

**Crossroads United Way, Inc.
PO Box 3048
Elkhart, IN 46515**

**December 31, 2024
Income Tax Returns**

INSIGHT ACCOUNTING GROUP

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InsightAccountingGroup.com

November 5, 2025

CONFIDENTIAL

Crossroads United Way, Inc.
PO Box 3048
Elkhart, IN 46515

Dear Bill:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

INSIGHT ACCOUNTING GROUP, PC

Form 990		Two Year Comparison Report			2023 & 2024
		For calendar year 2024, or tax year beginning _____, ending _____		Taxpayer Identification Number	
Name		CROSSROADS UNITED WAY, INC. 35-0953433			
		2023	2024	Differences	
Revenue	1. Contributions, gifts, grants	1,349,987	1,259,270	-90,717	
	2. Membership dues and assessments				
	3. Government contributions and grants	1,571		-1,571	
	4. Program service revenue	214,888	222,577	7,689	
	5. Investment income	57,296	83,813	26,517	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory	157,404	38,592	-118,812	
	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue	3,063	55,879	52,816	
	12. Total revenue. Add lines 1 through 11	1,784,209	1,660,131	-124,078	
Expenses	13. Grants and similar amounts paid	619,250	635,750	16,500	
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.	148,933	134,538	-14,395	
	16. Salaries, other compensation, and employee benefits	757,358	694,441	-62,917	
	17. Professional fundraising fees				
	18. Other professional fees	81,043	93,124	12,081	
	19. Occupancy, rent, utilities, and maintenance	49,372	53,498	4,126	
	20. Depreciation and Depletion	1,657	2,307	650	
	21. Other expenses	457,341	659,308	201,967	
	22. Total expenses. Add lines 13 through 21	2,114,954	2,272,966	158,012	
	23. Excess or (Deficit). Subtract line 22 from line 12	-330,745	-612,835	-282,090	
	24. Total exempt revenue	1,784,209	1,660,131	-124,078	
25. Total unrelated revenue					
26. Total excludable revenue	432,651	400,861	-31,790		
27. Total assets	4,124,772	3,458,241	-666,531		
28. Total liabilities	471,188	242,962	-228,226		
29. Retained earnings	3,653,584	3,215,279	-438,305		
30. Number of voting members of governing body	19	17			
31. Number of independent voting members of governing body	19	17			
32. Number of employees	10	11			
33. Number of volunteers	616	693			

Filing Instructions

Crossroads United Way, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

INSIGHT ACCOUNTING GROUP, PC
3160 Windsor Ct
Elkhart, IN 46514

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning 2024, and ending 20.....
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

EIN or SSN

CROSSROADS UNITED WAY, INC.**35-0953433**

Name and title of officer or person subject to tax

**WILLIAM PURCELL
PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,660,131
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **INSIGHT ACCOUNTING GROUP, PC** to enter my PIN **33435** as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax

Date

11/05/25**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.

35215141610

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 **LEANNE K MCKEE CPA**

Date

11/05/25

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

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

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning**

, and ending

B Check if applicable:

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

C Name of organization**CROSSROADS UNITED WAY, INC.**

Doing business as

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

PO BOX 3048**D Employer identification number****35-0953433****E Telephone number****574-295-1650**

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

ELKHART IN 46515**G Gross receipts\$ 1,660,131****F Name and address of principal officer:****WILLIAM PURCELL
PO BOX 3048
ELKHART IN 46515****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.CROSSROADSUW.ORG**K Form of organization:** Corporation Trust Association Other**H(c) Group exemption number****L Year of formation: 1950 M State of legal domicile: IN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	17
	3 Number of voting members of the governing body (Part VI, line 1a)	4	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	6	693
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
Expenses		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,351,558	1,259,270
	9 Program service revenue (Part VIII, line 2g)	214,888	222,577
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,700	122,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,063	55,879
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,784,209	1,660,131
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	619,250	635,750
	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)	906,291	828,979
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	553,740	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	589,413	808,237
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,114,954	2,272,966
	19 Revenue less expenses. Subtract line 18 from line 12	-330,745	-612,835
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,124,772	3,458,241
	21 Total liabilities (Part X, line 26)	471,188	242,962
	22 Net assets or fund balances. Subtract line 21 from line 20	3,653,584	3,215,279

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

WILLIAM PURCELL**PRESIDENT**

Type or print name and title

Paid Preparer Use Only	Preparer's name LEANNE K MCKEE CPA	Preparer's signature LEANNE K MCKEE CPA	Date 11/05/25	Check <input type="checkbox"/> if self-employed	PTIN P01077568
	Firm's name INSIGHT ACCOUNTING GROUP, PC		Firm's EIN 20-3708395		
	Firm's address 3160 WINDSOR CT ELKHART, IN 46514			Phone no. 574-262-8886	

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

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:**SEE SCHEDULE O**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,456,557 including grants of \$ 635,750) (Revenue \$ 222,577)

COMMUNITY IMPACT PROGRAMS - INVESTING COMMUNITY FUNDS THROUGH AN ANNUAL CITIZEN REVIEW PROCESS IS THE BACKBONE OF UNITED WAY. THE COMMUNITY INVESTMENT SYSTEM FOSTERS ACCOUNTABILITY & LOCAL CONTROL BY USING COMMUNITY VOLUNTEERS. THIS OBJECTIVE REVIEW & EVALUATION ENHANCES THE CREDIBILITY OF THE LOCAL NONPROFIT SECTOR. THE COMMUNITY IMPACT SYSTEM IS FOUNDED UPON THE PRINCIPLES OF STEWARDSHIP & COMMUNITY ENGAGEMENT. CONTRIBUTORS TRUST UNITED WAY TO UTILIZE THEIR CHARITABLE DONATIONS SELECTIVELY & WISELY. PANELS DEVELOP STRATEGIES FOR THE BOARD OF DIRECTORS THAT ARE ACCOUNTABLE TO DONORS, RESPONSIVE TO THE NEEDS OF THE COMMUNITY & INCLUSIVE OF PROGRAMS ATTRACTIVE TO GIVERS.

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

N/A

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

N/A4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **1,456,557**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22

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? If "Yes," complete Schedule J 23

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b

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? 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27

28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).
 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c

29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32

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? If "Yes," complete Schedule R, Part I 33

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O. 38

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a
1b

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1d

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	2a	11
2b		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
3b		3b	
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)?	4a	<input checked="" type="checkbox"/>
b	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?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8868-T?	5c	
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?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.	9a	<input checked="" type="checkbox"/>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	<input checked="" type="checkbox"/>
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on 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 on Schedule O.	1a 17	
1b		1b 17	
2		2	<input checked="" type="checkbox"/>
3		3	<input checked="" type="checkbox"/>
4		4	<input checked="" type="checkbox"/>
5		5	<input checked="" type="checkbox"/>
6		6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	<input checked="" type="checkbox"/>
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
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 on Schedule O	9	<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on 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.	

CROSSROADS UNITED WAY

PO BOX 3048

ELKHART

IN 46515

574-295-1650

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				
(1) WILLIAM PURCELL PRESIDENT	40.00 0.00			X				134,538	0	7,260
(2) ASHLEY MARTIN BOARD PRESIDENT	1.00 0.00	X	X					0	0	0
(3) TRAVIS GLICK VICE PRESIDENT	1.00 0.00	X	X					0	0	0
(4) SHANNON BRUGGEMAN TREASURER	1.00 0.00	X	X					0	0	0
(5) GRACE CASWELL SECRETARY	1.00 0.00	X	X					0	0	0
(6) MAREEN BARTON BOARD MEMBER	1.00 0.00	X						0	0	0
(7) DAWN FISHER BOARD MEMBER	1.00 0.00	X						0	0	0
(8) AMY GROOMS BOARD MEMBER	1.00 0.00	X						0	0	0
(9) ANDY HELFRICH BOARD MEMBER	1.00 0.00	X						0	0	0
(10) BRIAN HICKS BOARD MEMBER	1.00 0.00	X						0	0	0
(11) MATT HOSTETLER BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) ANNE LOWE	1.00									
(12) BOARD MEMBER	0.00	X						0	0	0
(13) ANDY MARSHALL	1.00									
(13) BOARD MEMBER	0.00	X						0	0	0
(14) DAN NEW	1.00									
(14) BOARD MEMBER	0.00	X						0	0	0
(15) JENNIFER PENDLEY	1.00									
(15) BOARD MEMBER	0.00	X						0	0	0
(16) TAMMY PIFER	1.00									
(16) BOARD MEMBER	0.00	X						0	0	0
(17) MARK PODGORSKI	1.00									
(17) BOARD MEMBER	0.00	X						0	0	0
(18) JASON WIDMAR	1.00									
(18) BOARD MEMBER	0.00	X						0	0	0
(19)										
1b Subtotal								134,538		7,260
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								134,538		7,260

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants, and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,259,270				
g Noncash contributions included in lines 1a-1f	1g	\$ 25,890				
h Total. Add lines 1a-1f			1,259,270			
Program Service Revenue			Business Code			
	2a SPECIAL EVENTS INCOME			222,577	222,577	
	b					
	c					
	d					
	e					
	g Total. Add lines 2a-2f			222,577		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			83,813	83,813	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	6a					
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a		38,592			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c	38,592			
	d Net gain or (loss)			38,592	38,592	
Miscellaneous Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	11a MISCELLANEOUS INCOME	Business Code				
	b			55,879	55,879	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			55,879		
12 Total revenue. See instructions			1,660,131	400,861	0	0

Part IX Statement of Functional Expenses*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule 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	635,750	635,750		
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	134,538	62,641	18,378	53,519
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	524,385	244,154	71,631	208,600
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,632	8,675	2,545	7,412
9 Other employee benefits	103,110	48,008	14,085	41,017
10 Payroll taxes	48,314	22,496	6,599	19,219
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	64,836		64,836	
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 Schedule O)	28,288	3,230	22,298	2,760
12 Advertising and promotion	10,647		88	10,559
13 Office expenses	120,474	46,912	13,807	59,755
14 Information technology				
15 Royalties				
16 Occupancy	53,498	22,627	6,896	23,975
17 Travel	38,811	18,049	5,295	15,467
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,765	5,288	2,367	4,110
20 Interest	115		115	
21 Payments to affiliates	17,484		17,484	
22 Depreciation, depletion, and amortization	2,307		2,307	
23 Insurance	8,494	3,955	1,160	3,379
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	214,114	152,422		61,692
b SPECIAL COMMUNITY ALLOCAT	100,000	100,000		
c MISCELLANEOUS	61,778	43,645	4,496	13,637
d CREDIT CARD AND BANK FEES	26,009	10,163	2,826	13,020
e All other expenses	49,617	28,542	5,456	15,619
25 Total functional expenses. Add lines 1 through 24e	2,272,966	1,456,557	262,669	553,740
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (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	1,180,879	1	557,548
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	813,906	3	578,316
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,475	9	29,040
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	51,363		
	b Less: accumulated depreciation	44,514	10c	6,849
	11 Investments—publicly traded securities	1,510,247	11	1,660,394
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	18,033	14	11,181
	15 Other assets. See Part IV, line 11	575,070	15	614,913
	16 Total assets. Add lines 1 through 15 (must equal line 33)	4,124,772	16	3,458,241
Liabilities	17 Accounts payable and accrued expenses	348,416	17	178,514
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	122,772	25	64,448
	26 Total liabilities. Add lines 17 through 25	471,188	26	242,962
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,509,660	27	1,889,823
	28 Net assets with donor restrictions	1,143,924	28	1,325,456
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,653,584	32	3,215,279
	33 Total liabilities and net assets/fund balances	4,124,772	33	3,458,241

Part XI Reconciliation of Net AssetsCheck 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	1,660,131
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,272,966
3 Revenue less expenses. Subtract line 2 from line 1	3	-612,835
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,653,584
5 Net unrealized gains (losses) on investments	5	139,069
6 Donated services and use of facilities	6	35,461
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,215,279

Part XII Financial Statements and ReportingCheck 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 on 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	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
Inspection

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations _____
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,688,692	2,603,220	1,729,035	1,351,558	1,259,270	10,631,775
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,688,692	2,603,220	1,729,035	1,351,558	1,259,270	10,631,775
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						10,631,775

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3,688,692	2,603,220	1,729,035	1,351,558	1,259,270	10,631,775
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	54,145	113,457	33,476	57,296	122,405	380,779
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						11,012,554
12 Gross receipts from related activities, etc. (see instructions)					12	1,344,484
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	96.54 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.03 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. 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 — 2024. 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 — 2023. 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 10 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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		<input type="checkbox"/>
b 33 1/3% support tests — 2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>	1	
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>	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
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>	3b	
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>	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
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>	4b	
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>	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>	5a	
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?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	8	
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>	9a	
b	Did one or more disqualified persons (as defined on 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>	9b	
c	Did a disqualified person (as defined on 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>	9c	
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 line 10b below.</i>	10a	
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>	10b	

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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.	2	

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).	1	

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?	1	
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).	2	
3	By reason of the relationship described on line 2, above, 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.	3	

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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, 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.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .	3a	
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.	3b	

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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433

Organization type (check one):

Filers of:

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

PAGE 1 OF 1

Page 2

Name of organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433

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	GOSHEN HEALTH 200 HIGH PARK AVE. GOSHEN IN 46526	\$ 27,914	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NIBCO, INC. P.O. BOX 1167 ELKHART IN 46515	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT MARTIN PO BOX 429 BRISTOL IN 46507	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS	\$ 27,755	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D**(Form 990)**

(Rev. December 2024)

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.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433**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).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make 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 program
 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
1c	
1d	
1e	
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 in 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	1,360,864	1,238,923	1,393,775	1,258,293	1,140,561
b Contributions					
c Net investment earnings, gains, and losses	125,863	129,054	-148,406	142,123	123,685
d Grants or scholarships	25,598				
e Other expenditures for facilities and programs					
f Administrative expenses	8,175	7,114	6,446	6,641	5,953
g End of year balance	1,452,954	1,360,864	1,238,923	1,393,775	1,258,293

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

a Board designated or quasi-endowment 90.36 %

b Permanent endowment 9.64 %

c Term 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:

(i) Unrelated organizations?

(ii) Related organizations?

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

	Yes	No
3a(i)	X	
3a(ii)		X
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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	51,363		44,514	6,849
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,849

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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
ASSETS HELD BY COMMUNITY FOUNDATIONS	614,913
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	614,913

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) DONOR DESIGNATIONS PAYABLE		53,132
(3) OPERATING RIGHT OF USE LIABILITY		11,316
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		64,448

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,850,868
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	139,069
b	Donated services and use of facilities	2b	35,461
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	174,530
3	Subtract line 2e from line 1	3	1,676,338
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-16,207
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	-16,207
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,660,131

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,289,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,289,173
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-16,207
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	-16,207
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,272,966

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO THE EXTENT THE AMOUNT OF ENDOWMENT INVESTMENT INCOME TO BE DISTRIBUTED HAS BEEN DETERMINED AND TO THE EXTENT THAT ALL DONOR DIRECTIVES HAVE BEEN MET, SAID AMOUNT MAY BE DISTRIBUTED AT THE DISCRETION OF THE CROSSROADS UNITED WAY BOARD OF DIRECTORS. IN GENERAL, THESE FUNDS WILL BE UTILIZED TO STABALIZE AGENCY FUNDING DURING PERIODS OF BELOW NORMAL ANNUAL CAMPAIGNS, TO ENHANCE ANNUAL AGENCY DISTRIBUTIONS FOR SPECIAL PURPOSE AGENCY GRANTS AND TO SUPPORT THE ADMINISTRATIVE ACTIVITIES OF THE CROSSROADS UNITED WAY.

Part XIII Supplemental Information (continued)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CROSSROADS UNITED WAY, INC.Employer identification number
35-0953433**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	4B BOXING 930 W MARION ST ELKHART IN 46516	92-0810529	501C3	20,000				OPERATIONS
(2)	AMERICAN RED CROSS 220 W. COLFAX AVE. SOUTH BEND IN 46601	35-0909968	501C3	10,450				OPERATIONS
(3)	BOYS & GIRLS CLUB PO BOX 614 GOSHEN IN 46527	35-1033735	501C3	10,000				OPERATIONS
(4)	CAPS 1000 W. HIVEY AVE. ELKHART IN 46517	35-0888765	501C3	23,000				OPERATIONS
(5)	CARE UNIVERSITY PO BOX 695 ELKHART IN 46514	83-1519755	501C3	25,000				OPERATIONS
(6)	CENTER FOR HEALING AND HOPE P.O. BOX 195 GOSHEN IN 46527	02-0560511	501C3	25,000				OPERATIONS
(7)	CENTER FOR INNOVATIVE AND URBAN MIN 405 S JACKSON PO BOX 450 JACKSON MI 49204-0450	82-1420706	501C3	8,000				OPERATIONS
(8)	CHURCH COMMUNITY SERVICES PO BOX 2346 ELKHART IN 46515	35-1155054	501C3	25,000				OPERATIONS
(9)	COMMUNITY HEALTH CLINIC INC 315 LEHMAN AVE STE C TOPEKA IN 46571	26-4463924	501C3	7,600				OPERATIONS

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

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Inspection**

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COUNCIL ON AGING 131 W. TYLER ST. ELKHART	IN 46516	51-0178910	501C3	25,000			OPERATIONS
(2)	DOWNTOWN MINISTRIES OF GOSHEN, INC. 17285 COUNTY ROAD 34 GOSHEN	IN 46528	35-1689569	501C3	10,000			OPERATIONS
(3)	ELIJAH HAVEN CRISIS INTERVENTION P.O. BOX 198 LAGRANGE	IN 46761	35-1982355	501C3	12,000			OPERATIONS
(4)	ELKHART COUNTY CLUBHOUSE INC 114 S 5TH ST GOSHEN	IN 46528	27-1151738	501C3	18,000			OPERATIONS
(5)	ELKHART EDUCATION FOUNDATION 200 W. LUSHER AVE ELKHART	IN 46517	46-3429545	501C3	10,000			OPERATIONS
(6)	FAMILY CHRISTIAN DEVELOPMENT CENTER PO BOX 227 NAPPANEE	IN 46550	35-1979463	501C3	15,000			OPERATIONS
(7)	HABITAT FOR HUMANITY OF ELKHART COU PO BOX 950 GOSHEN	IN 46527	35-1685313	501C3	50,000			OPERATIONS
(8)	HAROLD W MCMILLEN CENTER FOR HEALTH 600 JIM KELLEY BLVD FORT WAYNE	IN 46816	35-1186994	501C3	11,200			OPERATIONS
(9)	HEALTHIER MOMS & BABIES 1025 W RUDISILL BLVD STE 9 FORT WAYNE	IN 46807-2168	83-4507606	501C3	10,000			OPERATIONS

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CROSSROADS UNITED WAY, INC.Employer identification number
35-0953433**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	JUNIOR ACHIEVEMENT OF NORTHERN INDI 1025 N. MICHIGAN ST.							OPERATIONS
	ELKHART IN 46514	35-0922731	501C3	15,000				
(2)	LAGRANGE COUNTY COUNCIL ON AGING PO BOX 107							OPERATIONS
	LAGRANGE IN 46761	23-7455893	501C3	10,000				
(3)	LEXINGTON HOUSE OF ELKHART INC 2626 PRAIRIE STREET							OPERATIONS
	ELKHART IN 46517	85-4045691	501C3	25,000				
(4)	LIFE AND FAMILY SERVICES INC 201 S PARK AVE							OPERATIONS
	KENDALLVILLE IN 46755	31-1164090	501C3	15,000				
(5)	MICHIANA PUBLIC BROADCASTING CORP 300 W JEFFERSON							OPERATIONS
	SOUTH BEND IN 46601	35-1155594	501C3	14,000				
(6)	NORTHERN IN HISPANIC HEALTH COALITI 444 N. NAPPANEE ST							OPERATIONS
	ELKHART IN 46514	32-0039221	501C3	15,000				
(7)	OAKLAWN PO BOX 809							OPERATIONS
	GOSHEN IN 46527	35-1070041	501C3	30,000				
(8)	RYANS PLACE INC P.O. BOX 73							OPERATIONS
	GOSHEN IN 46526	35-2136542	501C3	25,000				
(9)	SALVATION ARMY ELKHART, INC PO BOX 385							OPERATIONS
	ELKHART IN 46515	38-1359297	501C3	26,000				

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

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY GOSHEN PO BOX 114 GOSHEN IN 46527	38-1359297	501C3	25,000				OPERATIONS
(2)	SPA WOMEN'S MINISTRY HOMES 3404 TOLEDO ROAD ELKHART IN 46516	43-1998891	501C3	10,000				OPERATIONS
(3)	ST MARTINS HEALTHCARE 1359 S RANDOLPH ST. GARRETT IN 46738	20-8609620	501C3	12,000				OPERATIONS
(4)	WALNUT HILL EARLY CHILDHOOD CENTER 1700 SHASTA DR GOSHEN IN 46526	35-1146723	501C3	45,000				OPERATIONS
(5)	YWCA NORTH CENTRAL INDIANA, INC. 1102 S. FELLOWS ST. SOUTH BEND IN 46601	35-0868226	501C3	12,500				OPERATIONS
(6)	UNITED WAY OF ALLEN COUNTY 347 WEST BERRY STREET #300 FORT WAYNE IN 46802	35-0867932	501C3	8,000				OPERATIONS
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) **CROSSROADS UNITED WAY, INC**

35-0953433

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2024**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENT PRIZES)	X	1	25,890	
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	<input checked="" type="checkbox"/> 30a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/> 31	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<input checked="" type="checkbox"/> 32a	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

SCHEDULE O**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

CROSSROADS UNITED WAY, INC.

Employer identification number

35-0953433

OMB No. 1545-0047

**Open to Public
Inspection****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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**FORM 990 - ORGANIZATION'S MISSION**

IMPROVE THE QUALITY OF LIFE THROUGHOUT ELKHART, LAGRANGE AND NOBLE COUNTIES, INDIANA BY BRINGING TOGETHER MEMBERS OF THE COMMUNITY TO DEVELOP PRIORITY SOCIAL NEEDS THOUGH CONSENSUS, GENERATE AND FACILITATE SOLUTIONS TO MEET THOSE NEEDS, AND EFFICIENTLY RECOGNIZE, RAISE, AND ALLOCATE RESOURCES TO MEET THOSE IDENTIFIED NEEDS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS DISTRIBUTED TO THE GOVERNING BOARD MEMBERS AND IS ACCEPTED BY A VOTE BEFORE THE 990 IS SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT MUST BE FILLED OUT AND SIGNED BY ITS BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
CROSSROADS UNITED WAY MAKES THE AUDITED FINANCIAL STATEMENTS & FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2024Attachment Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.**CROSSROADS UNITED WAY, INC.**Identifying number
35-0953433

Business or activity to which this form relates

INDIRECT DEPRECIATION**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	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
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 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,307

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
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 2024 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						
c	7-year property						
d	10-year property						
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 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	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 instructions	22	2,307
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2024)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Desk Chair	9/14/92	463				463	5	MO S/L	463	0
2	4-Drawer Fire File	9/14/92	815				815	5	MO S/L	815	0
3	Desk	9/14/92	1,504				1,504	5	MO S/L	1,504	0
4	Desk	9/14/92	1,003				1,003	5	MO S/L	1,003	0
5	File Cabinets	8/31/92	240				240	5	MO S/L	240	0
6	2 Chairs	9/01/94	174				174	5	MO S/L	174	0
7	HP Printer Inkjet 22	11/30/00	615				615	3	MO S/L	615	0
8	Desk Chair - Assistant	9/15/06	519				519	7	MO S/L	519	0
9	Wireless LCD Projector	12/19/06	1,685				1,685	7	MO S/L	1,685	0
10	Powered Speaker/Rece	12/19/06	535				535	5	MO S/L	535	0
11	Copier	9/18/12	850				850	3	MO S/L	850	0
12	File Cabinets	1/01/95	1,442				1,442	10	MO S/L	1,442	0
13	Conference Room Chairs	12/31/15	575				575	7	MO S/L	575	0
14	Donation Tracker Software	8/12/15	4,250				4,250	5	MO S/L	4,250	0
15	Lexmark Printer/Copier	3/01/18	2,500				2,500	5	MO S/L	2,500	0
18	4 drawer file	1/01/95	587				587	10	MO S/L	587	0
66	desk/chairs for nrn	9/16/94	2,248				2,248	10	MO S/L	2,248	0
74	desk chairs (8)	8/30/95	885				885	10	MO S/L	885	0
94	desk,files,table,chair	11/15/97	992				992	10	MO S/L	992	0
112	Desk	11/29/00	550				550	10	MO S/L	550	0
157	Lanier LD645c (capital lease)	3/10/11	9,882				9,882	10	MO S/L	9,882	0
158	Canon IPF 655 (capital lease)	3/10/11	3,174				3,174	10	MO S/L	3,174	0
159	Case In-Win Mini Tower	9/10/14	2,196				2,196	10	MO S/L	2,049	147
160	(2) 32" LED LCD Monitor	9/10/14	1,695				1,695	10	MO S/L	1,582	113
161	Storage Cabinets	1/01/95	516				516	10	MO S/L	516	0
162	Metal Sign	12/31/15	900				900	7	MO S/L	900	0
163	15 Nuc (10th Generation) Computer	2/04/22	1,019				1,019	5	MO S/L	391	203
164	Intel NUC 15 Computer(User Jill Yoder)	3/07/22	1,359				1,359	5	MO S/L	498	272
165	Dell Latitude 3000 Notebook	10/24/22	1,678				1,678	5	MO S/L	392	335
166	Acer TravelMate P2 Notebook	12/14/22	1,067				1,067	5	MO S/L	231	214
167	P3330 Workstation with Monitor - Bill Pur	9/07/23	1,368				1,368	5	MO S/L	91	274
168	Lenovo ThinkPad E16 with Dock	10/31/23	2,083				2,083	5	MO S/L	69	417
169	LenovoThinkPad E16 Gen 1 and workstatic	3/13/24	1,994				1,994	5	MO S/L	0	332
Total Other Depreciation			<u>51,363</u>				<u>51,363</u>			<u>42,207</u>	<u>2,307</u>
Total ACRS and Other Depreciation			<u>51,363</u>				<u>51,363</u>			<u>42,207</u>	<u>2,307</u>
Grand Totals			<u>51,363</u>				<u>51,363</u>			<u>42,207</u>	<u>2,307</u>
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>51,363</u>				<u>51,363</u>			<u>42,207</u>	<u>2,307</u>

IN Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
Other Depreciation:								
1	Desk Chair	9/14/92	463	463	463	0	0	0
2	4-Drawer Fire File	9/14/92	815	815	815	0	0	0
3	Desk	9/14/92	1,504	1,504	1,504	0	0	0
4	Desk	9/14/92	1,003	1,003	1,003	0	0	0
5	File Cabinets	8/31/92	240	240	240	0	0	0
6	2 Chairs	9/01/94	174	174	174	0	0	0
7	HP Printer Inkjet 22	11/30/00	615	615	615	0	0	0
8	Desk Chair - Assistant	9/15/06	519	519	519	0	0	0
9	Wireless LCD Projector	12/19/06	1,685	1,685	1,685	0	0	0
10	Powered Speaker/Rece	12/19/06	535	535	535	0	0	0
11	Copier	9/18/12	850	850	850	0	0	0
12	File Cabinets	1/01/95	1,442	1,442	1,442	0	0	0
13	Conference Room Chairs	12/31/15	575	575	575	0	0	0
14	Donation Tracker Software	8/12/15	4,250	4,250	4,250	0	0	0
15	Lexmark Printer/Copier	3/01/18	2,500	2,500	2,500	0	0	0
18	4 drawer file	1/01/95	587	587	587	0	0	0
66	desk/chairs for nrn	9/16/94	2,248	2,248	2,248	0	0	0
74	desk chairs (8)	8/30/95	885	885	885	0	0	0
94	desk,files,table,chair	11/15/97	992	992	992	0	0	0
112	Desk	11/29/00	550	550	550	0	0	0
157	Lanier LD645c (capital lease)	3/10/11	9,882	9,882	9,882	0	0	0
158	Canon IPF 655 (capital lease)	3/10/11	3,174	3,174	3,174	0	0	0
159	Case In-Win Mini Tower	9/10/14	2,196	2,196	2,049	147	147	0
160	(2) 32" LED LCD Monitor	9/10/14	1,695	1,695	1,582	113	113	0
161	Storage Cabinets	1/01/95	516	516	516	0	0	0
162	Metal Sign	12/31/15	900	900	900	0	0	0
163	15 Nuc (10th Generation) Computer	2/04/22	1,019	1,019	391	203	203	0
164	Intel NUC 15 Computer(User Jill Yoder)	3/07/22	1,359	1,359	498	272	272	0
165	Dell Latitude 3000 Notebook	10/24/22	1,678	1,678	392	335	335	0
166	Acer TravelMate P2 Notebook	12/14/22	1,067	1,067	231	214	214	0
167	P3330 Workstation with Monitor - Bill Pur	9/07/23	1,368	1,368	91	274	274	0
168	Lenovo ThinkPad E16 with Dock	10/31/23	2,083	2,083	69	417	417	0
169	LenovoThinkPad E16 Gen 1 and workstatic	3/13/24	1,994	1,994	0	332	332	0
Total Other Depreciation		51,363	51,363	42,207	2,307	2,307	0	
Total ACRS and Other Depreciation		51,363	51,363	42,207	2,307	2,307	0	
Grand Totals		51,363	51,363	42,207	2,307	2,307	0	
Less: Dispositions		0	0	0	0	0	0	
Less: Start-up/Org Expense		0	0	0	0	0	0	
Net Grand Totals		51,363	51,363	42,207	2,307	2,307	0	

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Desk Chair	9/14/92	463				463	5	MO S/L	463	0
2	4-Drawer Fire File	9/14/92	815				815	5	MO S/L	815	0
3	Desk	9/14/92	1,504				1,504	5	MO S/L	1,504	0
4	Desk	9/14/92	1,003				1,003	5	MO S/L	1,003	0
5	File Cabinets	8/31/92	240				240	5	MO S/L	240	0
6	2 Chairs	9/01/94	174				174	5	MO S/L	174	0
7	HP Printer Inkjet 22	11/30/00	615				615	3	MO S/L	615	0
8	Desk Chair - Assistant	9/15/06	519				519	7	MO S/L	519	0
9	Wireless LCD Projector	12/19/06	1,685				1,685	7	MO S/L	1,685	0
10	Powered Speaker/Rece	12/19/06	535				535	5	MO S/L	535	0
11	Copier	9/18/12	850				850	3	MO S/L	850	0
12	File Cabinets	1/01/95	1,442				1,442	10	MO S/L	1,442	0
13	Conference Room Chairs	12/31/15	575				575	7	MO S/L	575	0
14	Donation Tracker Software	8/12/15	4,250				4,250	5	MO S/L	4,250	0
15	Lexmark Printer/Copier	3/01/18	2,500				2,500	5	MO S/L	2,500	0
18	4 drawer file	1/01/95	587				587	10	MO S/L	587	0
66	desk/chairs for nrn	9/16/94	2,248				2,248	10	MO S/L	2,248	0
74	desk chairs (8)	8/30/95	885				885	10	MO S/L	885	0
94	desk,files,table,chair	11/15/97	992				992	10	MO S/L	992	0
112	Desk	11/29/00	550				550	10	MO S/L	550	0
157	Lanier LD645c (capital lease)	3/10/11	9,882				9,882	10	MO S/L	9,882	0
158	Canon IPF 655 (capital lease)	3/10/11	3,174				3,174	10	MO S/L	3,174	0
159	Case In-Win Mini Tower	9/10/14	0				0	0	HY	0	0
160	(2) 32" LED LCD Monitor	9/10/14	0				0	0	HY	0	0
161	Storage Cabinets	1/01/95	516				516	10	MO S/L	516	0
162	Metal Sign	12/31/15	900				900	7	MO S/L	900	0
163	15 Nuc (10th Generation) Computer	2/04/22	1,019				1,019	5	MO S/L	391	203
164	Intel NUC 15 Computer(User Jill Yoder)	3/07/22	1,359				1,359	5	MO S/L	498	272
165	Dell Latitude 3000 Notebook	10/24/22	1,678				1,678	5	MO S/L	392	335
166	Acer TravelMate P2 Notebook	12/14/22	1,067				1,067	5	MO S/L	231	214
167	P3330 Workstation with Monitor - Bill Pur	9/07/23	0				0	0	HY	0	0
168	Lenovo ThinkPad E16 with Dock	10/31/23	0				0	0	HY	0	0
169	LenovoThinkPad E16 Gen 1 and workstatic	3/13/24	0				0	0	HY	0	0
Total Other Depreciation			<u>42,027</u>				<u>42,027</u>			<u>38,416</u>	<u>1,024</u>
Total ACRS and Other Depreciation			<u>42,027</u>				<u>42,027</u>			<u>38,416</u>	<u>1,024</u>
Grand Totals			<u>42,027</u>				<u>42,027</u>			<u>38,416</u>	<u>1,024</u>
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>42,027</u>				<u>42,027</u>			<u>38,416</u>	<u>1,024</u>

40268 Crossroads United Way, Inc.

35-0953433

FYE: 12/31/2024

11/05/2025 2:36 PM

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Desk Chair	9/14/92	463	0	0
2	4-Drawer Fire File	9/14/92	815	0	0
3	Desk	9/14/92	1,504	0	0
4	Desk	9/14/92	1,003	0	0
5	File Cabinets	8/31/92	240	0	0
6	2 Chairs	9/01/94	174	0	0
7	HP Printer Inkjet 22	11/30/00	615	0	0
8	Desk Chair - Assistant	9/15/06	519	0	0
9	Wireless LCD Projector	12/19/06	1,685	0	0
10	Powered Speaker/Rece	12/19/06	535	0	0
11	Copier	9/18/12	850	0	0
12	File Cabinets	1/01/95	1,442	0	0
13	Conference Room Chairs	12/31/15	575	0	0
14	Donation Tracker Software	8/12/15	4,250	0	0
15	Lexmark Printer/Copier	3/01/18	2,500	0	0
18	4 drawer file	1/01/95	587	0	0
66	desk/chairs for nrn	9/16/94	2,248	0	0
74	desk chairs (8)	8/30/95	885	0	0
94	desk,files,table,chair	11/15/97	992	0	0
112	Desk	11/29/00	550	0	0
157	Lanier LD645c (capital lease)	3/10/11	9,882	0	0
158	Canon IPF 655 (capital lease)	3/10/11	3,174	0	0
159	Case In-Win Mini Tower	9/10/14	2,196	0	0
160	(2) 32" LED LCD Monitor	9/10/14	1,695	0	0
161	Storage Cabinets	1/01/95	516	0	0
162	Metal Sign	12/31/15	900	0	0
163	15 Nuc (10th Generation) Computer	2/04/22	1,019	204	204
164	Intel NUC 15 Computer(User Jill Yoder)	3/07/22	1,359	272	272
165	Dell Latitude 3000 Notebook	10/24/22	1,678	336	336
166	Acer TravelMate P2 Notebook	12/14/22	1,067	213	213
167	P3330 Workstation with Monitor - Bill Purcell	9/07/23	1,368	273	0
168	Lenovo ThinkPad E16 with Dock	10/31/23	2,083	417	0
169	Lenovo ThinkPad E16 Gen 1 and workstation do	3/13/24	1,994	399	0
Total Other Depreciation			51,363	2,114	1,025
Total ACRS and Other Depreciation			51,363	2,114	1,025
Grand Totals			51,363	2,114	1,025

Asset	Description	Date In Service	Cost	IN	IN AMT
Other Depreciation:					
1	Desk Chair	9/14/92	463	0	0
2	4-Drawer Fire File	9/14/92	815	0	0
3	Desk	9/14/92	1,504	0	0
4	Desk	9/14/92	1,003	0	0
5	File Cabinets	8/31/92	240	0	0
6	2 Chairs	9/01/94	174	0	0
7	HP Printer Inkjet 22	11/30/00	615	0	0
8	Desk Chair - Assistant	9/15/06	519	0	0
9	Wireless LCD Projector	12/19/06	1,685	0	0
10	Powered Speaker/Rece	12/19/06	535	0	0
11	Copier	9/18/12	850	0	0
12	File Cabinets	1/01/95	1,442	0	0
13	Conference Room Chairs	12/31/15	575	0	0
14	Donation Tracker Software	8/12/15	4,250	0	0
15	Lexmark Printer/Copier	3/01/18	2,500	0	0
18	4 drawer file	1/01/95	587	0	0
66	desk/chairs for nrn	9/16/94	2,248	0	0
74	desk chairs (8)	8/30/95	885	0	0
94	desk,files,table,chair	11/15/97	992	0	0
112	Desk	11/29/00	550	0	0
157	Lanier LD645c (capital lease)	3/10/11	9,882	0	0
158	Canon IPF 655 (capital lease)	3/10/11	3,174	0	0
159	Case In-Win Mini Tower	9/10/14	2,196	0	0
160	(2) 32" LED LCD Monitor	9/10/14	1,695	0	0
161	Storage Cabinets	1/01/95	516	0	0
162	Metal Sign	12/31/15	900	0	0
163	15 Nuc (10th Generation) Computer	2/04/22	1,019	204	0
164	Intel NUC 15 Computer(User Jill Yoder)	3/07/22	1,359	272	0
165	Dell Latitude 3000 Notebook	10/24/22	1,678	336	0
166	Acer TravelMate P2 Notebook	12/14/22	1,067	213	0
167	P3330 Workstation with Monitor - Bill Purcell	9/07/23	1,368	273	0
168	Lenovo ThinkPad E16 with Dock	10/31/23	2,083	417	0
169	Lenovo ThinkPad E16 Gen 1 and workstation do	3/13/24	1,994	399	0
Total Other Depreciation			51,363	2,114	0
Total ACRS and Other Depreciation			51,363	2,114	0
Grand Totals			51,363	2,114	0

Form 990	Tax Return History					2024
Name						Employer Identification Number 35-0953433
CROSSROADS UNITED WAY, INC.	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	3,762,191	2,603,220	1,729,035	1,351,558	1,259,270	
Membership dues						
Program service revenue	64,871	406,572	181,380	214,888	222,577	
Capital gain or loss				157,404	38,592	
Investment income	54,145	113,457	33,476	57,296	83,813	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				3,063	55,879	
Total revenue	3,881,207	3,123,249	1,943,891	1,784,209	1,660,131	
Grants and similar amounts paid	765,000	789,545	625,497	619,250	635,750	
Benefits paid to or for members						
Compensation of officers, etc.	88,883	92,309	92,991	148,933	134,538	
Other compensation	536,884	635,561	739,210	757,358	694,441	
Professional fees	111,082	91,887	96,465	81,043	93,124	
Occupancy costs	12,000	17,535	47,307	49,372	53,498	
Depreciation and depletion	1,695	1,317	8,177	1,657	2,307	
Other expenses	1,273,997	1,841,900	346,835	457,341	659,308	
Total expenses	2,789,541	3,470,054	1,956,482	2,114,954	2,272,966	
Excess or (Deficit)	1,091,666	-346,805	-12,591	-330,745	-612,835	
 Total exempt revenue	3,881,207	3,123,249	1,943,891	1,784,209	1,660,131	
Total unrelated revenue						
Total excludable revenue	119,016	520,029	214,856	432,651	400,861	
Total Assets	4,557,809	4,330,020	4,269,136	4,124,772	3,458,241	
Total Liabilities	141,556	121,746	353,713	471,188	242,962	
Net Fund Balances	4,416,253	4,208,274	3,915,423	3,653,584	3,215,279	

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TOTAL	\$ 83,813					
	\$ 83,813					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 22,298	\$	\$ 22,298	\$
PROFESSIONAL FEES	2,760			2,760
PROFESSIONAL FEES	3,230	3,230		
TOTAL	\$ 28,288	\$ 3,230	\$ 22,298	\$ 2,760

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
COMMUNITY INITIATIVES	\$ 17,258	\$ 17,151	\$ 107	\$
TELEPHONE	17,226	7,996	2,349	6,881
DUES & SUBSCRIPTIONS	9,898	4,609	1,352	3,937
EQUIPMENT RENTAL	5,235	-1,214	1,648	4,801
TOTAL	\$ 49,617	\$ 28,542	\$ 5,456	\$ 15,619

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CAMPAIGN CONTRIBUTIONS	\$ 1,233,380
IN-KIND REVENUE	25,890
TOTAL	\$ 1,259,270

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

Donor Name	Total	Excess
1ST SOURCE BANK	\$ 6,420	\$
BARLETTA BOAT COMPANY	48,194	
BEACON HEALTH - ELKHART GENERAL HOS.	20,135	
BILL DEPUTY FOUNDATION	5,000	
DR. WILLIAM D. PLETCHER	30,842	
FIRST STATE BANK	5,000	
GODFREY MARINE	20,000	
GOSHEN HEALTH	56,090	
JAYCO, INC.	6,500	
LASALLE BRISTOL	16,000	
DENNIS D. BLYLY	5,000	
DOUGLAS M. SMOKER	15,000	
FRANK K. MARTIN	25,000	
GARY SHUDER	5,000	
JOHN M. COLLINS	25,000	
MATTHEW T. ZIMMERMAN	10,000	
RAYMOND MCKAY FEATHERSTONE	10,000	
ROBERT J. DEPUTY	10,000	
TROY D. HOLLAND	5,000	
WILLIAM C. FENECH	50,000	
MARY E. NAQUIN	11,000	
NIBCO, INC.	112,772	
TOM NAQUIN AUTO GROUP	24,792	
WELCH PACKAGING GROUP, INC.	13,248	
WELTER FOUNDATION	25,000	
WINNEBAGO INDUSTRIES	13,009	
ROBERT MARTIN	40,000	
ANONYMOUS	27,755	
JOHN COLLINS	25,000	
TOTAL	\$ 666,757	\$ 0

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
SPECIAL EVENTS INCOME	\$ 222,577
MISCELLANEOUS INCOME	83,813
TOTAL	<u>55,879</u> <u>362,269</u>