming	(d) Total gaming
				(add col. 1a through col. 1c)
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes % No	Yes % No	Yes % No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a. The organization's facility	13a	%
b. An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part III Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 8, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 28 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Crosswinds Youth Services, Inc.

Employer identification number

23-7376943

Part I Types of Property

	(a) Check if applicable	(b) Number of contributors or items contributed	(c) Noncash contribution amount reported on Form 990, Part IV, line 10	(d) Method of determining noncash contribution amount
1	Art—Works of art			
2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded			
10	Securities—Closely held stock			
11	Securities—Partnership, LLC, or trust interests			
12	Securities—Miscellaneous			
13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate—Residential			
16	Real estate—Commercial			
17	Real estate—Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Textiles			
22	Historical artifacts			
23	Scientific specimens			
24	Archaeological artifacts			
25	Other (Supplies)	X 2	31,110	
26	Other ()			
27	Other ()			
28	Other ()			

29 Number of Forms 9283 received by the organization during the tax year for contributions for which the organization completed Form 9263, Part IV, Donor Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part III.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part III.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Line	Supplemental information	Number of contributions	Number of items received	Reporting in Part I, column (b)
30b				
31				
32b				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization:

Supplemental Information to Form 990 or 990-EZComplete 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.

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

OMB No. 1545-0047

2014Open to Public
Inspection

Employer identification number:

Crosswinds Youth Services, Inc.**23-7376943****Form 990 - Organization's Mission**

Crosswinds Youth Services creates opportunities for young people to succeed - embodies the organization's primary goal of helping young people reach their full potential. This mission is realized through programs designed to strengthen families, reduce barriers to success, and provide young people with support, safety, and opportunity.

Form 990, Part III, Line 2

With a commitment to helping runaway, homeless, and other young people in crisis, the organization now known as Crosswinds Youth Services was incorporated in Brevard County in 1974. That year, Crosswinds opened its first program - an emergency children's shelter. Over 41 years later, Crosswinds, a private, nonprofit 501(c)(3) organization, has grown to become a leading provider of youth services in the area, offering a wide variety of programs for young people and their families.

Crosswinds is accredited by the Council on Accreditation (COA) for achieving the highest standards of professional practice for its services. COA's program of quality improvement is designed to identify providers that have set high performance standards and have made a commitment to their constituents to deliver the very best quality services.

Crosswinds is a fiscally stable organization with a strong infrastructure in place. Both the organization and the youth and families that use its services benefit from exceptional community support and vital collaborative partnerships.

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Robert E. Lepton Children's Shelter offers emergency shelter on demand, 24 hours a day, 7 days per week for children under age 18 who have run away, are homeless, are awaiting foster care placement or in respite, or who are experiencing serious family or other crises. The program provides safe, supervised shelter; nutritious meals and snacks; and other basic necessities. The shelter also provides counseling and other supportive services for youth and their families.

Transitional Living Program (TLP) helps homeless youth ages 16-24 gain the resources and skills they need for self-sufficiency. The program provides transitional housing and supportive services, such as educational and employment assistance; assistance with securing permanent housing; counseling; and life skills training in budgeting, meal planning, health, and other topics.

Community Counseling provides counseling and case management to vulnerable youth ages 6 -17 and their families. Counselors in this community-based program work with youth and families to find solutions to issues, such as school performance, hard to manage behaviors at home or in the community, truancy, runaway behaviors, and family conflicts.

Juvenile Assessment Center (JAC) is the central point of entry for coordinated service delivery for delinquent and at risk youth, as well as the central point of contact for law enforcement. The JAC's goal is to provide the youth and family with the timeliest intervention, which includes comprehensive assessment, referrals to Crosswinds and other community services, and life skills applications.

Civil Citation is an innovative alternative to arrest for young people with certain misdemeanor offenses, which holds them accountable for their actions, while offering counseling and other timely services youth and

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their families need.

Independent Living Services (ILS) provides services to youth in foster care, ages 13-17, and young adults who have exited foster care, ages 18-23.

The goals of these services are to assist youth who are aging out of foster care in making a successful transition to independent adulthood through the development of self-sufficiency and independent living skills and to prepare each youth to enter the workforce and/or post-secondary education.

Street Outreach Program (SOP) targets homeless, runaway, and at-risk youth through a mobile outreach team, who provide survival aid, such as food, clothing, and hygiene products, and distribute prevention and referral information for other needed services, with the goal of helping youth leave the streets.

Safe Place helps children get immediate assistance from Crosswinds by entering any one of over 100 Brevard businesses or public buildings displaying a Safe Place sign.

2014-2015 HIGHLIGHTS

"Crosswinds' outdated financial accounting system was replaced with a more robust fund accounting software system which will provide more accurate and useful information for management and auditors, with a more efficient and productive workflow for staff.

"Crosswinds maintained a productive collaborative working relationship with Brevard County Public Schools, local law enforcement and many other community agencies.

"Training programs for direct care staff were enhanced and standardized,

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which has stabilized the Robert E. Lahton Children's Shelter workforce to enhance retention.

"Crosswinds programs successfully passed all audits and monitorings by Federal and state agencies in 2015, and Crosswinds was re-accredited by the Council on Accreditation for an additional four years through May 31st, 2019.

"Crosswinds has been able to meet a significant gap in the continuation of services. Due to several reasons, the Department of Children and Families has not been able to recruit and license foster homes at a rate needed and has relied on Crosswinds to take in foster care youth for much longer periods of time.

"All programs successfully achieved all benchmarks for the fiscal year as set by their programs.

"After issuing an RFP for financial audit services, the Board selected Whittaker Cooper Financial Group from six responding firms and they have been engaged for a period of three years of audit services. The 2014-2015 financial audit had no management letter as required by A.G. Rule Section 10.656(3)(e), because there were no findings required to be reported.

"The Board created a new signature fundraising event, "Clue at the Zoo", which netted \$19,993 to support Crosswinds' programs. Enthusiastic response from the community and participants has led to planning for the second annual event to be held at the Brevard Zoo on September 17th, 2016.

"Crosswinds was generously supported for the second consecutive year by Rockledge Rotary through their 2015 Derby Day event.

"The 17th Annual Great Brevard Duck Race in April 2015 generated a net profit of \$69,787, an increase of 25% over 2014.

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"Volunteers and intern initiatives continue to enhance the shelter program and JAC. Volunteers help increase staff flexibility, ensure safe exits, enhance capacity, and expand outreach in the community. University and college partnerships also enhance staff capacity, providing the shelter program with master's-level Mental Health Counseling and Social Work interns. Several employee groups did projects on the campus, including a local aerospace firm whose employees and friends began providing quarterly volunteer support for maintenance and the Duck Race. The number of volunteers for the Duck Race increased.

"The dilapidated old Rainwater program property (1417 Dixon Blvd.) was sold in December 2014, thereby reducing future expenses and providing cash which was used to reduce the outstanding line of credit balance.

"Crosswinds was successful in negotiating increased bed night reimbursement rates from the Department of Children and Families that more adequately address the costs of providing the required services.

"Numbers of youth served increased in the shelter to 331 from 310 the prior year; in non-residential counseling to 220 from 192; in Independent Living to 148 from 80; and the Juvenile Assessment Center to 792 from 769.

"After seeking indications of interest from several financial advisory firms, the Board selected Merrill Lynch to handle Crosswinds' investment and retirement accounts.

"Funding was identified for replacement of HVAC systems in the Shelter and the Handley Center. The Brevard County Housing Finance Authority approved \$45,000 for the Handley Center, and Brevard County SHIP approved \$90,000 for the shelter.

"Crosswinds' programs continued to strengthen and reunite families and help young people move toward a successful future, as shown in these sample

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outcomes:

99% of families were reunited after a youth's stay in the emergency shelter.

86% of families reported an improvement in family functioning through counseling and case management received from the shelter.

97% of youth, six (6) months after exiting the shelter, remained in an appropriate environment through case management and service linkages received during their stay in the shelter.

100% of youth completing the Transitional Living Program transitioned to permanent housing and remained in permanent housing six (6) months after leaving the program.

73% of the formerly homeless youth exiting the residential Transitional Living Program had increased their income level at program completion.

100% of youth completing the residential Transitional Living Program maintained permanent housing for six (6) months after program exit.

Youth in the civil citation program did not re-offend 92% of the time after one year.

81% of the delinquent/high risk youth receiving comprehensive services from the Juvenile Assessment Center (JAC) had not re-offended six (6) months after services were completed (70% benchmark).

99% of youth and families responding indicated that referrals or service linkages received through the Juvenile Assessment Center were helpful.

100% of the youth in the Crosswinds Independent Living Services program were not experiencing homelessness during services.

Five youth transitioning out of foster care in Crosswinds' Independent Living Services program earned a GED/high school diploma through the Fast Track program.

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RECOGNITION AND AWARDS:

Crosswinds has been recognized on the national, state, and local level for quality programs and management, as shown in the examples below:

In August 2015, Crosswinds was recognized as the "Member of the Month" by the Florida Network of Youth and Family Services.

In 2014, Crosswinds was selected to receive one of the prestigious Central Florida Humanitarian Awards given annually in Brevard County.

In 2014, Crosswinds was named a "Best Care Provider" by the Florida Network of Youth and Family Services.

Crosswinds was recognized as the Non-Profit Organization of the Year for 2013 by the Titusville Area Chamber of Commerce.

In 2011, Jan Lokay, President/CEO, received the Lifetime Achievement Award from the Youth and Family Services Network.

In 2010, Crosswinds received a national Substance Abuse and Mental Health Services Administration (SAMHSA) Award.

In 2007, Crosswinds was named Non-Profit Agency of the Year by the Melbourne/Palm Bay Chamber of Commerce.

Also in 2007, Jan Lokay, President/CEO, received the Mary Jane Dewey Leadership Award from the Youth and Family Services Network.

In 2003, Crosswinds received the Agency of the Year award from the National Network for Youth after being judged the "best organization in America serving runaway, homeless, or other youth in crisis." As a result of this award, Crosswinds was recognized on the floor of the United States Congress in Washington D.C. Additionally, the Florida Cabinet approved a Cabinet Resolution recognizing Crosswinds' achievement, and proclamations were issued by the Brevard County Board of County Commissioners and the

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City of Palm Bay.

In 2003, Crosswinds was named Organization of the Year by Brevard County's major newspaper FLORIDA TODAY and received the Data Integrity award from the Florida Network of Youth and Family Services.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 is reviewed by CFO and President/CEO before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Conflicts of interest are resolved by the board of directors with the person having the conflict of interest forfeiting their right to vote.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Compensation of key management must have full board approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation of key management must have full board approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents are made available to the public upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Loss on disposal of assets included as	\$	0
a reduction of revenue on return	\$	61,543
Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	44,075
Book/tax difference - Realized capital gains	\$	-47

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Loss on disposal of assets included as	\$	0
a reduction of revenue on return	\$	-61,543
Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	-44,075