

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

CROSSROADS DIVERSIFIED SERVICES, INC.

94-2446765

Name and title of officer

**JIM ESTEP
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,487,866.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BFBA, LLP to enter my PIN 38594
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68016795825

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CROSSROADS DIVERSIFIED SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9300 TECH CENTER DRIVE 100 City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95826 F Name and address of principal officer: JAMES ESTEP SAME AS C ABOVE	D Employer identification number 94-2446765 E Telephone number 916-568-5230 G Gross receipts \$ 10,497,648. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CSDSDIV.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1977		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HELPING PEOPLE WITH DISABILITIES OR OTHER CHALLENGES PREPARE FOR EMPLOYMENT AND SELF-SUFFICIENCY.		
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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	252
6	Total number of volunteers (estimate if necessary)	6	0
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.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,684,700.	1,714,971.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,250,272.	8,556,857.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,974.	109,731.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-53,152.	106,307.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,885,794.	10,487,866.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,727,116.	7,802,113.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,431,509.	2,881,759.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,158,625.	10,683,872.
19	Revenue less expenses. Subtract line 18 from line 12	-272,831.	-196,006.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	3,181,510.	3,037,036.
22	Net assets or fund balances. Subtract line 21 from line 20	971,532.	1,023,064.
22	Net assets or fund balances. Subtract line 21 from line 20	2,209,978.	2,013,972.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAMES ESTEP, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA A. FAITH	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00294123
	Firm's name ▶ BFBA, LLP Firm's address ▶ 83 SCRIPPS DRIVE, SUITE 210 SACRAMENTO, CA 95825	Firm's EIN ▶ 68-0000424 Phone no. 916.924.0800

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,214,047. including grants of \$) (Revenue \$ 8,688,217.) CROSSROADS DIVERSIFIED SERVICES (CDS) PARTICIPATES IN THE FEDERAL ABILITYONE PROGRAM AND CALIFORNIA SET-ASIDE CONTRACTS TO PROVIDE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES. THROUGH THESE PROGRAMS CDS PROVIDES CUSTODIAL AND GROUNDS MAINTENANCE SERVICES TO VARIOUS FEDERAL AND STATE AGENCIES IN CALIFORNIA, TEXAS, AND WASHINGTON WITH A MINIMUM OF 75% OF DIRECT LABOR BEING INDIVIDUALS WITH SIGNIFICANT DISABILITIES.

4b (Code:) (Expenses \$ 948,287. including grants of \$) (Revenue \$ 53,909.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 608,928. including grants of \$) (Revenue \$ 170,688.) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 378,757. including grants of \$) (Revenue \$)

4e Total program service expenses 9,150,019.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
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 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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
3b	If "Yes," has it filed a Form 990-T 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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	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).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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: **WARD W. FANSLER - 916-568-5230**
9300 TECH CENTER DRIVE, SUITE 100, SACRAMENTO, CA 95826

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROGER C. FRANZ DIRECTOR	1.00	X					0.	0.	0.	
(2) DAVID LEVIN BOARD CHAIR	2.00	X		X			0.	0.	0.	
(3) BRIAN CATHCART TREASURER	2.00	X		X			0.	0.	0.	
(4) STELLA DUPONT VICE CHAIR	2.00	X		X			0.	0.	0.	
(5) SARA MINNEHAN DIRECTOR	1.00	X					0.	0.	0.	
(6) MICHAEL SAAB SECRETARY	2.00	X		X			0.	0.	0.	
(7) JEFF CRAWFORD DIRECTOR	1.00	X					0.	0.	0.	
(8) JENNIFER HOLLY DIRECTOR	1.00	X					0.	0.	0.	
(9) JAMES ESTEP PRESIDENT & CEO	40.00			X			152,438.	0.	1,216.	
(10) JOSEPH DEBIASIO CFO	40.00			X			115,501.	0.	11,841.	
(11) WARD FANSLER CFO	40.00			X			0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,714,871.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	100.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,714,971.			
Program Service Revenue	2 a ABILITYONE PROGRAM	Business Code	561300	8,012,080.	8,012,080.		
	b STATE CRP PROGRAM		561300	200,428.	200,428.		
	c TICKET-TO-WORK		561300	170,688.	170,688.		
	d OTHER CONTRACT SERVICES		561300	119,752.	119,752.		
	e FEES FOR SERVICES		561300	53,909.	53,909.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			8,556,857.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,018.		1,018.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses			9,782.		
		c Gain or (loss)			108,713.		
		d Net gain or (loss)			108,713.	108,713.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a ADMIN FEES REIMBURSED		561300	188,222.	188,222.			
b INSURANCE DIVIDENDS/MISC		561300	59,022.	59,022.			
c GAIN/LOSS ON SUBSIDIARY		561300	-140,937.			-140,937.	
d All other revenue							
e Total. Add lines 11a-11d			106,307.				
12 Total revenue. See instructions.			10,487,866.	8,912,814.	0.	-139,919.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	255,669.	219,875.	35,794.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,354,192.	4,615,094.	739,098.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,309.	19,186.	3,123.	
9 Other employee benefits	1,650,250.	1,503,417.	146,833.	
10 Payroll taxes	519,693.	446,936.	72,757.	
11 Fees for services (non-employees):				
a Management				
b Legal	638.	638.		
c Accounting	30,815.		30,815.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	73,944.	45,211.	28,733.	
12 Advertising and promotion				
13 Office expenses	317,639.	252,386.	65,253.	
14 Information technology				
15 Royalties				
16 Occupancy	640,885.	462,279.	178,606.	
17 Travel	115,121.	105,637.	9,484.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,259.	4,635.	5,624.	
20 Interest	5,932.	1,472.	4,460.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,266.	89,984.	36,282.	
23 Insurance	56,775.	45,372.	11,403.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SUPPLIES	565,359.	565,359.	0.	
b FEES	506,861.	422,067.	84,794.	
c SHOP OVERHEAD	118,000.	118,000.	0.	
d MAINTENANCE AND JANITOR	101,329.	100,063.	1,266.	
e All other expenses	211,936.	132,408.	79,528.	
25 Total functional expenses. Add lines 1 through 24e	10,683,872.	9,150,019.	1,533,853.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	544,816.	1	673,113.
	2 Savings and temporary cash investments	478,195.	2	425,045.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,400,876.	4	1,472,210.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,214.	9	16,017.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,510,564.		
	b Less: accumulated depreciation	10b 1,286,453.	351,481.	10c 224,111.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	366,928.	12	226,540.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,181,510.	16	3,037,036.	
Liabilities	17 Accounts payable and accrued expenses	879,278.	17	931,411.
	18 Grants payable		18	
	19 Deferred revenue		19	39,443.
	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	92,254.	23	52,210.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	971,532.	26	1,023,064.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,209,978.	27	2,013,972.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,209,978.	33	2,013,972.	
34 Total liabilities and net assets/fund balances	3,181,510.	34	3,037,036.	

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	10,487,866.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,683,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	-196,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,209,978.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,013,972.

Part XII Financial Statements and Reporting

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

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

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8283302.	1400017.	1673406.	1684700.	1714971.	14756396.
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	311,720.	7943246.	7981563.	8250272.	8912814.	33399615.
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	8595022.	9343263.	9654969.	9934972.	10627785.	48156011.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						48156011.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	8595022.	9343263.	9654969.	9934972.	10627785.	48156011.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,469.	1,074.	5,543.	1,067.	1,018.	38,171.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	29,469.	1,074.	5,543.	1,067.	1,018.	38,171.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	21,820.	20,199.	19,341.	12,579.	0.	73,939.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	134,454.	39,090.				173,544.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8780765.	9403626.	9679853.	9948618.	10628803.	48441665.

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 2015 (line 8, column (f) divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.08 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.08 %

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CROSSROADS DIVERSIFIED SERVICES, INC.

Employer identification number

94-2446765

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SACRAMENTO EMPLOYMENT AND TRAINING 925 DEL PASO BLVD., SUITE 100 SACRAMENTO, CA 95815	\$ 447,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPT. OF REHABILITATION 721 CAPITOL MALL SACRAMENTO, CA 95814	\$ 357,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SOCIAL SECURITY ADMINISTRATION 6401 SECURITY BLVD. BALTIMORE, MD 21235	\$ 295,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SACRAMENTO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT 7001-A EAST PARKWAY, STE 1000 SACRAMENTO, CA 95823	\$ 307,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SACRAMENTO COUNTY DEPARTMENT OF HUMAN ASSISTANCE 1825 BELL STREET, SUITE 200 SACRAMENTO, CA 95825	\$ 307,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization CROSSROADS DIVERSIFIED SERVICES, INC. **Employer identification number** 94-2446765

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,470.		16,470.
b Buildings				
c Leasehold improvements				
d Equipment		1,481,797.	1,282,030.	199,767.
e Other		12,297.	4,423.	7,874.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				224,111.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	158,326.	COST
(3) Other		
(A) OTHER ASSETS	37,214.	COST
(B) INTEREST IN CAPTIVE		
(C) INSURANCE COMPANY	31,000.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	226,540.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CAYMAN ISLANDS			SHAREHOLDER IN INSURANCE COMPANY		31,000.
CAYMAN ISLANDS			PAYS ANNUAL PREMIUMS TO INSURANCE COMPANY		419,163.
3 a Sub-total	0	0			450,163.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			450,163.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

EXPLANATION: THE ANNUAL INSURANCE PREMIUMS ARE RECORDED AS AN EXPENSE IN THE APPLICABLE PERIOD.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CROSSROADS DIVERSIFIED SERVICES, INC.

Employer identification number
94-2446765

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES ESTEP PRESIDENT & CEO	(i)	152,438.	0.	0.	1,216.	0.	153,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

CROSSROADS DIVERSIFIED SERVICES, INC.

Employer identification number

94-2446765

FORM 990, PART III, LINE 1 DESCRIPTION OF ORGANIZATION'S MISSION

CROSSROADS DIVERSIFIED SERVICES' (CDS) PRIMARY MISSION IS TO A) DESIGN,
OPERATE, AND MANAGE PROGRAMS AND SERVICES WHICH PROVIDE PERSONS WITH
DISABILITIES, DISPLACED WORKERS, AND SOCIALLY AND ECONOMICALLY
DISADVANTAGED WITH OPPORTUNITIES TO ATTAIN THEIR EMPLOYMENT,
EDUCATIONAL, SOCIAL, AND PERSONAL GOALS; B) PROVIDE EMPLOYMENT
OPPORTUNITIES TO PEOPLE WITH DISABILITIES, DISPLACED WORKERS AND
SOCIALLY AND ECONOMICALLY DISADVANTAGED AND C) CARRY ON OTHER
CHARITABLE ACTIVITIES ASSOCIATED WITH THESE PURPOSES, AS PERMITTED BY
LAW.

FORM 990, PART III, LINE 4B PROGRM SERVICE DESCRIPTION

CROSSROADS DIVERSIFIED SERVICES (CDS) PROVIDES SUPPORTIVE EMPLOYMENT
SERVICES THROUGH FUNDING PROVIDED BY THE CALIFORNIA DEPARTMENT OF
REHABILITATION (DOR) AND SACRAMENTO COUNTY DEPARTMENT OF HUMAN
ASSISTANCE (DHA). WITH FUNDING PROVIDED BY THE CALIFORNIA DOR, CDS
SUPPORTS A WIDE RANGE OF SERVICES DESIGNED TO HELP INDIVIDUALS WITH
DISABILITIES PREPARE FOR AND ENGAGE IN GAINFUL EMPLOYMENT CONSISTENT
WITH THEIR STRENGTHS, RESOURCES, PRIORITIES, CONCERNS, ABILITIES,
CAPABILITIES, INTERESTS, AND INFORMED CHOICE. ELIGIBLE INDIVIDUALS ARE
THOSE WHO HAVE A PHYSICAL OR MENTAL IMPAIRMENT THAT RESULTS IN A
SUBSTANTIAL IMPEDIMENT TO EMPLOYMENT, WHO CAN BENEFIT FROM VOCATIONAL
REHABILITATION (VR) SERVICES FOR EMPLOYMENT, AND WHO REQUIRE VR
SERVICES. WITH FUNDING PROVIDED BY SACRAMENTO COUNTY DHA, CDS PROVIDES
EXPANDED SUBSIDIZED EMPLOYMENT OPPORTUNITIES FOR CALWORKS CLIENTS IN

Name of the organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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SACRAMENTO COUNTY.

FORM 990, PART III, LINE 4C PROGRM SERVICE DESCRIPTION

CROSSROADS DIVERSIFIED SERVICES (CDS) PROVIDES SPECIALIZED SUPPORTIVE SERVICES THROUGH FUNDING PROVIDED BY THE SOCIAL SECURITY ADMINISTRATION (SSA), SACRAMENTO COUNTY DEPARTMENT OF HUMAN ASSISTANCE (DHA), AND SACRAMENTO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES (DBHS).

WITH FUNDING PROVIDED BY SSA, CDS PROVIDES SERVICES THAT ENABLE SSI/SSDI BENEFICIARIES WITH DISABILITIES TO MAKE INFORMED CHOICES ABOUT WORK, AND TO SUPPORT WORKING BENEFICIARIES TO MAKE A SUCCESSFUL TRANSITION TO SELF-SUFFICIENCY. SUCH SERVICES INCLUDE IN-DEPTH COUNSELING ABOUT BENEFITS AND THE EFFECT OF WORK ON THOSE BENEFITS AND OUTREACH EFFORTS TO BENEFICIARIES OF SSI/SSDI (AND THEIR FAMILIES) WHO ARE POTENTIALLY ELIGIBLE TO PARTICIPATE IN FEDERAL OR STATE WORK INCENTIVES PROGRAMS. ADDITIONALLY, CDS IS AN EMPLOYER NETWORK FOR THE SSA TICKET TO WORK PROGRAM AND OFFER SSI/SSDI BENEFICIARIES WITH DISABILITIES EXPANDED CHOICES WHEN SEEKING SERVICE AND SUPPORT TO ENTER, RE-ENTER, AND/OR MAINTAIN EMPLOYMENT; INCREASE THE FINANCIAL INDEPENDENCE AND SELF-SUFFICIENCY OF BENEFICIARIES WITH DISABILITIES; AND REDUCE AND, WHENEVER POSSIBLE, ELIMINATE RELIANCE ON DISABILITY BENEFITS. WITH FUNDING PROVIDED BY SACRAMENTO COUNTY DHA, CDS PROVIDES MEDI-CAL OUTREACH AND ENROLLMENT SERVICES. WITH FUNDING PROVIDED BY SACRAMENTO COUNTY DBHS, CDS IS PART OF THE COMMUNITY SUPPORT TEAM WHICH IS A COLLABORATION THAT BRINGS COUNTY AND COMMUNITY-BASED ORGANIZATION STAFF INTO ONE TEAM WITH A VARIETY OF CLINICAL AND OUTREACH SKILLS THAT INCLUDE PEER SUPPORT SPECIALISTS WITH LIFE EXPERIENCE WHO ARE ABLE TO USE THEIR LIFE STORIES TO FOSTER HOPE AND SUPPORT INDIVIDUALS SEEKING

Name of the organization CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number 94-2446765
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HELP; PROFESSIONAL STAFF WITH CLINICAL EXPERIENCE ACROSS ALL AGES TO ASSESS AND ASSIST WITH APPROPRIATE REFERRALS AND SUPPORTS; AND FAMILY SUPPORT SPECIALISTS WHOSE EXPERIENCE BUILDS BRIDGES AND COMMUNICATION WITH FAMILY MEMBERS, NATURAL AND EXTENDED FAMILY SYSTEMS.

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

CROSSROADS DIVERSIFIED SERVICES (CDS) PROVIDES SUPPORTIVE EDUCATION SERVICES THROUGH FUNDING PROVIDED BY SACRAMENTO EMPLOYMENT & TRAINING AGENCY (SETA) AND UC DAVIS. WITH FUNDING PROVIDED BY SETA, CDS OPERATES TRAINING CENTER TO PROVIDE EDUCATION, TRAINING, AND EMPLOYMENT SERVICES TO RESIDENTS OF THE GREATER SACRAMENTO REGION WHO HAVE VARIOUS EMPLOYMENT BARRIERS. ADDITIONALLY, WE PROVIDE EDUCATION, TRAINING, AND EMPLOYMENT SERVICES TO AT-RISK YOUTH AND YOUTH WITH DISABILITIES IN THE GREATER SACRAMENTO REGION.

EXPENSES \$ 378,757. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

LINE 11B EXPLANATION - A COPY OF THE COMPLETED FORM 990 IS REVIEWED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CDS PROHIBITS ANY DIRECTOR AND OFFICER FROM HAVING A MATERIAL FINANCIAL INTEREST, EITHER DIRECTLY OR INDIRECTLY, IN ANY CONTRACT OR TRANSACTION WITH CDS, EXCEPT IN CERTAIN CIRCUMSTANCES. IF A DIRECTOR OR OFFICER HAS, OR SUSPECTS HE/SHE HAS SUCH AN INTEREST, THE DIRECTOR OR OFFICER IS REQUIRED TO NOTIFY THE BOARD OF DIRECTORS OF SUCH AN ACTUAL OR SUSPECTED INTEREST. AN ANNUAL CONFLICT OF INTEREST REPRESENTATION IS OBTAINED FROM ALL

Name of the organization

CROSSROADS DIVERSIFIED SERVICES, INC.

Employer identification number

94-2446765

DIRECTORS AND OFFICERS TO DOCUMENT SUCH COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF KEY EMPLOYEES IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD. THE EXECUTIVE COMMITTEE FACILITATES THE ANNUAL ASSESSMENT OF THE PRESIDENT/CEO AND REVIEWS AND APPROVES COMPENSATION ADJUSTMENTS FOR EXECUTIVES. THE EXECUTIVE COMMITTEE RECOMMENDS TO THE FULL BOARD THE COMPENSATION STRATEGY OF THE CORPORATION CONSISTENT WITH ITS MISSION AND VALUES AND REVIEWS COMPARABLE COMPENSATION AND BENEFITS DATA OF SIMILAR ORGANIZATIONS, MAKING RECOMMENDATIONS TO THE BOARD BASED ON THAT REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

MADE AVAILABLE UPON REQUEST.

FORM 5471 SCHEDULE B

THE SHAREHOLDERS OF RAFFLES INSURANCE LIMITED MEET FORM 5471 CATEGORY 3 AND 5 FILING REQUIREMENTS BECAUSE OF IRC SECTION 953(C). NONE OF THE SHAREHOLDERS MEET THE 10% OWNERSHIP REQUIREMENT STATED IN THE INSTRUCTIONS FOR FORM 5471 SCHEDULE B. ACCORDINGLY, NO SHARHOLDER LIST IS REQUIRED PER THE INSTRUCTIONS.

FORM 5471 SCHEDULE O-SECTION B-PERSONS WHO ARE DIRECTORS OF THE FOREIGN COR RAFFLES INSURANCE LIMITED HAS OVER 300 DIRECTORS. LIST WILL BE PROVIDED UPON REQUEST.

FORM 5471 SCHEDULE O-SECTION B-PERSONS WHO ARE DIRECTORS OF THE FOREIGN COR RAFFLES INSURANCE LIMITED FILED FORM 1120-F U.S. INCOME TAX RETURN OF A FOREIGN CORPORATION FOR ITS FISCAL 2013, 2014 AND 2015 TAX YEARS. THE

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization **CROSSROADS DIVERSIFIED SERVICES, INC.** Employer identification number **94-2446765**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CROSSROADS FACILITY SERVICES, INC.	O	188,222.	COST
(2) CROSSROADS FACILITY SERVICES, INC.	Q	188,222.	COST
(3)			
(4)			
(5)			
(6)			

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
101	(D)BUILDING	08/25/86	SL	31.50		HY17	157,033.				157,033.	157,033.		0.	
102	(D)BUILDING IMPROVEMENTS	01/01/95	SL	25.00		HY17	1,846.				1,846.	1,531.		37.	
103	(D)BUILDING IMPROVEMENTS	01/01/95	SL	25.00		HY17	7,942.				7,942.	5,506.		159.	
104	(D)BUILDING IMPROVEMENTS	01/01/95	SL	25.00		HY17	1,977.				1,977.	1,364.		40.	
105	(D)BUILDING IMPROVEMENTS	01/01/95	SL	10.00		HY17	4,480.				4,480.	4,480.		0.	
106	(D)BUILDING IMPROVEMENTS	01/01/99	SL	25.00		HY17	5,098.				5,098.	3,296.		102.	
107	(D)BUILDING IMPROVEMENTS	01/01/99	SL	5.00		HY17	1,170.				1,170.	1,170.		0.	
108	(D)BUILD IMPR -AIR CONDENSOR	06/19/01	SL	10.00		HY17	2,750.				2,750.	2,750.		0.	
109	(D)BUILDING IMPROVEMENTS	01/30/04	SL	5.00		HY17	19,761.				19,761.	19,761.		0.	
	* 990 PAGE 10 TOTAL BUILDINGS						202,057.				202,057.	196,891.		338.	0.
	FURNITURE & FIXTURES														
504	PATIO FURNITURE-2 OUTDOOR	06/01/15	SL	5.00		16	3,223.				3,223.	54.		645.	699.
505	RECONFIGURE SUITE 150: PA	11/08/14	SL	6.00		16	600.				600.	67.		100.	167.
506	RECONFIGURE SUITE 160: BA	03/01/15	SL	4.70		16	3,294.				3,294.	234.		701.	935.
507	CUBICLES - VENDOR: GIVE SOMETHING BACK	05/23/16	SL	10.00		MC19D	5,180.			2,590.	2,590.			2,622.	32.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						12,297.			2,590.	9,707.	355.		4,068.	1,833.
	MACHINERY & EQUIPMENT														

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	DELL POWEREDGE T410	09/26/11	SL	5.00	HY17	4,364.				4,364.	3,273.		873.	4,146.
111	SONICWALL TZ 200 FIREWALL	09/26/11	SL	5.00	HY17	589.				589.	442.		118.	560.
112	SONICWALL CDP 210	09/26/11	SL	5.00	HY17	2,077.				2,077.	1,557.		415.	1,972.
113	(3) HP ROCURVE 1410	09/26/11	SL	5.00	HY17	2,541.				2,541.	1,906.		508.	2,414.
114	SERVER MIGRATION	05/31/12	SL	5.00	HY17	5,700.				5,700.	3,610.		1,140.	4,750.
115	SONICWALL CDP 210	09/26/12	SL	5.00	HY17	2,478.				2,478.	1,363.		496.	1,859.
116	MITC - TELEPHONE TIMEKEEP	10/31/12	SL	5.00	HY17	2,958.				2,958.	1,578.		592.	2,170.
117	DELL DESKTOP (EL DORADO)	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
118	DELL DESKTOP (EL DORADO)	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
119	DELL DESKTOP - CH	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
120	DELL DESKTOP - CH	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
121	DELL DESKTOP	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
122	DELL DESKTOP	05/07/07	SL	5.00	HY17	628.				628.	628.		0.	628.
123	DELL LAPTOP WITH LOCK	05/07/07	SL	5.00	HY17	887.				887.	887.		0.	887.
124	HP COMPAQ LAPTOP	05/21/07	SL	5.00	HY17	993.				993.	993.		0.	993.
125	(D)POWERBOOK 1400C/16616MB	07/22/98	SL	5.00	HY17	1,499.				1,499.	1,499.		0.	
126	(D)DELL	05/13/05	SL	5.00	HY17	970.				970.	970.		0.	
127	(2) DELL LATITUDE LAPTOPS	01/29/10	SL	3.00	HY17	2,647.				2,647.	2,647.		0.	2,647.

528111
04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
128	GREAT PLAIN SOFTWARE-NIMS	06/01/10	SL	5.00	HY16	34,844.				34,844.	34,619.		0.	34,619.
129	GREAT PLAIN SOFTWARE-NIMS	07/01/10	SL	5.00	HY16	9,920.				9,920.	8,928.		992.	9,920.
130	GREAT PLAIN SOFTWARE-NIMS	08/01/10	SL	5.00	HY16	6,929.				6,929.	6,236.		693.	6,929.
131	GREAT PLAIN SOFTWARE-NIMS	09/01/10	SL	5.00	HY16	3,650.				3,650.	3,285.		365.	3,650.
132	GREAT PLAIN SOFTWARE-NIMS	10/01/10	SL	5.00	HY16	6,336.				6,336.	5,702.		634.	6,336.
133	GREAT PLAIN SOFTWARE-NIMS	11/01/10	SL	5.00	HY16	3,438.				3,438.	2,751.		344.	3,095.
134	GREAT PLAIN SOFTWARE-NIMS	12/01/10	SL	5.00	HY16	12,936.				12,936.	11,642.		1,294.	12,936.
135	GREAT PLAIN SOFTWARE-NIMS	01/01/11	SL	5.00	HY16	13,395.				13,395.	10,716.		1,340.	12,056.
136	GREAT PLAIN SOFTWARE-NIMS	02/01/11	SL	5.00	HY16	7,473.				7,473.	5,979.		747.	6,726.
137	GREAT PLAIN SOFTWARE-NIMS	03/01/11	SL	5.00	HY16	2,257.				2,257.	1,805.		226.	2,031.
138	GREAT PLAIN SOFTWARE-NIMS	04/01/11	SL	5.00	HY16	10,888.				10,888.	8,710.		1,089.	9,799.
139	GREAT PLAIN SOFTWARE-NIMS	06/30/11	SL	5.00	HY16	1,548.				1,548.	1,239.		155.	1,394.
140	MITC (TIME & ATTENDENCE)	09/30/11	SL	5.00	HY16	6,723.				6,723.	4,930.		1,345.	6,275.
141	ALIGHT SOFTWARE PROGRAM	03/30/12	SL	5.00	HY16	14,790.				14,790.	9,614.		2,958.	12,572.
142	ALIGHT SOFTWARE PROGRAM	05/31/12	SL	5.00	HY16	8,000.				8,000.	4,933.		1,600.	6,533.
143	MITC ADVANCE PR PARAMETER	05/31/12	SL	5.00	HY16	929.				929.	589.		186.	775.
144	MITC (MYMITC)	06/25/12	SL	5.00	HY16	2,330.				2,330.	1,398.		466.	1,864.
145	ALIGHT SOFTWARE PROGRAM	06/30/12	SL	5.00	HY16	6,000.				6,000.	3,600.		1,200.	4,800.

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146	ALIGHT SOFTWARE PROGRAM	08/23/12	SL	5.00		HY16	9,000.				9,000.	5,250.		1,800.	7,050.
147	ALIGHT SOFTWARE PROGRAM	09/28/12	SL	5.00		HY16	6,000.				6,000.	3,300.		1,200.	4,500.
148	GREAT PLAIN SOFTWARE H&W	03/30/13	SL	5.00		HY16	1,500.				1,500.	675.		300.	975.
149	VUTECH 110", PEERLESS VCT	05/09/08	ADS	8.00		HY17	2,191.				2,191.	1,963.		228.	2,191.
150	VUTECH 110", PEERLESS VCT	06/09/08	ADS	8.00		HY17	4,020.				4,020.	3,560.		459.	4,020.
151	37" - 42" LG LCD FLAT PAN	02/14/09	SL	5.00		HY17	1,156.				1,156.	1,156.		0.	1,156.
152	TELEPHONE EQUIPMENT	02/28/08	ADS	8.00		HY17	19,873.				19,873.	18,218.		1,655.	19,873.
153	TELEPHONE EQUIPMENT	02/28/08	ADS	8.00		HY17	11,749.				11,749.	10,771.		978.	11,749.
154	TELEPHONE (3-LINESPEAKER)	03/01/00	SL	5.00		HY17	323.				323.	323.		0.	323.
155	TELEPHONE ANSWERING SYSTE	11/01/04	SL	3.00		HY17	8,531.				8,531.	8,531.		0.	8,531.
156	Y COMMUNICATIONS	12/31/01	SL	3.00		HY17	1,775.				1,775.	1,775.		0.	1,775.
157	DESKS, CHAIRS, FILING CAB	02/28/08	SL	10.00		HY17	33,644.				33,644.	24,672.		3,364.	28,036.
158	HP LASERJET 4250DTN PRINT	03/06/08	SL	5.00		HY17	1,875.				1,875.	1,875.		0.	1,875.
159	16" X 65" PRINT OF SACRA	05/08/09	SL	5.00		HY17	910.				910.	910.		0.	910.
160	DESKS	02/28/08	SL	10.00		HY17	5,093.				5,093.	3,735.		509.	4,244.
161	5 DESKS - SYLVAN ROAD	08/15/08	SL	5.00		HY17	4,264.				4,264.	4,264.		0.	4,264.
162	(6) INTERMEC PDA HDWE	04/01/09	SL	5.00		HY16	12,000.				12,000.	12,000.		0.	12,000.
163	(D)(1) OPTICON H16A PDA	09/29/09	SL	5.00		HY17	864.				864.	864.		0.	

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164	(2) OPTICON H16A PDA	03/01/10	SL	5.00		HY17	1,500.				1,500.	1,500.		0.	1,500.
165	(D)58CC BP BLOWER	02/18/00	SL	5.00		HY17	345.				345.	345.		0.	
166	(D)26CC SS TRIMMER	02/18/00	SL	5.00		HY17	302.				302.	302.		0.	
167	(D)21" METRO SP BBC KAWASAKI	02/18/00	SL	5.00		HY17	854.				854.	854.		0.	
168	AUTO SCRUBBER	07/28/98	SL	5.00		HY17	3,410.				3,410.	3,410.		0.	3,410.
169	(D)PACER WIDE AREA	07/24/98	SL	5.00		HY17	957.				957.	957.		0.	
170	(D)PACER WIDE AREA	07/24/98	SL	5.00		HY17	957.				957.	957.		0.	
171	(D)MARSHALL VACUUM CLEANER	07/24/98	SL	5.00		HY17	345.				345.	345.		0.	
172	(D)MARSHALL VACUUM CLEANER	07/24/98	SL	5.00		HY17	345.				345.	345.		0.	
173	(D)LOW SPEED BUFFER	07/24/98	SL	5.00		HY17	837.				837.	837.		0.	
174	HISPEED BATTERY BURNISHER	07/24/98	SL	5.00		HY17	2,415.				2,415.	2,415.		0.	2,415.
175	CARPET MACHINE	07/24/98	SL	5.00		HY17	3,396.				3,396.	3,396.		0.	3,396.
176	(D)SANITAIRE 16" W.T. VACUUM	05/18/99	SL	5.00		HY17	343.				343.	343.		0.	
177	(D)SANITAIRE 16" W.T. VACUUM	05/18/99	SL	5.00		HY17	343.				343.	343.		0.	
178	(D)VACUUM BACK-PACK MEGA VAC	06/07/02	SL	3.00		HY17	415.				415.	415.		0.	
179	(D)VACUUM BACK-PACK MEGA VAC	06/07/02	SL	3.00		HY17	415.				415.	415.		0.	
180	ENCORE S20E W/PAD DRIVE 1	06/12/02	SL	5.00		HY17	2,267.				2,267.	2,267.		0.	2,267.
181	(D)POLISHER C2K-2000	06/14/02	SL	3.00		HY17	622.				622.	622.		0.	

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182	(D)RECORDER TIME-CLOCK MD 12	05/08/02	SL	5.00	HY17	394.				394.	394.		0.	
183	(D)VACUUM BACK-PACK MEGA VAC	06/07/02	SL	3.00	HY17	415.				415.	415.		0.	
184	(D)VACUUM BACK-PACK MEGA VAC	06/07/02	SL	3.00	HY17	415.				415.	415.		0.	
185	(D)SUMMIT 16, 120V W/SQUEEGE	06/13/02	SL	5.00	HY17	620.				620.	620.		0.	
186	(D)POLISHER C2K-2000	06/14/02	SL	3.00	HY17	622.				622.	622.		0.	
187	(D)US 2500 120V50/60 BURNISH	06/26/02	SL	5.00	HY17	1,178.				1,178.	1,178.		0.	
188	(D)SANITAIRE #899 16" VACUUM	01/18/00	SL	5.00	HY17	343.				343.	343.		0.	
189	(D)SANITAIRE #899 16" VACUUM	05/22/01	SL	5.00	HY17	300.				300.	300.		0.	
190	27" BURNISHER W/ SULKY 27	09/18/09	SL	5.00	HY17	7,990.				7,990.	7,990.		0.	7,990.
191	ADFINITY X20R (SN 3510132	08/26/13	SL	5.00	HY17	5,484.				5,484.	2,102.		1,097.	3,199.
192	KENT DURAVAC-152	07/22/09	SL	5.00	HY17	4,894.				4,894.	4,894.		0.	4,894.
193	STEAM CLEANER	12/03/10	SL	5.00	HY17	2,445.				2,445.	2,241.		204.	2,445.
194	ET600-EXTRACTOR	08/20/13	SL	5.00	HY17	2,367.				2,367.	907.		473.	1,380.
195	ADHANCER R28-C (SN 100002	09/14/09	SL	5.00	HY17	11,964.				11,964.	11,964.		0.	11,964.
196	ADVOLUTION 24BT 234AH AGM	06/30/12	SL	5.00	HY17	7,160.				7,160.	4,296.		1,432.	5,728.
197	ADFINITY X20R (SN 3510132	08/27/13	SL	5.00	HY17	5,484.				5,484.	2,102.		1,097.	3,199.
198	RAZOR 20BT SCRUBBER	09/02/09	SL	5.00	HY17	3,667.				3,667.	3,667.		0.	3,667.
199	AQUAPRO XP (SN1000025302)	09/04/09	SL	5.00	HY17	2,475.				2,475.	2,475.		0.	2,475.

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200	STEAM CLEANER	12/03/10	SL	5.00		HY17	2,445.				2,445.	2,241.		204.	2,445.
201	VAPORLUX 5000 UL SERIES B	10/24/11	SL	5.00		HY17	2,033.				2,033.	1,490.		407.	1,897.
202	FOCUS II BOOST 28 SERIAL	11/09/11	SL	5.00		HY17	7,158.				7,158.	5,249.		1,432.	6,681.
203	BSW 28B WALK BEHIND SWEEP	10/23/12	SL	5.00		HY17	2,291.				2,291.	1,222.		458.	1,680.
204	REEL CLEANER SN 4000624	08/16/13	SL	5.00		HY17	3,473.				3,473.	1,331.		695.	2,026.
205	ADFINITY 20D SN 35101327	08/20/13	SL	5.00		HY17	4,934.				4,934.	1,892.		987.	2,879.
206	STEAM CLEANER	12/03/10	SL	5.00		HY17	2,445.				2,445.	2,241.		204.	2,445.
207	MAINTAINER CARPET 28" R14	12/21/10	SL	5.00		HY17	9,554.				9,554.	8,758.		796.	9,554.
208	2008 STAR CAR GOLF CART	07/01/11	SL	3.00		HY17	3,946.				3,946.	3,946.		0.	3,946.
209	1999 CLUB CAR GOLF CART	07/01/11	SL	3.00		HY17	3,946.				3,946.	3,946.		0.	3,946.
210	AQUA PRO SERIAL #40000300	11/08/11	SL	5.00		HY17	2,238.				2,238.	1,641.		448.	2,089.
211	GOLF CART IMPROVEMENTS	06/29/12	SL	3.00		HY17	3,791.				3,791.	2,274.		0.	2,274.
212	AQUACLEAN 16XP	04/30/11	SL	3.00		HY17	1,999.				1,999.	1,999.		0.	1,999.
213	BOS-18 FLOOR MACHINE	04/30/11	SL	3.00		HY17	1,591.				1,591.	1,591.		0.	1,591.
214	VAPORLUX 5000UL SERIES B	07/24/12	SL	3.00		HY17	2,006.				2,006.	1,950.		56.	2,006.
215	CLEAN TRACK L18	12/01/12	SL	3.00		HY17	2,162.				2,162.	1,862.		300.	2,162.
216	BOS-18 FLOOR MACHINE	12/01/12	SL	3.00		HY17	1,922.				1,922.	1,655.		267.	1,922.
217	FOCUS II L20 AGM BAT	12/01/12	SL	5.00		HY17	4,253.				4,253.	2,198.		851.	3,049.

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218	BSW 28B WALK BEHIND SWEEP	12/01/12	SL	3.00		HY17	2,291.				2,291.	1,973.		318.	2,291.
219	FOCUST II DISC26 31AH CHE	12/01/12	SL	5.00		HY17	6,774.				6,774.	3,500.		1,355.	4,855.
220	RESTROOM CLEANER TFC 4001	12/31/12	SL	5.00		HY17	4,663.				4,663.	2,332.		933.	3,265.
221	ADVOLUTION 24BT 234 AH AG	02/28/13	SL	5.00		HY17	5,421.				5,421.	2,620.		1,084.	3,704.
222	ADFINITY X24D PACKAGE W/B	07/31/13	SL	5.00		HY17	5,886.				5,886.	2,060.		1,177.	3,237.
223	ADFINITY X 20D PACKAGE W/	05/31/14	SL	5.00		HY17	5,295.				5,295.	1,147.		1,059.	2,206.
224	SWEEPER TERRA 28B SN: 351	05/31/14	SL	5.00		HY17	2,585.				2,585.	560.		517.	1,077.
225	AUACLEAN 18FLX SN: 400007	05/31/14	SL	5.00		HY17	2,512.				2,512.	544.		502.	1,046.
226	KENT DURAVAC-152	02/03/09	SL	5.00		HY17	2,685.				2,685.	2,685.		0.	2,685.
227	RAINMAKER H CARPET MACHIN	02/03/09	SL	5.00		HY17	1,992.				1,992.	1,992.		0.	1,992.
228	AQUACLEAN 16XP SN40000775	08/21/14	SL	3.00		16	2,170.				2,170.	603.		723.	1,326.
229	SC351 SCRUBBER SN35101427	08/21/14	SL	5.00		16	2,155.				2,155.	359.		431.	790.
230	1995 GMC SONOMA #1GTCS19Z	05/04/07	SL	3.00		HY17	5,063.				5,063.	5,063.		0.	5,063.
231	2007 DODGE RAM 1500	10/30/07	SL	5.00		HY17	24,522.				24,522.	24,522.		0.	24,522.
232	2009 FORD F-150	07/15/09	SL	5.00		HY17	28,079.				28,079.	28,079.		0.	28,079.
233	2006 CHEVROLET CARGO	03/08/11	SL	5.00		HY17	8,818.				8,818.	7,642.		1,176.	8,818.
234	2006 CHEVROLET SILVERADO	03/08/11	SL	5.00		HY17	10,667.				10,667.	9,245.		1,422.	10,667.
235	2012 DODGE RAM 1500	12/21/11	SL	5.00		HY17	29,389.				29,389.	21,062.		5,878.	26,940.

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236	2012 KIA SPORTAGE LX	04/27/12	SL	5.00	HY17	27,251.				27,251.	17,259.		5,450.	22,709.
237	TOWNMASTER TC-14 18'	10/31/12	SL	5.00	HY17	9,651.				9,651.	5,147.		1,930.	7,077.
238	93 TRAILER W/TRAILER HITC	11/16/00	SL	3.00	HY17	1,844.				1,844.	1,844.		0.	1,844.
239	(D)2000 FORD E150 ECONO VAN	04/06/05	SL	5.00	HY17	8,693.				8,693.	8,693.		0.	
240	(D)58CC BP BLOWER	01/13/00	SL	5.00	HY17	345.				345.	345.		0.	
241	(D)26CC TRIMMER	01/13/00	SL	5.00	HY17	302.				302.	302.		0.	
242	(D)21" METRO SP KAWASAKI	01/18/00	SL	5.00	HY17	854.				854.	854.		0.	
243	(D)21" COMMERCIAL MOWER	05/31/11	SL	3.00	HY17	1,121.				1,121.	1,121.		0.	
244	SCAG TIGER CAT 48" SERIAL	10/17/11	SL	5.00	HY17	7,854.				7,854.	5,891.		1,571.	7,462.
245	480 GAL GASS TANK W/CONTA	07/10/12	SL	10.00	HY17	5,300.				5,300.	1,546.		530.	2,076.
246	480 GAL DIESEL TANK W/CON	07/10/12	SL	10.00	HY17	3,200.				3,200.	933.		320.	1,253.
247	16X21 CARPORT FULLY ENCLO	07/10/12	SL	10.00	HY17	1,600.				1,600.	467.		160.	627.
248	CHAIN LINK FENCING	07/10/12	SL	5.00	HY17	4,800.				4,800.	2,800.		960.	3,760.
249	JOHN DEERE HX-15 FLEX WIN	07/31/12	SL	10.00	HY17	7,000.				7,000.	2,042.		700.	2,742.
250	BOBCAT T770 COMPACT TRACK	07/31/12	SL	15.00	HY17	90,445.				90,445.	17,587.		6,030.	23,617.
251	VRISMO FLOW MOWER SERIAL	07/31/12	SL	5.00	HY17	13,195.				13,195.	7,697.		2,639.	10,336.
252	SCAG 52" RIDER SERIAL #G3	07/31/12	SL	5.00	HY17	8,619.				8,619.	5,028.		1,724.	6,752.
253	WRIGHT 48" 20 HP SERIAL #	07/31/12	SL	5.00	HY17	7,970.				7,970.	4,649.		1,594.	6,243.

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254	NEW HOLLAND TRACTOR T5070	08/31/12	SL	5.00	HY17	59,357.				59,357.	33,635.		11,871.	45,506.
255	NEW HOLLAND TRACTOR T5070	08/31/12	SL	5.00	HY17	48,471.				48,471.	23,413.		13,768.	37,181.
256	RHINO FN180 SN# 10189	08/31/12	SL	5.00	HY17	26,443.				26,443.	14,985.		5,289.	20,274.
257	DOMRIES BTO-10-26-42 SN#	08/31/12	SL	5.00	HY17	15,192.				15,192.	8,609.		3,038.	11,647.
258	72" FM COMPACT FLAIL MOWE	06/01/14	SL	5.00	HY17	8,765.				8,765.	1,899.		1,753.	3,652.
259	RECORDS STORAGE SYSTEM	02/29/08	ADS	8.00	HY17	2,428.				2,428.	2,227.		201.	2,428.
260	RECONFIGURE SUITE 100	02/29/08	ADS	8.00	HY17	2,120.				2,120.	1,943.		177.	2,120.
261	RECONFIGURE SUITE 160	02/29/08	ADS	8.00	HY17	3,626.				3,626.	3,324.		302.	3,626.
262	SYLVAN (2 A/C UNITS INSTA	10/01/08	SL	7.00	HY17	12,775.				12,775.	12,669.		85.	12,754.
264	G3MAC/233MHZ W/ MONITOR	07/21/98	SL	5.00	HY17	2,590.				2,590.	2,590.		0.	2,590.
265	G3MAC/233MHZ W/ MONITOR	07/21/98	SL	5.00	HY17	1,969.				1,969.	1,969.		0.	1,969.
266	HP5000N WIDE-FORMAT MAC N	06/07/99	SL	5.00	HY17	2,051.				2,051.	2,051.		0.	2,051.
267	APPLE POWERMAC	06/09/99	SL	5.00	HY17	2,262.				2,262.	2,262.		0.	2,262.
268	DELL	05/13/05	SL	5.00	HY17	1,024.				1,024.	1,024.		0.	1,024.
269	DELL	05/13/05	SL	5.00	HY17	970.				970.	970.		0.	970.
270	DELL	05/13/05	SL	5.00	HY17	970.				970.	970.		0.	970.
271	DELL	05/13/05	SL	5.00	HY17	970.				970.	970.		0.	970.
272	DELL	05/13/05	SL	5.00	HY17	970.				970.	970.		0.	970.

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273	DELL	05/13/05	SL	5.00		HY17	970.				970.	970.		0.	970.
274	DELL SERVER	06/16/05	SL	5.00		HY17	4,209.				4,209.	4,209.		0.	4,209.
275	TOSHIBA S269	10/11/05	SL	5.00		HY17	1,455.				1,455.	1,455.		0.	1,455.
276	DELL	05/29/08	SL	5.00		HY17	1,707.				1,707.	1,707.		0.	1,707.
277	DELL	05/29/08	SL	5.00		HY17	1,295.				1,295.	1,295.		0.	1,295.
278	MACINTOSH POWER BOOK COMP	07/16/93	SL	5.00		HY17	1,821.				1,821.	1,821.		0.	1,821.
279	APPLE COMPUTER W/ PRINTER	03/13/94	SL	5.00		HY17	1,723.				1,723.	1,723.		0.	1,723.
280	MAC CENTRIS COMPUTER	03/31/94	SL	5.00		HY17	1,906.				1,906.	1,906.		0.	1,906.
281	(3) MAC LC550 W/ KEYBOARD	06/02/95	SL	5.00		HY17	2,910.				2,910.	2,910.		0.	2,910.
282	APPLE POWERBOOK	10/25/95	SL	5.00		HY17	1,379.				1,379.	1,379.		0.	1,379.
283	(3) STARMAX COMPUTERS	11/28/96	SL	5.00		HY17	7,297.				7,297.	7,297.		0.	7,297.
284	POWERBOOK 1400CS APPLE/ME	11/19/97	SL	5.00		HY17	2,962.				2,962.	2,962.		0.	2,962.
285	SUPERMAC C500LT/MONITOR/P	11/07/97	SL	5.00		HY17	1,566.				1,566.	1,566.		0.	1,566.
286	G3MAC/233MHZ W/MONITOR	07/22/98	SL	5.00		HY17	2,060.				2,060.	2,060.		0.	2,060.
287	G3MAC/333MHZ W/MONITOR	09/24/99	SL	5.00		HY17	1,379.				1,379.	1,379.		0.	1,379.
288	G3MAC/400MHZW/MONITOR & P	08/22/00	SL	5.00		HY17	1,387.				1,387.	1,387.		0.	1,387.
289	G3MAC/350 W/MONITOR & PRI	10/13/00	SL	5.00		HY17	1,136.				1,136.	1,136.		0.	1,136.
290	I-BOOK G3 700	08/07/02	SL	5.00		HY17	1,753.				1,753.	1,753.		0.	1,753.

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291	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
292	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
293	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
294	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
295	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
296	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
297	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
298	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
299	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
300	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
301	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	800.				800.	800.		0.	800.
302	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
303	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
304	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
305	DELL + 54MB MEMORY	03/23/06	SL	5.00		HY17	787.				787.	787.		0.	787.
306	DELL SERVER + 54MB MEMORY	03/23/06	SL	5.00		HY17	2,451.				2,451.	2,451.		0.	2,451.
307	DELL NOTEBOOK EL DORADO	07/28/06	SL	5.00		HY17	977.				977.	977.		0.	977.
308	HP NOTEBOOK	02/13/07	SL	5.00		HY17	878.				878.	878.		0.	878.

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309	HP NOTEBOOK	02/13/07	SL	5.00	HY17	878.				878.	878.		0.	878.
310	HP NOTEBOOK - CH	02/13/07	SL	5.00	HY17	878.				878.	878.		0.	878.
311	HP NOTEBOOK - CH	02/13/07	SL	5.00	HY17	877.				877.	877.		0.	877.
312	PSM4OU-0730 LAPTOP	08/26/05	SL	5.00	HY17	1,581.				1,581.	1,581.		0.	1,581.
313	ACCPAC SOFTWARE/PROGRAMMI	05/06/03	SL	5.00	HY16	18,028.				18,028.	18,028.		0.	18,028.
314	COMPUTER BUSINESS	07/29/03	SL	5.00	HY16	14,513.				14,513.	14,513.		0.	14,513.
315	COMPUTER BUSINESS SYNERGY	07/01/04	SL	3.00	HY16	600.				600.	600.		0.	600.
316	HR SOFTWARE(WANIER)	08/01/05	SL	5.00	HY16	2,828.				2,828.	2,828.		0.	2,828.
317	HR SOFTWARE(WANIER)	12/01/05	SL	5.00	HY16	975.				975.	975.		0.	975.
318	BUGET MAESTRO	12/01/05	SL	5.00	HY16	2,831.				2,831.	2,831.		0.	2,831.
319	HR SOFTWARE(WANIER)	03/03/06	SL	5.00	HY16	2,619.				2,619.	2,619.		0.	2,619.
320	WINDOWS XP PRO/SYMANTEC/S	03/23/06	SL	3.00	HY16	854.				854.	854.		0.	854.
321	FILEMAKER PRO LICENSES	03/28/06	SL	3.00	HY16	1,358.				1,358.	1,358.		0.	1,358.
322	WINDOWS XP PRO/SYMANTEC/S	05/23/07	SL	3.00	HY16	705.				705.	705.		0.	705.
323	SQL 2005 SERVER W/5 CAL L	12/29/08	SL	3.00	HY16	1,928.				1,928.	1,928.		0.	1,928.
324	5 ADDITIONAL SQL 2005 CAL	12/29/08	SL	3.00	HY16	888.				888.	888.		0.	888.
325	VIDEO EQUIPMENT	08/23/91	SL	5.00	HY17	1,376.				1,376.	1,376.		0.	1,376.
326	LP500 DLP PROJECTOR	07/17/02	SL	5.00	HY17	2,555.				2,555.	2,555.		0.	2,555.

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327	JVC CAMCORDER	05/26/06	SL	5.00	HY17	653.				653.	653.		0.	653.
328	POWERLITE 77C MULTIMEDIA	06/25/07	SL	5.00	HY17	1,075.				1,075.	1,075.		0.	1,075.
329	DLP - XGA DATA PROJECTOR	02/25/08	SL	5.00	HY17	1,077.				1,077.	1,077.		0.	1,077.
330	37" - 42" LG LCD FLAT PAN	02/25/08	SL	5.00	HY17	1,927.				1,927.	1,927.		0.	1,927.
331	EXECUTONE SYSTEM	11/24/92	SL	5.00	HY17	23,332.				23,332.	23,332.		0.	23,332.
332	TELEPHONE EQUIPMENT	11/24/92	SL	5.00	HY17	759.				759.	759.		0.	759.
333	TELEPHONE EQUIPMENT	01/24/94	SL	5.00	HY17	389.				389.	389.		0.	389.
334	TELEPHONE EQUIPMENT	10/14/98	SL	5.00	HY17	476.				476.	476.		0.	476.
335	IBM SELECTRIC TYPEWRITER	06/12/84	SL	5.00	16	901.				901.	901.		0.	901.
336	TYPEWRITER	11/19/92	SL	3.00	HY17	500.				500.	500.		0.	500.
337	CREDENZA (COPPENHAGEN)	07/01/92	SL	10.00	HY17	791.				791.	791.		0.	791.
338	KONICA COPIER (DONATED)	02/01/98	SL	3.00	HY17	1,000.				1,000.	1,000.		0.	1,000.
339	(3) MAPLE DESK WORKCENTER	03/02/00	SL	10.00	HY17	1,939.				1,939.	1,939.		0.	1,939.
340	SECRETARY DESK	03/02/00	SL	10.00	HY17	517.				517.	517.		0.	517.
341	OVAL CONFERENCE TABLE	03/02/00	SL	10.00	HY17	1,697.				1,697.	1,697.		0.	1,697.
342	REFRIGERATOR (TAPPONTR18	03/08/00	SL	5.00	HY17	430.				430.	430.		0.	430.
343	CROSS-CUT OFFICE SHREDDER	12/01/00	SL	5.00	HY17	760.				760.	760.		0.	760.
344	SIGNATURE MACHINE	07/23/01	SL	3.00	HY17	618.				618.	618.		0.	618.

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345	GBC 4100X SHREDDER	09/02/02	SL	3.00	HY17	862.				862.	862.		0.	862.
346	ELECTRIC CHECK SIGNER/IMP	01/31/05	SL	5.00	HY17	852.				852.	852.		0.	852.
347	IBM PERSONAL TYPEWRITER	09/10/84	SL	5.00	16	737.				737.	737.		0.	737.
348	TYPEWRITER	11/19/92	SL	3.00	HY17	500.				500.	500.		0.	500.
349	MITA COPIER #2285	02/09/94	SL	3.00	HY17	1,498.				1,498.	1,498.		0.	1,498.
350	DICTAPHONE EQUIPMENT	05/25/94	SL	5.00	HY17	562.				562.	562.		0.	562.
351	INTELLIFAX-1250	12/20/96	SL	5.00	HY17	377.				377.	377.		0.	377.
352	LANIER 7328 COPIER	09/17/98	SL	5.00	HY17	7,405.				7,405.	7,405.		0.	7,405.
353	OVERHEAD PROJECTOR	08/29/99	SL	5.00	HY17	323.				323.	323.		0.	323.
354	COPIER MODEL#DC-4086	12/03/01	SL	3.00	HY17	1,665.				1,665.	1,665.		0.	1,665.
355	EXTREME READER/SMARTVIEW	06/29/05	SL	3.00	HY17	5,693.				5,693.	5,693.		0.	5,693.
356	KYOCERA DIGITAL COPIER #C	07/02/05	SL	3.00	HY17	2,963.				2,963.	2,963.		0.	2,963.
357	(D)NSS1500 HI-SPD BURNISHER	10/11/95	SL	5.00	HY17	74.				74.	74.		0.	
358	(D)WET/DRY VACUUM 17GAL	10/27/95	SL	5.00	HY17	33.				33.	33.		0.	
359	(D)STANDARD SPEED BUFFER 13"	10/27/95	SL	5.00	HY17	32.				32.	32.		0.	
360	(D)STANDARD SPEED BUFFER 20"	10/27/95	SL	5.00	HY17	52.				52.	52.		0.	
361	FILTRONIC ELEC BURNISHER	01/24/96	SL	5.00	HY17	489.				489.	489.		0.	489.
362	AUTO SCRUBBER (TRIDENT28"	04/17/96	SL	5.00	HY17	1,347.				1,347.	1,347.		0.	1,347.

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363	(D)MINI-EDGER FLOOR MACHINE	11/08/96	SL	5.00		HY17	135.				135.	135.		0.	
364	(D)FLOOR MACHINE (17"/175RPM	03/04/97	SL	5.00		HY17	277.				277.	277.		0.	
365	(D)SPOTTER PROSPOT (2GAL.1.8	08/19/97	SL	5.00		HY17	308.				308.	308.		0.	
366	COLT WET-DRY VACUUM	07/30/98	SL	5.00		HY17	392.				392.	392.		0.	392.
367	(D)SANITAIRE HEPA VACUUM	08/26/99	SL	5.00		HY17	314.				314.	314.		0.	
368	(D)NSS CHARGER FLOOR BUFFER	01/17/02	SL	5.00		HY17	782.				782.	782.		0.	
369	ENCORE AUTO SCRUBBER 250	07/13/05	SL	5.00		HY17	4,177.				4,177.	4,177.		0.	4,177.
370	(D)NSS CARPET 8 GAL EXTRACTO	10/26/95	SL	5.00		HY17	95.				95.	95.		0.	
371	(D)(2) NSS1500 HI-SPD BURNIS	10/26/95	SL	5.00		HY17	148.				148.	148.		0.	
372	(D)WET/DRY VACCUM (17 GAL)	10/27/95	SL	5.00		HY17	33.				33.	33.		0.	
373	(D)STANDARD SPD BUFFER 13"	10/27/95	SL	5.00		HY17	32.				32.	32.		0.	
374	(D)STANDARD SPD BUFFER 20"	10/27/95	SL	5.00		HY17	52.				52.	52.		0.	
375	(D)FLOOR MACHINE 20"	07/29/96	SL	5.00		HY17	245.				245.	245.		0.	
376	(D)VACUUM SENSOR UPRIGHT 15"	04/25/97	SL	5.00		HY17	192.				192.	192.		0.	
377	(D)VACUUM SENSOR UPRIGHT 15"	04/18/97	SL	5.00		HY17	196.				196.	196.		0.	
378	(D)VACUUM SENSOR UPRIGHT 15"	08/06/97	SL	5.00		HY17	208.				208.	208.		0.	
379	(D)SPOTTER PROSPOT 2GAL1.8H	08/19/97	SL	5.00		HY17	308.				308.	308.		0.	
380	(D)VACUUM SENSOR 15" WINDSOR	09/12/97	SL	5.00		HY17	216.				216.	216.		0.	

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381	(D)VACUUM SENSOR 15" WINDSOR	02/24/98	SL	5.00		HY17	175.				175.	175.		0.	
382	(D)VACUUM SENSOR 15" WINDSOR	02/24/98	SL	5.00		HY17	175.				175.	175.		0.	
383	(D)WAVE WIDE AREA VACUUM	02/24/98	SL	5.00		HY17	709.				709.	709.		0.	
384	(D)COLT WET-DRY VACUUM	07/30/98	SL	5.00		HY17	392.				392.	392.		0.	
385	(D)SANITAIRE 899/16" VACUUM	08/18/99	SL	5.00		HY17	286.				286.	286.		0.	
386	(D)SANITAIRE HEPA VACUUM	08/26/99	SL	5.00		HY17	314.				314.	314.		0.	
387	(D)HOST CARPET DRY CLEANER	11/17/00	SL	5.00		HY17	1,368.				1,368.	1,368.		0.	
388	(D)VACUUM BACK PACK MEGA VAC	05/14/02	SL	3.00		HY17	430.				430.	430.		0.	
389	EQUIPMENT	02/25/05	SL	5.00		HY17	1,130.				1,130.	1,130.		0.	1,130.
390	SWEEPER EDGE 28B #0748336	01/17/08	SL	5.00		HY17	1,836.				1,836.	1,836.		0.	1,836.
391	(D)CLARKE SUMMIT WET/DRY VAC	01/14/02	SL	5.00		HY17	270.				270.	270.		0.	
392	(D)CLARKE ULTRA HIGH SPEED B	01/14/02	SL	5.00		HY17	499.				499.	499.		0.	
393	(D)CLARKE LOW SPEED BUFFER	01/14/02	SL	5.00		HY17	255.				255.	255.		0.	
394	(D)VACUUM BACK-PACK MEGA VAC	05/06/02	SL	3.00		HY17	62.				62.	62.		0.	
395	(D)VACUUM BACK-PACK MEGA VAC	05/06/02	SL	3.00		HY17	62.				62.	62.		0.	
396	(D)VACUUM BACK-PACK MEGA VAC	04/30/02	SL	3.00		HY17	50.				50.	50.		0.	
397	(D)RECORDER TIME-CLOCK MD 12	05/08/02	SL	5.00		HY17	190.				190.	190.		0.	
398	(D)SUMMIT 16, 120V W/SQUEEGE	06/13/02	SL	5.00		HY17	310.				310.	310.		0.	

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399	(D)US 2500 120V50/60 BURNISH	06/26/02	SL	5.00		HY17	589.				589.	589.		0.	
400	ENCORE S28 AUTO SCRUBBER	12/22/04	SL	5.00		HY17	5,280.				5,280.	5,280.		0.	5,280.
401	PROEX RIDING SWEEPER 330A	12/22/04	SL	5.00		HY17	9,625.				9,625.	9,625.		0.	9,625.
402	FUSION 20IX3 - 12V HIGH S	12/22/04	SL	5.00		HY17	3,234.				3,234.	3,234.		0.	3,234.
403	(D)BEXT SPOT 150 CARPET SPOT	12/22/04	SL	3.00		HY17	925.				925.	925.		0.	
404	(D)BEXT 150 CARPET EXTRACTOR	12/22/04	SL	5.00		HY17	1,130.				1,130.	1,130.		0.	
405	375117 IMAGE 26E WASH & R	02/16/05	SL	5.00		HY17	3,391.				3,391.	3,391.		0.	3,391.
406	BEXT 150 CARPET EXTRACTOR	05/26/05	SL	5.00		HY17	1,130.				1,130.	1,130.		0.	1,130.
407	(D)MACHINE FLOOR BUFFER W/PA	12/21/05	SL	5.00		HY17	778.				778.	778.		0.	
408	SWEEPER EDGE 28B #0748336	01/17/08	SL	5.00		HY17	1,836.				1,836.	1,836.		0.	1,836.
409	SWEEPER EDGE 28B #	02/25/08	SL	5.00		HY17	1,836.				1,836.	1,836.		0.	1,836.
410	2005 CLUB CAR GOLF CART	01/25/10	SL	3.00		HY17	3,979.				3,979.	3,979.		0.	3,979.
411	2005 CLUB CAR GOLF CART	01/25/10	SL	3.00		HY17	3,096.				3,096.	3,096.		0.	3,096.
412	(D)ADVOLUTION 20XP CORD BURN	02/04/10	SL	3.00		HY17	1,234.				1,234.	1,234.		0.	
413	ADFINITY X20C WITH AXP WA	02/04/10	SL	3.00		HY17	4,744.				4,744.	4,744.		0.	4,744.
414	AVENGER 189 MODEL AV18AX	02/10/10	SL	3.00		HY17	1,600.				1,600.	1,600.		0.	1,600.
415	(D)BURNISHER (8550900)	02/10/10	SL	3.00		HY17	1,075.				1,075.	1,075.		0.	
416	MOTREC ELECTRIC PERSONNEL	02/10/10	SL	3.00		HY17	9,200.				9,200.	9,200.		0.	9,200.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
417	AQUACLEAN 18ST	02/28/11	SL	3.00		HY17	2,062.				2,062.	2,062.		0.	2,062.
418	ADVOLUTION 20XP BURNISHER	02/28/11	SL	3.00		HY17	3,839.				3,839.	3,839.		0.	3,839.
419	TERRA 132B GEL PACKAGE	02/28/11	SL	3.00		HY17	4,538.				4,538.	4,538.		0.	4,538.
420	ADFINITY 20D PACKAGE W/BA	02/28/11	SL	3.00		HY17	4,469.				4,469.	4,469.		0.	4,469.
421	SWEEPER TERRA 28B (3)	02/28/11	SL	3.00		HY17	7,012.				7,012.	7,012.		0.	7,012.
422	2800ST 312 OBC PH	02/28/11	SL	3.00		HY17	10,727.				10,727.	10,727.		0.	10,727.
423	VAPORLUX 5000UL SERIES B	02/28/11	SL	3.00		HY17	2,448.				2,448.	2,448.		0.	2,448.
424	AQUAPLUS AXP BAT PKG	03/31/11	SL	3.00		HY17	8,114.				8,114.	8,114.		0.	8,114.
425	ADVOLUTION 24BT	03/31/11	SL	3.00		HY17	6,364.				6,364.	6,364.		0.	6,364.
426	(D)TORO 21" MOWER W/BAG	01/18/95	SL	5.00		HY17	86.				86.	86.		0.	
427	(D)ECHO BACK-PAK BLOWER	01/19/95	SL	5.00		HY17	22.				22.	22.		0.	
428	POWER PLUG 16" (5HP)	02/17/95	SL	5.00		HY17	188.				188.	188.		0.	188.
429	(D)24"5HPF. T. TILLER	04/11/95	SL	5.00		HY17	55.				55.	55.		0.	
430	(D)24CC HEDGETRIM 40"	08/15/95	SL	5.00		HY17	89.				89.	89.		0.	
431	(D)24CC HEDGE TRIM 30"S	09/25/96	SL	5.00		HY17	99.				99.	99.		0.	
432	(D)24CC HEDGE TRIM 30"S	09/25/96	SL	5.00		HY17	99.				99.	99.		0.	
433	(D)B&S COMM. EDGER (3.5HP)	09/25/96	SL	5.00		HY17	109.				109.	109.		0.	
434	(D)SPHV MOWER (4HP)	09/25/96	SL	5.00		HY17	206.				206.	206.		0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
435	(D)SPHV MOWER (4HP)	09/25/96	SL	5.00	HY17	206.				206.	206.		0.	
436	(D)SPHV MOWER (4HP)	09/25/96	SL	5.00	HY17	206.				206.	206.		0.	
437	(D)COMM YARD VACUUM (5HP)	09/27/96	SL	5.00	HY17	215.				215.	215.		0.	
438	(D)24CC HEDGE/TRIM 30"S	11/25/96	SL	5.00	HY17	113.				113.	113.		0.	
439	(D)21"4 HP SPHV MOWER	11/25/96	SL	5.00	HY17	247.				247.	247.		0.	
440	(D)COMMERCIAL 5.0HP YARD VAC	11/25/96	SL	5.00	HY17	267.				267.	267.		0.	
441	LAWN TRACTOR	02/24/97	SL	5.00	HY17	307.				307.	307.		0.	307.
442	(D)HEDGE PULL TRIMMER	02/18/99	SL	5.00	HY17	379.				379.	379.		0.	
443	44"LAZERHPMOWER/MULCHKIT	04/15/99	SL	5.00	HY17	4,315.				4,315.	4,315.		0.	4,315.
444	(D)58CC BP BLOWER	12/23/99	SL	5.00	HY17	309.				309.	309.		0.	
445	(D)58CC BP BLOWER	08/25/00	SL	5.00	HY17	353.				353.	353.		0.	
446	21" METRO SP BBC KAWA	08/26/00	SL	5.00	HY17	1,875.				1,875.	1,875.		0.	1,875.
447	(D)WEEDEATER	04/03/01	SL	5.00	HY17	406.				406.	406.		0.	
448	(D)21" METRO SP BBC KAWA	04/20/06	SL	5.00	HY17	981.				981.	981.		0.	
449	RECONFIGURE SUITE D	02/20/02	SL	3.00	HY17	6,527.				6,527.	6,527.		0.	6,527.
450	CRP-HVAC REPAIR	11/22/02	ADS	3.80	HY17	5,157.				5,157.	5,157.		0.	5,157.
451	STORAGE CAGE SUITE	04/28/03	ADS	2.00	HY17	1,294.				1,294.	1,294.		0.	1,294.
452	REPAIR/MAINTENANCE	08/31/04	SL	3.00	HY17	2,920.				2,920.	2,920.		0.	2,920.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
453	(D)STANDARD SPD BUFFER 13"	10/27/95	SL	5.00		HY17	32.				32.	32.		0.	
454	(D)WET/DRY VACUUM (17GAL)	10/27/95	SL	5.00		HY17	33.				33.	33.		0.	
455	(D)NSS STALION BSC EXTRACTOR	10/11/95	SL	5.00		HY17	95.				95.	95.		0.	
456	(D)FILTRONIC BURNISHER 2000R	01/12/96	SL	5.00		HY17	132.				132.	132.		0.	
457	(D)SPOTTER PROSPOT (2GAL1.8H	08/11/97	SL	5.00		HY17	308.				308.	308.		0.	
458	(D)VAC SENSOR 15" WINDSOR	08/06/97	SL	5.00		HY17	208.				208.	208.		0.	
459	(D)VACSENSOR 15" WINDSOR	08/06/97	SL	5.00		HY17	208.				208.	208.		0.	
460	(D)VACUUM SENSOR 15" WINDSOR	02/24/98	SL	5.00		HY17	175.				175.	175.		0.	
461	(D)VACUUM SENSOR 15" WINDSOR	02/24/98	SL	5.00		HY17	175.				175.	175.		0.	
462	(D)PACER AREA VACUUM 30"	07/23/98	SL	5.00		HY17	631.				631.	631.		0.	
463	(D)HI-SPEED FLOOR BURNISHER	07/23/98	SL	5.00		HY17	1,410.				1,410.	1,410.		0.	
464	(D)COLT WET-DRY VACUUM	07/30/98	SL	5.00		HY17	320.				320.	320.		0.	
465	BURNISHER 21" PROPANE HON	12/15/99	SL	5.00		HY17	1,935.				1,935.	1,935.		0.	1,935.
466	17" BURNISHER GAZELLE	12/01/00	SL	5.00		HY17	1,353.				1,353.	1,353.		0.	1,353.
467	(D)BEXT EXTRACTOR 150H #C702	02/13/07	SL	5.00		HY17	1,481.				1,481.	1,481.		0.	
468	(D)BURNISHER 20" 2000 RPM 23	03/28/07	SL	5.00		HY17	892.				892.	892.		0.	
469	SWEEPER EDGE 28B #0748336	01/17/08	SL	5.00		HY17	1,836.				1,836.	1,836.		0.	1,836.
470	(D)ACA 96 WHEEL CART	01/26/99	SL	5.00		HY17	239.				239.	239.		0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
471	PONY CARPET MACHINE	01/27/99	SL	5.00		HY17	2,360.				2,360.	2,360.		0.	2,360.
472	(D)MARSHALL 14" VACUUM CLEAN	01/27/99	SL	5.00		HY17	245.				245.	245.		0.	
473	(D)MARSHALL 14" VACUUM CLEAN	01/27/99	SL	5.00		HY17	245.				245.	245.		0.	
474	(D)MARSHALL 14" VACUUM CLEAN	01/27/99	SL	5.00		HY17	245.				245.	245.		0.	
475	(D)MARSHALL 14" VACUUM CLEAN	01/27/99	SL	5.00		HY17	245.				245.	245.		0.	
476	(D)LOW SPEED BUFFER	01/27/99	SL	5.00		HY17	594.				594.	594.		0.	
477	(D)WET VACUUM W/ TOOLKIT	01/27/99	SL	5.00		HY17	451.				451.	451.		0.	
478	(D)WET VACUUM W/ TOOLKIT	01/27/99	SL	5.00		HY17	451.				451.	451.		0.	
479	(D)NSS PACER VACUUM	02/05/99	SL	5.00		HY17	695.				695.	695.		0.	
480	(D)NSS PACER VACUUM	02/05/99	SL	5.00		HY17	695.				695.	695.		0.	
481	21" PROPANE BURNISHER	12/31/98	SL	5.00		HY17	1,612.				1,612.	1,612.		0.	1,612.
482	(D)PRESSURE WASHER	03/03/99	SL	5.00		HY17	807.				807.	807.		0.	
483	(D)GROUT HOG W /TANK	03/08/99	SL	5.00		HY17	584.				584.	584.		0.	
484	SABER 24" SCRUBBER	03/25/99	SL	5.00		HY17	3,141.				3,141.	3,141.		0.	3,141.
485	SABER 20" SCRUBBER	03/25/99	SL	5.00		HY17	1,910.				1,910.	1,910.		0.	1,910.
486	(D)SENSOR 15" VACUUM	10/14/99	SL	5.00		HY17	286.				286.	286.		0.	
487	(D)SENSOR 15" VACUUM	10/14/99	SL	5.00		HY17	286.				286.	286.		0.	
488	(D)UTILITY TRUCK	12/29/00	SL	5.00		HY17	372.				372.	372.		0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
489	27" HIGH SPEED BUFFER NSS	04/27/01	SL	5.00	HY17	2,828.				2,828.	2,828.		0.	2,828.
490	(D)VAC BACK-PACK COACH	05/02/02	SL	3.00	HY17	431.				431.	431.		0.	
491	(D)CLARK HI-SPEED BUFFER - 2	08/28/02	SL	5.00	HY17	1,142.				1,142.	1,142.		0.	
492	(D)CLARK HI-SPEED BUFFER - 2	08/28/02	SL	5.00	HY17	1,142.				1,142.	1,142.		0.	
493	(D)BURNISHER 20" 2000 RPM	12/09/05	SL	5.00	HY17	888.				888.	888.		0.	
494	(D)VACUUM WET VAC	04/04/06	SL	5.00	HY17	741.				741.	741.		0.	
495	BURNISHER #44945	09/22/06	SL	5.00	HY17	13,334.				13,334.	13,334.		0.	13,334.
496	SCRUBBER #10299028	09/22/06	SL	5.00	HY17	11,908.				11,908.	11,908.		0.	11,908.
497	(D)SENSOR 15" VACUUM T600205	03/02/07	SL	5.00	HY17	652.				652.	652.		0.	
498	(D)SENSOR 15" VACUUM T600205	03/02/07	SL	5.00	HY17	652.				652.	652.		0.	
499	SWEEPER EDGE 28B #0748336	01/17/08	SL	5.00	HY17	1,836.				1,836.	1,836.		0.	1,836.
500	FILEMAKER PRO SOFTWARE	07/31/13	SL	5.00	HY16	3,186.				3,186.	1,274.		637.	1,911.
501	(D)CLARKE ULTRA - BURNISHER	01/14/02	SL	5.00	HY17	1,196.				1,196.	1,196.		0.	
502	8 CUBICLE 6X6 WORKSTATION	11/08/14	SL	10.00	16	6,389.				6,389.	426.		639.	1,065.
503	17 TABLES, ROLLING, CONVE	11/08/14	SL	10.00	16	3,594.				3,594.	238.		359.	597.
508	MOWER - BILITGOAT LOADE SERIAL #072715551	03/31/16	SL	5.00	MQ19B	3,499.			1,750.	1,749.			1,881.	131.
509	LANDSCAPE EQUIPMENT	VARIOUS	SL	5.00	HY17	17,718.				17,718.	17,718.		0.	17,718.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					1,414,408.			1,750.	1,412,658.	1,092,780.		121,860.	1,148,035.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
510	VEHICLES	VARIOUS	SL	5.00		HY17	132,245.				132,245.	132,245.		0.	132,245.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						132,245.				132,245.	132,245.		0.	132,245.
	LAND														
263	LAND	08/25/86	L				16,470.				16,470.			0.	
	* 990 PAGE 10 TOTAL LAND						16,470.				16,470.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,777,477.			4,340.	1,773,137.	1,422,271.		126,266.	1,282,113.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						1,768,798.			0.	1,768,798.	1,422,271.			
	ACQUISITIONS						8,679.			4,340.	4,339.	0.			
	DISPOSITIONS						266,913.			0.	266,913.	261,747.			
	ENDING BALANCE						1,510,564.			4,340.	1,506,224.	1,160,524.			
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,286,453.			
	ENDING BOOK VALUE											224,111.			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return CROSSROADS DIVERSIFIED SERVICES, INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 94-2446765
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	4,340.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	23,169.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	98,594.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,749.	5 YRS.	MQ	SL	131.
c 7-year property						
d 10-year property		2,590.	10 YRS.	MQ	SL	32.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	126,266.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	..	%						
	..	%						
	..	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	..	%				S/L -		
	..	%				S/L -		
	..	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2015 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	..				
	..				

43 Amortization of costs that began before your 2015 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

▶ For more information about Form 5471, see www.irs.gov/form5471
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **APR 1, 2015**, and ending **MAR 31, 2016**

Attachment
Sequence No. **121**

Name of person filing this return CROSSROADS DIVERSIFIED SERVICES, INC. <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 9300 TECH CENTER DRIVE, NO. 100 City or town, state, and ZIP code SACRAMENTO, CA 95826 Filers tax year beginning JUL 1, 2015 , and ending JUN 30, 2016	A Identifying number 94-2446765 B Category of filer (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period .26 % D Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/> E Person(s) on whose behalf this information return is filed:
--	---

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation RAFFLES INSURANCE LTD, C/O KENSINGTON MGMT GROU P.O. BOX 10027, GEORGE TOWN GRAND CAYMAN KY1-1001 CAYMAN ISLANDS				b(1) Employer identification number, if any 98-0177769 b(2) Reference ID number (see instructions) c Country under whose laws incorporated CAYMAN ISLANDS	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	
09/28/84	CAYMAN ISLANDS	524290	INSURANCE	UNITED STATES, DOLLAR	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States UNITED STATES		b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
c Name and address of foreign corporation's statutory or resident agent in country of incorporation KENSINGTON MANAGEMENT GROUP P.O. BOX 10027 GEORGE TOWN GRAND CAYMAN KY1-1001 CAYMAN ISLANDS		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different KENSINGTON MANAGEMENT GROUP P.O. BOX 10027 GEORGE TOWN GRAND CAYMAN KY1-1001 CAYMAN ISLANDS					

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	383	391
PREFERRED	383	391

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	28,059,281.	17,297,691.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 5	34,825,302.	33,808,734.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) SEE STATEMENT 6	400,459,955.	429,244,060.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement) SEE STATEMENT 7	258,904,178.	277,373,501.
13	Total assets	722,248,716.	757,723,986.
Liabilities and Shareholders' Equity			
14	Accounts payable		
15	Other current liabilities (attach statement) SEE STATEMENT 8	13,862,790.	16,016,090.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 9	442,241,051.	476,733,815.
18	Capital stock:		
a	Preferred stock	4.	4.
b	Common stock	4.	4.
19	Paid-in or capital surplus (attach reconciliation)	84,237,174.	93,578,267.
20	Retained earnings	181,907,693.	171,395,806.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	722,248,716.	757,723,986.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	18,261,831.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach statement) STATEMENT 10	16,637,452.	
3 Total net additions	16,637,452.	
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	34,899,283.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	34,899,283.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ **CROSSROADS DIVERSIFIED SERVICES, IN** Identifying number ▶ **94-2446765**

1 Subpart F income (line 38b, Worksheet A in the instructions)	1	39,144.
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return	6	39,144.
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

	Yes	No
• Was any income of the foreign corporation blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471	AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11)	STATEMENT	1
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AMOUNT	DESCRIPTION
0.	N/A

FORM 5471	NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION	STATEMENT	2
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NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
N/A		

FORM 5471	OTHER INCOME	STATEMENT	3
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CLAIMS INDEMNIFICATIONS			26,018,976.
PROVISIONAL CLAIMS INDEMNIFICATIONS			13,558,327.
TOTAL TO 5471, SCHEDULE C, LINE 8			39,577,303.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES INCURRED			190,066,715.
POLICY ISSUANCE AND PROGRAM OP COST			58,312,033.
UNREALIZED LOSSES ON SECURITIES			31,936,335.
ADMINISTRATIVE COSTS			5,420,321.
REINSURANCE PREMIUM			21,581,112.
TOTAL TO 5471, SCHEDULE C, LINE 16			307,316,516.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
INSURANCE BALANCES RECEIVABLE - SHORT TERM	25,878,010.	27,589,947.	
PREMIUMS DUE FROM CEDING INSURERS	8,866,438.	6,119,411.	
PREPAID EXPENSES AND OTHER A/R	80,854.	99,376.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	34,825,302.	33,808,734.	

FORM 5471	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
THE CAPTIVE INVESTORS FUND	400,459,955.	429,244,060.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	400,459,955.	429,244,060.	

FORM 5471	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
PROVISIONAL CLAIMS INDEMNIFICATIONS RECEIV	128,685,190.	142,243,517.	
LOSS ESCROW FUNDS WITHHELD	73,287,583.	73,287,583.	
DEFERRED CASH FLOW PREMIUMS RECEIVABLE	51,308,711.	56,661,473.	
INSURANCE BALANCES RECEIVABLE - LONG TERM	5,622,694.	5,180,928.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	258,904,178.	277,373,501.	

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
ACCOUNTS PAYABLE AND OTHER LIABILITIES	1,110,372.	1,390,275.	
DIVIDENDS PAYABLE	743,262.	930,147.	
LOSSES PAYABLE	12,009,156.	13,695,668.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	13,862,790.	16,016,090.	

FORM 5471	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
LOSS RESERVES	138,934,055.	151,481,222.	
INCURRED BUT NOT REPORTED RESERVES	303,306,996.	325,252,593.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	442,241,051.	476,733,815.	

FORM 5471	OTHER NET ADJUSTMENTS	STATEMENT	10
DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS	
PROVISIONAL CLAIMS INDEMNIFICATIO	-13,558,327.		
UNREALIZED LOSSES ON SECURITIES	31,936,335.		
LOSS RESERVE DISCOUNTING	-1,740,556.		
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H	16,637,452.		

Foreign Corporation RAFFLES INSURANCE LTD, C/O KENSINGTON MG

98-0177769

Schedule I Shareholder's Income From Foreign Corporation

Name of shareholder described in Category 5

Identifying number
94-2446765

Shareholder's income from foreign corporation

Table with 8 rows: 1 Subpart F income, 2 Earnings invested in U.S. property, 3 Previously excluded subpart F income withdrawn from qualified investments, 4 Previously excluded export trade income withdrawn from investment in export trade assets, 5 Factoring income, 6 Total of lines 1 through 5, 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)), 8 Exchange gain or (loss) on a distribution of previously taxed income

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

CROSSROADS DIVERSIFIED SERVICES, INC.

94-2446765

Name of foreign corporation

EIN (if any)

Reference ID number

RAFFLES INSURANCE LTD, C/O KENSINGTON MGMT GROUP

98-0177769

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	-6,246,166.				6,274,120.	27,954.
2a Current year E&P	34,899,283.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	28,653,117.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year	34,899,283.				34,899,283.	
5a Actual distributions or reclassifications of previously taxed E&P					28,773,718.	
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)					12,399,685.	
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-6,246,166.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-6,246,166.				12,399,685.	6,153,519.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 CROSSROADS DIVERSIFIED SERVICES, INC.	Identifying number 94-2446765
---	---

Name of foreign corporation RAFFLES INSURANCE LTD, C/O KENSING	EIN (if any) 98-0177769	Reference ID number
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Important: Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A - General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
STMT 11 CROSSROADS DIVERSIFIED SE 9300 TECH CENTER DR SACRAMENTO 94-2446765	990	02/15/17	OGDEN, UT	

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
STMT 12 JAMES KENTON LEIMKUH	5790 PEACHTREE STREET LOS ANGELES CA 90040		X	
PAUL CLIFFORD MELLOTT	100 WILLOW VALLEY LAKES D WILLOW STREET PA 17584-9456		X	
EDWARD WILLIAM BEDELL	P.O. BOX 20913 BILLINGS MT 59104		X	

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

SCHEDULE O GENERAL SHAREHOLDER INFORMATION STATEMENT 11

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- -ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
CROSSROADS DIVERSIFIED SE 9300 TECH CENTER DR SACRAMENTO 94-2446765	990	02/15/17	OGDEN, UT	

SCHEDULE O U.S. OFFICER OR DIRECTOR OF FOREIGN CORPORATION STATEMENT 12

(A) NAME OF U.S. OFFICER OR DIRECTOR	(B) ADDRESS	(C) SOCIAL SECURITY NUMBER	(D) CHECK APPROPRIATE BOX(ES)	
			OFFI- CER	DIREC- TOR
DANIEL MICHAEL HAWBA	1952 WADDLE ROAD, STE 203 STATE COLLEGE PA 16803		X	
DANIEL BENNETT CARSO	171 ROUTE 94 NORTH LAFAYETTE NJ 07848		X	
RICHARD ROGER FRANK	234 E COLORADO BLVD 500 PASADENA CA 91101		X	
MATTHEW JOSEPH FUNCH	401 DOMINO LANE PHILADELPHIA PA 19128		X	
TIMOTHY WAYNE WILHIT	4450 VIKING LOOP BOSSIER CITY LA 71111		X	
LIST UPON REQUEST				X

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. CROSSROADS DIVERSIFIED SERVICES, INC.	Employer identification number (EIN) or 94-2446765
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9300 TECH CENTER DRIVE, NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95826	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

WARD W. FANSLER

• The books are in the care of ▶ **9300 TECH CENTER DRIVE, SUITE 100 - SACRAMENTO, CA 95826**
Telephone No. ▶ **916-568-5230** Fax No. ▶ **916-568-5159**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Crossroads Diversified Services, Inc. 9300 Tech Center Drive No. 100 Sacramento, CA 95826
Prepared by	BFBA, LLP 83 Scripps Drive, Suite 210 Sacramento, CA 95825
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

California Exempt Organization
Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name CROSSROADS DIVERSIFIED SERVICES, INC.		California corporation number 0834786
Additional information. See instructions.		FEIN 94-2446765
Street address (suite or room) 9300 TECH CENTER DRIVE, NO. 100		PMB no.
City SACRAMENTO	State CA	ZIP code 95826
Foreign country name	Foreign province/state/country	Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/>
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,782,677.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,714,971.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	10,497,648.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	9,782.00
	7	Total costs. Add line 5 and line 6	7	9,782.00
	8	Total gross income. Subtract line 7 from line 4	8	10,487,866.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	10,683,872.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-196,006.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title PRESIDENT & CE	Date	Telephone
	Preparer's signature	Firm's name (or yours, if self-employed) and address BFBA, LLP 83 SCRIPPS DRIVE, SUITE 210 SACRAMENTO, CA 95825	Date	PTIN P00294123 FEIN 68-0000424 Telephone 916.924.0800

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	1,018.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	118,495.00	
	7	Other income	SEE STATEMENT 3 •	7	8,663,164.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	8,782,677.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4 •	11	255,669.00	
	12	Other salaries and wages	•	12	5,354,192.00	
	Expenses and Disbursements	13	Interest	•	13	5,932.00
		14	Taxes	•	14	519,693.00
		15	Rents	•	15	640,885.00
		16	Depreciation and depletion (See instructions)	•	16	126,266.00
		17	Other Expenses and Disbursements	SEE STATEMENT 5 •	17	3,781,235.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	10,683,872.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,023,011.		• 1,098,158.
2 Net accounts receivable		1,400,876.		• 1,472,210.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 6		366,928.		• 226,540.
10 a Depreciable assets	1,602,365.		1,494,094.	
b Less accumulated depreciation	(1,267,354.)	335,011.	(1,286,453.)	207,641.
11 Land		16,470.		• 16,470.
12 Other assets STMT 7		39,214.		• 16,017.
13 Total assets		3,181,510.		3,037,036.
Liabilities and net worth				
14 Accounts payable		879,278.		• 931,411.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		92,254.		• 52,210.
18 Other liabilities STMT 8				39,443.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		2,209,978.		• 2,013,972.
22 Total liabilities and net worth		3,181,510.		3,037,036.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• -196,006.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-196,006.
6 Total. Add line 1 through line 5	-196,006.		

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SACRAMENTO EMPLOYMENT AND TRAINING	925 DEL PASO BLVD., SUITE 100 SACRAMENTO, CA 95815	12/31/15	447,395.
CALIFORNIA DEPT. OF REHABILITATION	721 CAPITOL MALL SACRAMENTO, CA 95814	12/31/15	357,129.
SOCIAL SECURITY ADMINISTRATION	6401 SECURITY BLVD. BALTIMORE, MD 21235	12/31/15	295,787.
SACRAMENTO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	7001-A EAST PARKWAY, STE 1000 SACRAMENTO, CA 95823	12/31/15	307,132.
SACRAMENTO COUNTY DEPARTMENT OF HUMAN ASSISTANCE	1825 BELL STREET, SUITE 200 SACRAMENTO, CA 95825	12/31/15	307,428.
TOTAL INCLUDED ON LINE 3			1,714,871.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ROGER C. FRANZ 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	DIRECTOR 1.00	0.
DAVID LEVIN 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	BOARD CHAIR 2.00	0.
BRIAN CATHCART 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	TREASURER 2.00	0.
STELLA DUPONT 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	VICE CHAIR 2.00	0.
SARA MINNEHAN 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	DIRECTOR 1.00	0.
MICHAEL SAAB 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	SECRETARY 2.00	0.
JEFF CRAWFORD 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	DIRECTOR 1.00	0.
JENNIFER HOLLY 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	DIRECTOR 1.00	0.
JAMES ESTEP 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	PRESIDENT & CEO 40.00	152,496.
JOSEPH DEBIASIO 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	CFO 40.00	93,173.
WARD FANSLER 9300 TECH CENTER DRIVE, NO. 100 SACRAMENTO, CA 95826	CFO 40.00	10,000.
TOTAL TO FORM 199, PART II, LINE 11		255,669.

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
CONTRACT SUPPLIES		565,359.	
FEEs		506,861.	
SHOP OVERHEAD		118,000.	
MAINTENANCE AND JANITOR		101,329.	
PENSION PLAN CONTRIBUTIONS		22,309.	
OTHER EMPLOYEE BENEFITS		1,650,250.	
LEGAL FEES		638.	
ACCOUNTING FEES		30,815.	
OTHER PROFESSIONAL FEES		73,944.	
OFFICE EXPENSES		317,639.	
TRAVEL		115,121.	
CONFERENCES AND CONVENTIONS		10,259.	
INSURANCE		56,775.	
ALL OTHER EXPENSES		211,936.	
TOTAL TO FORM 199, PART II, LINE 17		3,781,235.	

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER SECURITIES	299,264.	158,326.	
OTHER ASSETS	36,664.	37,214.	
INTEREST IN CAPTIVE INSURANCE COMPANY	31,000.	31,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	366,928.	226,540.	

FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	39,214.	16,017.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	39,214.	16,017.	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		0.	39,443.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	39,443.

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		2,209,978.	2,013,972.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		2,209,978.	2,013,972.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-2446765

Corporation name

California corporation number

CROSSROADS DIVERSIFIED SERVICES, INC.

0834786

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property descriptions. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes a 'SEE STATEMENT' entry and a total row.

Part III Summary

Summary table with 2 rows. Row 16: Total depreciation claimed for federal purposes. Row 17: Total depreciation claimed for federal purposes from federal Form 4562. Row 18: Depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year. Includes total and adjustment rows.

CA 3885		DEPRECIATION				STATEMENT	10
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
101 BUILDING	08/25/86	157,033.	157,033.	SL	31.50	0.	
102 BUILDING IMPROVEMENTS	01/01/95	1,846.	1,531.	SL	25.00	37.	
103 BUILDING IMPROVEMENTS	01/01/95	7,942.	5,506.	SL	25.00	159.	
104 BUILDING IMPROVEMENTS	01/01/95	1,977.	1,364.	SL	25.00	40.	
105 BUILDING IMPROVEMENTS	01/01/95	4,480.	4,480.	SL	10.00	0.	
106 BUILDING IMPROVEMENTS	01/01/99	5,098.	3,296.	SL	25.00	102.	
107 BUILDING IMPROVEMENTS	01/01/99	1,170.	1,170.	SL	5.00	0.	
108 BUILD IMPR -AIR CONDENSOR	06/19/01	2,750.	2,750.	SL	10.00	0.	
109 BUILDING IMPROVEMENTS	01/30/04	19,761.	19,761.	SL	5.00	0.	
110 DELL POWEREDGE T410	09/26/11	4,364.	3,273.	SL	5.00	873.	
111 SONICWALL TZ 200 FIREWALL	09/26/11	589.	442.	SL	5.00	118.	
112 SONICWALL CDP 210	09/26/11	2,077.	1,557.	SL	5.00	415.	
113 (3) HP ROCURVE 1410	09/26/11	2,541.	1,906.	SL	5.00	508.	
114 SERVER MIGRATION	05/31/12	5,700.	3,610.	SL	5.00	1,140.	
115 SONICWALL CDP 210	09/26/12	2,478.	1,363.	SL	5.00	496.	
116 MITC - TELEPHONE TIMEKEEP	10/31/12	2,958.	1,578.	SL	5.00	592.	
117 DELL DESKTOP (EL DORADO)	05/07/07	628.	628.	SL	5.00	0.	
118 DELL DESKTOP (EL DORADO)	05/07/07	628.	628.	SL	5.00	0.	
119 DELL DESKTOP - CH	05/07/07	628.	628.	SL	5.00	0.	
120 DELL DESKTOP - CH	05/07/07	628.	628.	SL	5.00	0.	
121 DELL DESKTOP	05/07/07	628.	628.	SL	5.00	0.	
122 DELL DESKTOP	05/07/07	628.	628.	SL	5.00	0.	
123 DELL LAPTOP WITH LOCK	05/07/07	887.	887.	SL	5.00	0.	

124	HP COMPAQ LAPTOP	05/21/07	993.	993.	SL	5.00	0.
125	POWERBOOK 1400C/16616MB	07/22/98	1,499.	1,499.	SL	5.00	0.
126	DELL	05/13/05	970.	970.	SL	5.00	0.
127	(2) DELL LATITUDE LAPTOPS	01/29/10	2,647.	2,647.	SL	3.00	0.
128	GREAT PLAIN SOFTWARE-NIMS	06/01/10	34,844.	34,619.	SL	5.00	0.
129	GREAT PLAIN SOFTWARE-NIMS	07/01/10	9,920.	8,928.	SL	5.00	992.
130	GREAT PLAIN SOFTWARE-NIMS	08/01/10	6,929.	6,236.	SL	5.00	693.
131	GREAT PLAIN SOFTWARE-NIMS	09/01/10	3,650.	3,285.	SL	5.00	365.
132	GREAT PLAIN SOFTWARE-NIMS	10/01/10	6,336.	5,702.	SL	5.00	634.
133	GREAT PLAIN SOFTWARE-NIMS	11/01/10	3,438.	2,751.	SL	5.00	344.
134	GREAT PLAIN SOFTWARE-NIMS	12/01/10	12,936.	11,642.	SL	5.00	1,294.
135	GREAT PLAIN SOFTWARE-NIMS	01/01/11	13,395.	10,716.	SL	5.00	1,340.
136	GREAT PLAIN SOFTWARE-NIMS	02/01/11	7,473.	5,979.	SL	5.00	747.
137	GREAT PLAIN SOFTWARE-NIMS	03/01/11	2,257.	1,805.	SL	5.00	226.
138	GREAT PLAIN SOFTWARE-NIMS	04/01/11	10,888.	8,710.	SL	5.00	1,089.
139	GREAT PLAIN SOFTWARE-NIMS	06/30/11	1,548.	1,239.	SL	5.00	155.
140	MITC (TIME & ATTENDENCE)	09/30/11	6,723.	4,930.	SL	5.00	1,345.
141	ALIGHT SOFTWARE PROGRAM	03/30/12	14,790.	9,614.	SL	5.00	2,958.
142	ALIGHT SOFTWARE PROGRAM	05/31/12	8,000.	4,933.	SL	5.00	1,600.
143	MITC ADVANCE PR PARAMETER	05/31/12	929.	589.	SL	5.00	186.
144	MITC (MYMITC)	06/25/12	2,330.	1,398.	SL	5.00	466.
145	ALIGHT SOFTWARE PROGRAM	06/30/12	6,000.	3,600.	SL	5.00	1,200.
146	ALIGHT SOFTWARE PROGRAM	08/23/12	9,000.	5,250.	SL	5.00	1,800.
147	ALIGHT SOFTWARE PROGRAM	09/28/12	6,000.	3,300.	SL	5.00	1,200.
148	GREAT PLAIN SOFTWARE H&W	03/30/13	1,500.	675.	SL	5.00	300.
149	VUtec 110", PEERLESS VCT	05/09/08	2,191.	1,963.	ADS	8.00	228.
150	VUtec 110", PEERLESS VCT	06/09/08	4,020.	3,560.	ADS	8.00	459.

151	37" - 42" LG LCD FLAT PAN						
	02/14/09	1,156.	1,156.	SL	5.00	0.	
152	TELEPHONE EQUIPMENT						
	02/28/08	19,873.	18,218.	ADS	8.00	1,655.	
153	TELEPHONE EQUIPMENT						
	02/28/08	11,749.	10,771.	ADS	8.00	978.	
154	TELEPHONE (3-LINESPEAKER)						
	03/01/00	323.	323.	SL	5.00	0.	
155	TELEPHONE ANSWERING SYSTE						
	11/01/04	8,531.	8,531.	SL	3.00	0.	
156	Y COMMUNICATIONS						
	12/31/01	1,775.	1,775.	SL	3.00	0.	
157	DESKS, CHAIRS, FILING CAB						
	02/28/08	33,644.	24,672.	SL	10.00	3,364.	
158	HP LASERJET 4250DTN PRINT						
	03/06/08	1,875.	1,875.	SL	5.00	0.	
159	16" X 65" PRINT OF SACRA						
	05/08/09	910.	910.	SL	5.00	0.	
160	DESKS						
	02/28/08	5,093.	3,735.	SL	10.00	509.	
161	5 DESKS - SYLVAN ROAD						
	08/15/08	4,264.	4,264.	SL	5.00	0.	
162	(6) INTERMEC PDA HDWE						
	04/01/09	12,000.	12,000.	SL	5.00	0.	
163	(1) OPTICON H16A PDA						
	09/29/09	864.	864.	SL	5.00	0.	
164	(2) OPTICON H16A PDA						
	03/01/10	1,500.	1,500.	SL	5.00	0.	
165	58CC BP BLOWER						
	02/18/00	345.	345.	SL	5.00	0.	
166	26CC SS TRIMMER						
	02/18/00	302.	302.	SL	5.00	0.	
167	21" METRO SP BBC KAWASAKI						
	02/18/00	854.	854.	SL	5.00	0.	
168	AUTO SCRUBBER						
	07/28/98	3,410.	3,410.	SL	5.00	0.	
169	PACER WIDE AREA						
	07/24/98	957.	957.	SL	5.00	0.	
170	PACER WIDE AREA						
	07/24/98	957.	957.	SL	5.00	0.	
171	MARSHALL VACUUM CLEANER						
	07/24/98	345.	345.	SL	5.00	0.	
172	MARSHALL VACUUM CLEANER						
	07/24/98	345.	345.	SL	5.00	0.	
173	LOW SPEED BUFFER						
	07/24/98	837.	837.	SL	5.00	0.	
174	HISPEED BATTERY BURNISHER						
	07/24/98	2,415.	2,415.	SL	5.00	0.	
175	CARPET MACHINE						
	07/24/98	3,396.	3,396.	SL	5.00	0.	
176	SANITAIRE 16" W.T. VACUUM						
	05/18/99	343.	343.	SL	5.00	0.	
177	SANITAIRE 16" W.T. VACUUM						
	05/18/99	343.	343.	SL	5.00	0.	

178	VACUUM BACK-PACK MEGA VAC						
	06/07/02	415.	415.	SL	3.00	0.	
179	VACUUM BACK-PACK MEGA VAC						
	06/07/02	415.	415.	SL	3.00	0.	
180	ENCORE S20E W/PAD DRIVE 1						
	06/12/02	2,267.	2,267.	SL	5.00	0.	
181	POLISHER C2K-2000						
	06/14/02	622.	622.	SL	3.00	0.	
182	RECORDER TIME-CLOCK MD 12						
	05/08/02	394.	394.	SL	5.00	0.	
183	VACUUM BACK-PACK MEGA VAC						
	06/07/02	415.	415.	SL	3.00	0.	
184	VACUUM BACK-PACK MEGA VAC						
	06/07/02	415.	415.	SL	3.00	0.	
185	SUMMIT 16, 120V W/SQUEEGE						
	06/13/02	620.	620.	SL	5.00	0.	
186	POLISHER C2K-2000						
	06/14/02	622.	622.	SL	3.00	0.	
187	US 2500 120V50/60 BURNISH						
	06/26/02	1,178.	1,178.	SL	5.00	0.	
188	SANITAIRE #899 16" VACUUM						
	01/18/00	343.	343.	SL	5.00	0.	
189	SANITAIRE #899 16" VACUUM						
	05/22/01	300.	300.	SL	5.00	0.	
190	27" BURNISHER W/ SULKY 27						
	09/18/09	7,990.	7,990.	SL	5.00	0.	
191	ADFINITY X20R (SN 3510132						
	08/26/13	5,484.	2,102.	SL	5.00	1,097.	
192	KENT DURAVAC-152						
	07/22/09	4,894.	4,894.	SL	5.00	0.	
193	STEAM CLEANER						
	12/03/10	2,445.	2,241.	SL	5.00	204.	
194	ET600-EXTRACTOR						
	08/20/13	2,367.	907.	SL	5.00	473.	
195	ADHANCER R28-C (SN 100002						
	09/14/09	11,964.	11,964.	SL	5.00	0.	
196	ADVOLUTION 24BT 234AH AGM						
	06/30/12	7,160.	4,296.	SL	5.00	1,432.	
197	ADFINITY X20R (SN 3510132						
	08/27/13	5,484.	2,102.	SL	5.00	1,097.	
198	RAZOR 20BT SCRUBBER						
	09/02/09	3,667.	3,667.	SL	5.00	0.	
199	AQUAPRO XP (SN1000025302)						
	09/04/09	2,475.	2,475.	SL	5.00	0.	
200	STEAM CLEANER						
	12/03/10	2,445.	2,241.	SL	5.00	204.	
201	VAPORLUX 5000 UL SERIES B						
	10/24/11	2,033.	1,490.	SL	5.00	407.	
202	FOCUS II BOOST 28 SERIAL						
	11/09/11	7,158.	5,249.	SL	5.00	1,432.	
203	BSW 28B WALK BEHIND SWEEP						
	10/23/12	2,291.	1,222.	SL	5.00	458.	
204	REEL CLEANER SN 40000624						
	08/16/13	3,473.	1,331.	SL	5.00	695.	

205	ADFINITY 20D SN 35101327					
	08/20/13	4,934.	1,892.	SL	5.00	987.
206	STEAM CLEANER					
	12/03/10	2,445.	2,241.	SL	5.00	204.
207	MAINTAINER CARPET 28" R14					
	12/21/10	9,554.	8,758.	SL	5.00	796.
208	2008 STAR CAR GOLF CART					
	07/01/11	3,946.	3,946.	SL	3.00	0.
209	1999 CLUB CAR GOLF CART					
	07/01/11	3,946.	3,946.	SL	3.00	0.
210	AQUA PRO SERIAL #40000300					
	11/08/11	2,238.	1,641.	SL	5.00	448.
211	GOLF CART IMPROVEMENTS					
	06/29/12	3,791.	2,274.	SL	3.00	0.
212	AQUACLEAN 16XP					
	04/30/11	1,999.	1,999.	SL	3.00	0.
213	BOS-18 FLOOR MACHINE					
	04/30/11	1,591.	1,591.	SL	3.00	0.
214	VAPORLUX 5000UL SERIES B					
	07/24/12	2,006.	1,950.	SL	3.00	56.
215	CLEAN TRACK L18					
	12/01/12	2,162.	1,862.	SL	3.00	300.
216	BOS-18 FLOOR MACHINE					
	12/01/12	1,922.	1,655.	SL	3.00	267.
217	FOCUS II L20 AGM BAT					
	12/01/12	4,253.	2,198.	SL	5.00	851.
218	BSW 28B WALK BEHIND SWEEP					
	12/01/12	2,291.	1,973.	SL	3.00	318.
219	FOCUST II DISC26 31AH CHE					
	12/01/12	6,774.	3,500.	SL	5.00	1,355.
220	RESTROOM CLEANER TFC 4001					
	12/31/12	4,663.	2,332.	SL	5.00	933.
221	ADVOLUTION 24BT 234 AH AG					
	02/28/13	5,421.	2,620.	SL	5.00	1,084.
222	ADFINITY X24D PACKAGE W/B					
	07/31/13	5,886.	2,060.	SL	5.00	1,177.
223	ADFINITY X 20D PACKAGE W/					
	05/31/14	5,295.	1,147.	SL	5.00	1,059.
224	SWEEPER TERRA 28B SN: 351					
	05/31/14	2,585.	560.	SL	5.00	517.
225	AUACLEAN 18FLX SN: 400007					
	05/31/14	2,512.	544.	SL	5.00	502.
226	KENT DURAVAC-152					
	02/03/09	2,685.	2,685.	SL	5.00	0.
227	RAINMAKER H CARPET MACHIN					
	02/03/09	1,992.	1,992.	SL	5.00	0.
228	AQUACLEAN 16XP SN40000775					
	08/21/14	2,170.	603.	SL	3.00	723.
229	SC351 SCRUBBER SN35101427					
	08/21/14	2,155.	359.	SL	5.00	431.
230	1995 GMC SONOMA #1GTCS19Z					
	05/04/07	5,063.	5,063.	SL	3.00	0.
231	2007 DODGE RAM 1500					
	10/30/07	24,522.	24,522.	SL	5.00	0.

232	2009 FORD F-150						
	07/15/09	28,079.	28,079.	SL	5.00	0.	
233	2006 CHEVROLET CARGO						
	03/08/11	8,818.	7,642.	SL	5.00	1,176.	
234	2006 CHEVROLET SILVERADO						
	03/08/11	10,667.	9,245.	SL	5.00	1,422.	
235	2012 DODGE RAM 1500						
	12/21/11	29,389.	21,062.	SL	5.00	5,878.	
236	2012 KIA SPORTAGE LX						
	04/27/12	27,251.	17,259.	SL	5.00	5,450.	
237	TOWNMASTER TC-14 18'						
	10/31/12	9,651.	5,147.	SL	5.00	1,930.	
238	93 TRAILER W/TRAILER HITC						
	11/16/00	1,844.	1,844.	SL	3.00	0.	
239	2000 FORD E150 ECONO VAN						
	04/06/05	8,693.	8,693.	SL	5.00	0.	
240	58CC BP BLOWER						
	01/13/00	345.	345.	SL	5.00	0.	
241	26CC TRIMMER						
	01/13/00	302.	302.	SL	5.00	0.	
242	21" METRO SP KAWASAKI						
	01/18/00	854.	854.	SL	5.00	0.	
243	21" COMMERCIAL MOWER						
	05/31/11	1,121.	1,121.	SL	3.00	0.	
244	SCAG TIGER CAT 48" SERIAL						
	10/17/11	7,854.	5,891.	SL	5.00	1,571.	
245	480 GAL GASS TANK W/CONTA						
	07/10/12	5,300.	1,546.	SL	10.00	530.	
246	480 GAL DIESEL TANK W/CON						
	07/10/12	3,200.	933.	SL	10.00	320.	
247	16X21 CARPORT FULLY ENCLO						
	07/10/12	1,600.	467.	SL	10.00	160.	
248	CHAIN LINK FENCING						
	07/10/12	4,800.	2,800.	SL	5.00	960.	
249	JOHN DEERE HX-15 FLEX WIN						
	07/31/12	7,000.	2,042.	SL	10.00	700.	
250	BOBCAT T770 COMPACT TRACK						
	07/31/12	90,445.	17,587.	SL	15.00	6,030.	
251	VRISMO FLOW MOWER SERIAL						
	07/31/12	13,195.	7,697.	SL	5.00	2,639.	
252	SCAG 52" RIDER SERIAL #G3						
	07/31/12	8,619.	5,028.	SL	5.00	1,724.	
253	WRIGHT 48" 20 HP SERIAL #						
	07/31/12	7,970.	4,649.	SL	5.00	1,594.	
254	NEW HOLLAND TRACTOR T5070						
	08/31/12	59,357.	33,635.	SL	5.00	11,871.	
255	NEW HOLLAND TRACTOR T5070						
	08/31/12	48,471.	23,413.	SL	5.00	13,768.	
256	RHINO FN180 SN# 10189						
	08/31/12	26,443.	14,985.	SL	5.00	5,289.	
257	DOMRIES BTO-10-26-42 SN#						
	08/31/12	15,192.	8,609.	SL	5.00	3,038.	
258	72" FM COMPACT FLAIL MOWE						
	06/01/14	8,765.	1,899.	SL	5.00	1,753.	

259	RECORDS STORAGE SYSTEM					
	02/29/08	2,428.	2,227.	ADS	8.00	201.
260	RECONFIGURE SUITE 100					
	02/29/08	2,120.	1,943.	ADS	8.00	177.
261	RECONFIGURE SUITE 160					
	02/29/08	3,626.	3,324.	ADS	8.00	302.
262	SYLVAN (2 A/C UNITS INSTA					
	10/01/08	12,775.	12,669.	SL	7.00	85.
263	LAND					
	08/25/86	16,470.		L		0.
264	G3MAC/233MHZ W/ MONITOR					
	07/21/98	2,590.	2,590.	SL	5.00	0.
265	G3MAC/233MHZ W/ MONITOR					
	07/21/98	1,969.	1,969.	SL	5.00	0.
266	HP5000N WIDE-FORMAT MAC N					
	06/07/99	2,051.	2,051.	SL	5.00	0.
267	APPLE POWERMAC					
	06/09/99	2,262.	2,262.	SL	5.00	0.
268	DELL					
	05/13/05	1,024.	1,024.	SL	5.00	0.
269	DELL					
	05/13/05	970.	970.	SL	5.00	0.
270	DELL					
	05/13/05	970.	970.	SL	5.00	0.
271	DELL					
	05/13/05	970.	970.	SL	5.00	0.
272	DELL					
	05/13/05	970.	970.	SL	5.00	0.
273	DELL					
	05/13/05	970.	970.	SL	5.00	0.
274	DELL SERVER					
	06/16/05	4,209.	4,209.	SL	5.00	0.
275	TOSHIBA S269					
	10/11/05	1,455.	1,455.	SL	5.00	0.
276	DELL					
	05/29/08	1,707.	1,707.	SL	5.00	0.
277	DELL					
	05/29/08	1,295.	1,295.	SL	5.00	0.
278	MACINTOSH POWER BOOK COMP					
	07/16/93	1,821.	1,821.	SL	5.00	0.
279	APPLE COMPUTER W/ PRINTER					
	03/13/94	1,723.	1,723.	SL	5.00	0.
280	MAC CENTRIS COMPUTER					
	03/31/94	1,906.	1,906.	SL	5.00	0.
281	(3) MAC LC550 W/ KEYBOARD					
	06/02/95	2,910.	2,910.	SL	5.00	0.
282	APPLE POWERBOOK					
	10/25/95	1,379.	1,379.	SL	5.00	0.
283	(3) STARMAX COMPUTERS					
	11/28/96	7,297.	7,297.	SL	5.00	0.
284	POWERBOOK 1400CS APPLE/ME					
	11/19/97	2,962.	2,962.	SL	5.00	0.
285	SUPERMAC C500LT/MONITOR/P					
	11/07/97	1,566.	1,566.	SL	5.00	0.

286	G3MAC/233MHZ W/MONITOR					
	07/22/98	2,060.	2,060.	SL	5.00	0.
287	G3MAC/333MHZ W/MONITOR					
	09/24/99	1,379.	1,379.	SL	5.00	0.
288	G3MAC/400MHZW/MONITOR & P					
	08/22/00	1,387.	1,387.	SL	5.00	0.
289	G3MAC/350 W/MONITOR & PRI					
	10/13/00	1,136.	1,136.	SL	5.00	0.
290	I-BOOK G3 700					
	08/07/02	1,753.	1,753.	SL	5.00	0.
291	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
292	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
293	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
294	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
295	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
296	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
297	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
298	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
299	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
300	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
301	DELL + 54MB MEMORY					
	03/23/06	800.	800.	SL	5.00	0.
302	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
303	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
304	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
305	DELL + 54MB MEMORY					
	03/23/06	787.	787.	SL	5.00	0.
306	DELL SERVER + 54MB MEMORY					
	03/23/06	2,451.	2,451.	SL	5.00	0.
307	DELL NOTEBOOK EL DORADO					
	07/28/06	977.	977.	SL	5.00	0.
308	HP NOTEBOOK					
	02/13/07	878.	878.	SL	5.00	0.
309	HP NOTEBOOK					
	02/13/07	878.	878.	SL	5.00	0.
310	HP NOTEBOOK - CH					
	02/13/07	878.	878.	SL	5.00	0.
311	HP NOTEBOOK - CH					
	02/13/07	877.	877.	SL	5.00	0.
312	PSM4OU-0730 LAPTOP					
	08/26/05	1,581.	1,581.	SL	5.00	0.

313	ACCPAC SOFTWARE/PROGRAMMI						
	05/06/03	18,028.	18,028.	SL	5.00	0.	
314	COMPUTER BUSINESS						
	07/29/03	14,513.	14,513.	SL	5.00	0.	
315	COMPUTER BUSINESS SYNERGY						
	07/01/04	600.	600.	SL	3.00	0.	
316	HR SOFTWARE(WANIER)						
	08/01/05	2,828.	2,828.	SL	5.00	0.	
317	HR SOFTWARE(WANIER)						
	12/01/05	975.	975.	SL	5.00	0.	
318	BUGET MAESTRO						
	12/01/05	2,831.	2,831.	SL	5.00	0.	
319	HR SOFTWARE(WANIER)						
	03/03/06	2,619.	2,619.	SL	5.00	0.	
320	WINDOWS XP PRO/SYMANTEC/S						
	03/23/06	854.	854.	SL	3.00	0.	
321	FILEMAKER PRO LICENSES						
	03/28/06	1,358.	1,358.	SL	3.00	0.	
322	WINDOWS XP PRO/SYMANTEC/S						
	05/23/07	705.	705.	SL	3.00	0.	
323	SQL 2005 SERVER W/5 CAL L						
	12/29/08	1,928.	1,928.	SL	3.00	0.	
324	5 ADDITIONAL SQL 2005 CAL						
	12/29/08	888.	888.	SL	3.00	0.	
325	VIDEO EQUIPMENT						
	08/23/91	1,376.	1,376.	SL	5.00	0.	
326	LP500 DLP PROJECTOR						
	07/17/02	2,555.	2,555.	SL	5.00	0.	
327	JVC CAMCORDER						
	05/26/06	653.	653.	SL	5.00	0.	
328	POWERLITE 77C MULTIMEDIA						
	06/25/07	1,075.	1,075.	SL	5.00	0.	
329	DLP - XGA DATA PROJECTOR						
	02/25/08	1,077.	1,077.	SL	5.00	0.	
330	37" - 42" LG LCD FLAT PAN						
	02/25/08	1,927.	1,927.	SL	5.00	0.	
331	EXECUTONE SYSTEM						
	11/24/92	23,332.	23,332.	SL	5.00	0.	
332	TELEPHONE EQUIPMENT						
	11/24/92	759.	759.	SL	5.00	0.	
333	TELEPHONE EQUIPMENT						
	01/24/94	389.	389.	SL	5.00	0.	
334	TELEPHONE EQUIPMENT						
	10/14/98	476.	476.	SL	5.00	0.	
335	IBM SELECTRIC TYPEWRITER						
	06/12/84	901.	901.	SL	5.00	0.	
336	TYPEWRITER						
	11/19/92	500.	500.	SL	3.00	0.	
337	CREDENZA (COPPENHAGEN)						
	07/01/92	791.	791.	SL	10.00	0.	
338	KONICA COPIER (DONATED)						
	02/01/98	1,000.	1,000.	SL	3.00	0.	
339	(3) MAPLE DESK WORKCENTER						
	03/02/00	1,939.	1,939.	SL	10.00	0.	

340	SECRETARY DESK						
	03/02/00	517.	517.	SL	10.00	0.	
341	OVAL CONFERENCE TABLE						
	03/02/00	1,697.	1,697.	SL	10.00	0.	
342	REFRIGERATOR (TAPPONTRT18						
	03/08/00	430.	430.	SL	5.00	0.	
343	CROSS-CUT OFFICE SHREDDER						
	12/01/00	760.	760.	SL	5.00	0.	
344	SIGNATURE MACHINE						
	07/23/01	618.	618.	SL	3.00	0.	
345	GBC 4100X SHREDDER						
	09/02/02	862.	862.	SL	3.00	0.	
346	ELECTRIC CHECK SIGNER/IMP						
	01/31/05	852.	852.	SL	5.00	0.	
347	IBM PERSONAL TYPEWRITER						
	09/10/84	737.	737.	SL	5.00	0.	
348	TYPEWRITER						
	11/19/92	500.	500.	SL	3.00	0.	
349	MITA COPIER #2285						
	02/09/94	1,498.	1,498.	SL	3.00	0.	
350	DICTAPHONE EQUIPMENT						
	05/25/94	562.	562.	SL	5.00	0.	
351	INTELLIFAX-1250						
	12/20/96	377.	377.	SL	5.00	0.	
352	LANIER 7328 COPIER						
	09/17/98	7,405.	7,405.	SL	5.00	0.	
353	OVERHEAD PROJECTOR						
	08/29/99	323.	323.	SL	5.00	0.	
354	COPIER MODEL#DC-4086						
	12/03/01	1,665.	1,665.	SL	3.00	0.	
355	EXTREME READER/SMARTVIEW						
	06/29/05	5,693.	5,693.	SL	3.00	0.	
356	KYOCERA DIGITAL COPIER #C						
	07/02/05	2,963.	2,963.	SL	3.00	0.	
357	NSS1500 HI-SPD BURNISHER						
	10/11/95	74.	74.	SL	5.00	0.	
358	WET/DRY VACUUM 17GAL						
	10/27/95	33.	33.	SL	5.00	0.	
359	STANDARD SPEED BUFFER 13"						
	10/27/95	32.	32.	SL	5.00	0.	
360	STANDARD SPEED BUFFER 20"						
	10/27/95	52.	52.	SL	5.00	0.	
361	FILTRONIC ELEC BURNISHER						
	01/24/96	489.	489.	SL	5.00	0.	
362	AUTO SCRUBBER (TRIDENT28"						
	04/17/96	1,347.	1,347.	SL	5.00	0.	
363	MINI-EDGER FLOOR MACHINE						
	11/08/96	135.	135.	SL	5.00	0.	
364	FLOOR MACHINE (17"/175RPM						
	03/04/97	277.	277.	SL	5.00	0.	
365	SPOTTER PROSPOT (2GAL.1.8						
	08/19/97	308.	308.	SL	5.00	0.	
366	COLT WET-DRY VACUUM						
	07/30/98	392.	392.	SL	5.00	0.	

367	SANITAIRE HEPA VACUUM						
	08/26/99	314.	314.	SL	5.00	0.	
368	NSS CHARGER FLOOR BUFFER						
	01/17/02	782.	782.	SL	5.00	0.	
369	ENCORE AUTO SCRUBBER 250						
	07/13/05	4,177.	4,177.	SL	5.00	0.	
370	NSS CARPET 8 GAL EXTRACTO						
	10/26/95	95.	95.	SL	5.00	0.	
371	(2) NSS1500 HI-SPD BURNIS						
	10/26/95	148.	148.	SL	5.00	0.	
372	WET/DRY VACCUM (17 GAL)						
	10/27/95	33.	33.	SL	5.00	0.	
373	STANDARD SPD BUFFER 13"						
	10/27/95	32.	32.	SL	5.00	0.	
374	STANDARD SPD BUFFER 20"						
	10/27/95	52.	52.	SL	5.00	0.	
375	FLOOR MACHINE 20"						
	07/29/96	245.	245.	SL	5.00	0.	
376	VACUUM SENSOR UPRIGHT 15"						
	04/25/97	192.	192.	SL	5.00	0.	
377	VACUUM SENSOR UPRIGHT 15"						
	04/18/97	196.	196.	SL	5.00	0.	
378	VACUUM SENSOR UPRIGHT 15"						
	08/06/97	208.	208.	SL	5.00	0.	
379	SPOTTER PROSPOT 2GAL1.8H						
	08/19/97	308.	308.	SL	5.00	0.	
380	VACUUM SENSOR 15" WINDSOR						
	09/12/97	216.	216.	SL	5.00	0.	
381	VACUUM SENSOR 15" WINDSOR						
	02/24/98	175.	175.	SL	5.00	0.	
382	VACUUM SENSOR 15" WINDSOR						
	02/24/98	175.	175.	SL	5.00	0.	
383	WAVE WIDE AREA VACUUM						
	02/24/98	709.	709.	SL	5.00	0.	
384	COLT WET-DRY VACUUM						
	07/30/98	392.	392.	SL	5.00	0.	
385	SANITAIRE 899/16" VACUUM						
	08/18/99	286.	286.	SL	5.00	0.	
386	SANITAIRE HEPA VACUUM						
	08/26/99	314.	314.	SL	5.00	0.	
387	HOST CARPET DRY CLEANER						
	11/17/00	1,368.	1,368.	SL	5.00	0.	
388	VACUUM BACK PACK MEGA VAC						
	05/14/02	430.	430.	SL	3.00	0.	
389	EQUIPMENT						
	02/25/05	1,130.	1,130.	SL	5.00	0.	
390	SWEEPER EDGE 28B #0748336						
	01/17/08	1,836.	1,836.	SL	5.00	0.	
391	CLARKE SUMMIT WET/DRY VAC						
	01/14/02	270.	270.	SL	5.00	0.	
392	CLARKE ULTRA HIGH SPEED B						
	01/14/02	499.	499.	SL	5.00	0.	
393	CLARKE LOW SPEED BUFFER						
	01/14/02	255.	255.	SL	5.00	0.	

394	VACUUM BACK-PACK MEGA VAC						
	05/06/02	62.	62.	SL	3.00	0.	
395	VACUUM BACK-PACK MEGA VAC						
	05/06/02	62.	62.	SL	3.00	0.	
396	VACUUM BACK-PACK MEGA VAC						
	04/30/02	50.	50.	SL	3.00	0.	
397	RECORDER TIME-CLOCK MD 12						
	05/08/02	190.	190.	SL	5.00	0.	
398	SUMMIT 16, 120V W/SQUEEGE						
	06/13/02	310.	310.	SL	5.00	0.	
399	US 2500 120V50/60 BURNISH						
	06/26/02	589.	589.	SL	5.00	0.	
400	ENCORE S28 AUTO SCRUBBER						
	12/22/04	5,280.	5,280.	SL	5.00	0.	
401	PROEX RIDING SWEEPER 330A						
	12/22/04	9,625.	9,625.	SL	5.00	0.	
402	FUSION 20IX3 - 12V HIGH S						
	12/22/04	3,234.	3,234.	SL	5.00	0.	
403	BEXT SPOT 150 CARPET SPOT						
	12/22/04	925.	925.	SL	3.00	0.	
404	BEXT 150 CARPET EXTRACTOR						
	12/22/04	1,130.	1,130.	SL	5.00	0.	
405	375117 IMAGE 26E WASH & R						
	02/16/05	3,391.	3,391.	SL	5.00	0.	
406	BEXT 150 CARPET EXTRACTOR						
	05/26/05	1,130.	1,130.	SL	5.00	0.	
407	MACHINE FLOOR BUFFER W/PA						
	12/21/05	778.	778.	SL	5.00	0.	
408	SWEEPER EDGE 28B #0748336						
	01/17/08	1,836.	1,836.	SL	5.00	0.	
409	SWEEPER EDGE 28B #						
	02/25/08	1,836.	1,836.	SL	5.00	0.	
410	2005 CLUB CAR GOLF CART						
	01/25/10	3,979.	3,979.	SL	3.00	0.	
411	2005 CLUB CAR GOLF CART						
	01/25/10	3,096.	3,096.	SL	3.00	0.	
412	ADVOLUTION 20XP CORD BURN						
	02/04/10	1,234.	1,234.	SL	3.00	0.	
413	ADFINITY X20C WITH AXP WA						
	02/04/10	4,744.	4,744.	SL	3.00	0.	
414	AVENGER 189 MODEL AV18AX						
	02/10/10	1,600.	1,600.	SL	3.00	0.	
415	BURNISHER (8550900)						
	02/10/10	1,075.	1,075.	SL	3.00	0.	
416	MOTREC ELECTRIC PERSONNEL						
	02/10/10	9,200.	9,200.	SL	3.00	0.	
417	AQUACLEAN 18ST						
	02/28/11	2,062.	2,062.	SL	3.00	0.	
418	ADVOLUTION 20XP BURNISHER						
	02/28/11	3,839.	3,839.	SL	3.00	0.	
419	TERRA 132B GEL PACKAGE						
	02/28/11	4,538.	4,538.	SL	3.00	0.	
420	ADFINITY 20D PACKAGE W/BA						
	02/28/11	4,469.	4,469.	SL	3.00	0.	

421	SWEeper TERRA 28B (3)					
	02/28/11	7,012.	7,012.	SL	3.00	0.
422	2800ST 312 OBC PH					
	02/28/11	10,727.	10,727.	SL	3.00	0.
423	VAPORLUX 5000UL SERIES B					
	02/28/11	2,448.	2,448.	SL	3.00	0.
424	AQUAPLUS AXP BAT PKG					
	03/31/11	8,114.	8,114.	SL	3.00	0.
425	ADVOLUTION 24BT					
	03/31/11	6,364.	6,364.	SL	3.00	0.
426	TORO 21" MOWER W/BAG					
	01/18/95	86.	86.	SL	5.00	0.
427	ECHO BACK-PAK BLOWER					
	01/19/95	22.	22.	SL	5.00	0.
428	POWER PLUG 16" (5HP)					
	02/17/95	188.	188.	SL	5.00	0.
429	24"5HPF. T. TILLER					
	04/11/95	55.	55.	SL	5.00	0.
430	24CC HEDGETRIM 40"					
	08/15/95	89.	89.	SL	5.00	0.
431	24CC HEDGE TRIM 30"S					
	09/25/96	99.	99.	SL	5.00	0.
432	24CC HEDGE TRIM 30"S					
	09/25/96	99.	99.	SL	5.00	0.
433	B&S COMM. EDGER (3.5HP)					
	09/25/96	109.	109.	SL	5.00	0.
434	SPHV MOWER (4HP)					
	09/25/96	206.	206.	SL	5.00	0.
435	SPHV MOWER (4HP)					
	09/25/96	206.	206.	SL	5.00	0.
436	SPHV MOWER (4HP)					
	09/25/96	206.	206.	SL	5.00	0.
437	COMM YARD VACUUM (5HP)					
	09/27/96	215.	215.	SL	5.00	0.
438	24CC HEDGE/TRIM 30"S					
	11/25/96	113.	113.	SL	5.00	0.
439	21"4 HP SPHV MOWER					
	11/25/96	247.	247.	SL	5.00	0.
440	COMMERCIAL 5.0HP YARD VAC					
	11/25/96	267.	267.	SL	5.00	0.
441	LAWN TRACTOR					
	02/24/97	307.	307.	SL	5.00	0.
442	HEDGE PULL TRIMMER					
	02/18/99	379.	379.	SL	5.00	0.
443	44"LAZERHPMOWER/MULCHKIT					
	04/15/99	4,315.	4,315.	SL	5.00	0.
444	58CC BP BLOWER					
	12/23/99	309.	309.	SL	5.00	0.
445	58CC BP BLOWER					
	08/25/00	353.	353.	SL	5.00	0.
446	21" METRO SP BBC KAWA					
	08/26/00	1,875.	1,875.	SL	5.00	0.
447	WEEDEATER					
	04/03/01	406.	406.	SL	5.00	0.

448	21" METRO SP BBC KAWA						
	04/20/06	981.	981.	SL	5.00	0.	
449	RECONFIGURE SUITE D						
	02/20/02	6,527.	6,527.	SL	3.00	0.	
450	CRP-HVAC REPAIR						
	11/22/02	5,157.	5,157.	ADS	3.80	0.	
451	STORAGE CAGE SUITE						
	04/28/03	1,294.	1,294.	ADS	2.00	0.	
452	REPAIR/MAINTENANCE						
	08/31/04	2,920.	2,920.	SL	3.00	0.	
453	STANDARD SPD BUFFER 13"						
	10/27/95	32.	32.	SL	5.00	0.	
454	WET/DRY VACUUM (17GAL)						
	10/27/95	33.	33.	SL	5.00	0.	
455	NSS STALION BSC EXTRACTOR						
	10/11/95	95.	95.	SL	5.00	0.	
456	FILTRONIC BURNISHER 2000R						
	01/12/96	132.	132.	SL	5.00	0.	
457	SPOTTER PROSPOT (2GAL1.8H						
	08/11/97	308.	308.	SL	5.00	0.	
458	VAC SENSOR 15" WINDSOR						
	08/06/97	208.	208.	SL	5.00	0.	
459	VACSENSOR 15" WINDSOR						
	08/06/97	208.	208.	SL	5.00	0.	
460	VACUUM SENSOR 15" WINDSOR						
	02/24/98	175.	175.	SL	5.00	0.	
461	VACUUM SENSOR 15" WINDSOR						
	02/24/98	175.	175.	SL	5.00	0.	
462	PACER AREA VACUUM 30"						
	07/23/98	631.	631.	SL	5.00	0.	
463	HI-SPEED FLOOR BURNISHER						
	07/23/98	1,410.	1,410.	SL	5.00	0.	
464	COLT WET-DRY VACUUM						
	07/30/98	320.	320.	SL	5.00	0.	
465	BURNISHER 21" PROPANE HON						
	12/15/99	1,935.	1,935.	SL	5.00	0.	
466	17" BURNISHER GAZELLE						
	12/01/00	1,353.	1,353.	SL	5.00	0.	
467	BEXT EXTRACTOR 150H #C702						
	02/13/07	1,481.	1,481.	SL	5.00	0.	
468	BURNISHER 20" 2000 RPM 23						
	03/28/07	892.	892.	SL	5.00	0.	
469	SWEEPER EDGE 28B #0748336						
	01/17/08	1,836.	1,836.	SL	5.00	0.	
470	ACA 96 WHEEL CART						
	01/26/99	239.	239.	SL	5.00	0.	
471	PONY CARPET MACHINE						
	01/27/99	2,360.	2,360.	SL	5.00	0.	
472	MARSHALL 14" VACUUM CLEAN						
	01/27/99	245.	245.	SL	5.00	0.	
473	MARSHALL 14" VACUUM CLEAN						
	01/27/99	245.	245.	SL	5.00	0.	
474	MARSHALL 14" VACUUM CLEAN						
	01/27/99	245.	245.	SL	5.00	0.	

475	MARSHALL 14" VACUUM CLEAN						
	01/27/99	245.	245.	SL	5.00	0.	
476	LOW SPEED BUFFER						
	01/27/99	594.	594.	SL	5.00	0.	
477	WET VACUUM W/ TOOLKIT						
	01/27/99	451.	451.	SL	5.00	0.	
478	WET VACUUM W/ TOOLKIT						
	01/27/99	451.	451.	SL	5.00	0.	
479	NSS PACER VACUUM						
	02/05/99	695.	695.	SL	5.00	0.	
480	NSS PACER VACUUM						
	02/05/99	695.	695.	SL	5.00	0.	
481	21" PROPANE BURNISHER						
	12/31/98	1,612.	1,612.	SL	5.00	0.	
482	PRESSURE WASHER						
	03/03/99	807.	807.	SL	5.00	0.	
483	GROUT HOG W /TANK						
	03/08/99	584.	584.	SL	5.00	0.	
484	SABER 24" SCRUBBER						
	03/25/99	3,141.	3,141.	SL	5.00	0.	
485	SABER 20" SCRUBBER						
	03/25/99	1,910.	1,910.	SL	5.00	0.	
486	SENSOR 15" VACUUM						
	10/14/99	286.	286.	SL	5.00	0.	
487	SENSOR 15" VACUUM						
	10/14/99	286.	286.	SL	5.00	0.	
488	UTILITY TRUCK						
	12/29/00	372.	372.	SL	5.00	0.	
489	27" HIGH SPEED BUFFER NSS						
	04/27/01	2,828.	2,828.	SL	5.00	0.	
490	VAC BACK-PACK COACH						
	05/02/02	431.	431.	SL	3.00	0.	
491	CLARK HI-SPEED BUFFER - 2						
	08/28/02	1,142.	1,142.	SL	5.00	0.	
492	CLARK HI-SPEED BUFFER - 2						
	08/28/02	1,142.	1,142.	SL	5.00	0.	
493	BURNISHER 20" 2000 RPM						
	12/09/05	888.	888.	SL	5.00	0.	
494	VACUUM WET VAC						
	04/04/06	741.	741.	SL	5.00	0.	
495	BURNISHER #44945						
	09/22/06	13,334.	13,334.	SL	5.00	0.	
496	SCRUBBER #10299028						
	09/22/06	11,908.	11,908.	SL	5.00	0.	
497	SENSOR 15" VACUUM T600205						
	03/02/07	652.	652.	SL	5.00	0.	
498	SENSOR 15" VACUUM T600205						
	03/02/07	652.	652.	SL	5.00	0.	
499	SWEeper EDGE 28B #0748336						
	01/17/08	1,836.	1,836.	SL	5.00	0.	
500	FILEMAKER PRO SOFTWARE						
	07/31/13	3,186.	1,274.	SL	5.00	637.	
501	CLARKE ULTRA - BURNISHER						
	01/14/02	1,196.	1,196.	SL	5.00	0.	

502	8 CUBICLE 6X6 WORKSTATION					
	11/08/14	6,389.	426.	SL	10.00	639.
503	17 TABLES, ROLLING, CONVE					
	11/08/14	3,594.	238.	SL	10.00	359.
504	PATIO FURNITURE-2 OUTDOOR					
	06/01/15	3,223.	54.	SL	5.00	645.
505	RECONFIGURE SUITE 150: PA					
	11/08/14	600.	67.	SL	6.00	100.
506	RECONFIGURE SUITE 160: BA					
	03/01/15	3,294.	234.	SL	4.70	701.
507	CUBICLES - VENDOR: GIVE SOMETHING BACK					
	05/23/16	5,180.		SL	10.00	2,622.
508	MOWER - BILLTGOAT LOADE SERIAL #072715551					
	03/31/16	3,499.		SL	5.00	1,881.
509	LANDSCAPE EQUIPMENT					
	VARIOUS	17,718.	17,718.	SL	5.00	0.
510	VEHICLES					
	VARIOUS	132,245.	132,245.	SL	5.00	0.
TOTAL DEPR TO FORM 3885		<u>1,777,477.</u>	<u>1422271.</u>			<u>126,266.</u>

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
CROSSROADS DIVERSIFIED SERVICES, INC.	94-2446765

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	10,497,648.00
2 Total gross income (Form 199, line 8)	2	10,487,866.00
3 Total expenses and disbursements (Form 199, line 9)	3	10,683,872.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	Signature of officer _____	Date _____	Title PRESIDENT & CEO
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature _____	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00294123
Must Sign	Firm's name (or yours if self-employed) and address BFBA, LLP 83 SCRIPPS DRIVE, SUITE 210 SACRAMENTO, CA	FEIN 68-0000424	ZIP code 95825		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
Must Sign	Firm's name (or yours if self-employed) and address _____	FEIN _____	ZIP code _____	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Crossroads Diversified Services, Inc. 9300 Tech Center Drive No. 100 Sacramento, CA 95826
Prepared by	BFBA, LLP 83 Scripps Drive, Suite 210 Sacramento, CA 95825
Amount due or refund	Balance due of \$225.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 033320 CROSSROADS DIVERSIFIED SERVICES, INC. <small>Name of Organization</small> 9300 TECH CENTER DRIVE, NO. 100 <small>Address (Number and Street)</small> SACRAMENTO, CA 95826 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0834786</u> Federal Employer I.D. No. <u>94-2446765</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:
 Gross annual revenue \$ 10,487,866. Total assets \$ 3,037,036.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 11	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 916-568-5230

Organization's e-mail address WFANSLER@CDS DIV.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

JAMES ESTEP

PRESIDENT & CEO

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 11
PART B, LINE 6

CALIFORNIA DEPARTMENT OF REHABILITATION
721 CAPITAL MALL
SACRAMENTO, CA 95814
SHARON LAU
916-445-5385

SACRAMENTO COUNTY DEPARTMENT OF HUMAN ASSISTANCE
1825 BELL STREET, SUITE 200
SACRAMENTO, CA 95825
ANN EDWARDS
916-874-3800

SACRAMENTO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
7001-A EAST PARKWAY, SUITE 1000
SACRAMENTO, CA 95823-2501
DEBRA ARIAS
916-875-1966

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
925 DEL PASO BOULEVARD
SACRAMENTO, CA 95815
MAYXAY ZIONG
916-263-6289

SOCIAL SECURITY ADMINISTRATION
OFFICE OF ACQUISITION AND GRANTS
1540 ROBERT M. BALL BUILDING, 6403
6401 SECURITY BLVD.
BALTIMORE, MD 21235
TONYA SAUNDERS
410-965-9501