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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01/24 , and ending 09/30/25

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: 47-0700215

E Telephone number: 402-462-6460

G Gross receipts $: 3,619,068

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

I 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

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 ☐ 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 2024 (Part V, line 2a)	5	111
6 Total number of volunteers (estimate if necessary)	6	375
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,488,436	1,405,081
9 Program service revenue (Part VIII, line 2g)	2,129,377	2,158,418
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,093	55,569
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,684,906	3,619,068
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)	1,960,434	2,072,986
16a Professional fundraising fees (Part IX, column (A), line 11e)	247,531	207,691
b Total fundraising expenses (Part IX, column (D), line 25) 303,441		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,225,046	1,471,037
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,433,011	3,751,714
19 Revenue less expenses. Subtract line 18 from line 12	251,895	-132,646

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,179,639	10,117,814
21 Total liabilities (Part X, line 26)	2,220,272	2,291,093
22 Net assets or fund balances. Subtract line 21 from line 20	7,959,367	7,826,721

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

Preparer's name: Gregory L. Thomsen	Preparer's signature: Gregory L Thomsen	Date: 07/13/26	Check ☐ if self-employed	PTIN: P01331266
Firm's name: Harger CPA Group, P.C.			Firm's EIN:	47-0841667
Firm's address: 5701 Thompson Creek Blvd Ste 100 Lincoln, NE 68516			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.
DAA

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