

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023**Open to Public Inspection****A** For the 2023 calendar year, or tax year beginning **10/01/23**, and ending **09/30/24****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**Crossroads Center Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

702 W 14th Street

Room/suite

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

Hastings**NE 68901-3006****D** Employer identification number****-***0215****E** Telephone number**402-462-6460****G** Gross receipts \$**3,687,006****F** Name and address of principal officer:**Brian Levander****3620 West Old Potash Hwy****Grand Island****NE 68803****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

J Tax-exempt status:☒ 501(c)(3)☐ 501(c) () (insert no.)☐ 4947(a)(1) or☐ 527**J** Website:**www.crossroadsmission.com****H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: **1983****M** State of legal domicile: **NE****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	To provide a Christ centered ministry of shelter, assistance and acceptance to the homeless in the area.		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	92
	6 Total number of volunteers (estimate if necessary)	6	360
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,674,491	1,488,436
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,693,597	2,129,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-99,450	67,093
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,610,898	3,684,906
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,536,245	1,960,434
	16a Professional fundraising fees (Part IX, column (A), line 11e)	185,260	247,531
	b Total fundraising expenses (Part IX, column (D), line 25)	347,851	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,121,462	1,225,046	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,842,967	3,433,011	
19 Revenue less expenses. Subtract line 18 from line 12	767,931	251,895	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,667,186	10,179,639
	22 Net assets or fund balances. Subtract line 21 from line 20	1,982,502	2,220,272
		7,684,684	7,959,367

Part II Signature Block

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

Sign Here

Signature of officer

Date

Brian Levander**President**

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Gregory L. Thomsen	<i>Gregory L. Thomsen</i>	08/04/25	<input type="checkbox"/>	*****
	Firm's name	Firm's EIN		** - ***1667	
	Firm's address	Phone no.		402-420-2900	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)