Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service 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

Open to Public

A		nue Service		.govii omisso ioi ilistructio			tion.		inspection		
A			2017 calendar year, or tax year beginning , 2017, and ending						, 20		
			applicable: C Name of organization CROSSROADS HOUSE					D Employer identification number			
Ш	Address change Doing business as							_16-1505042			
	Name c	hange	Number and street (or P.O. box if	box if mail is not delivered to street address) Room/suite				E Telephone number			
	Initial return PO BOX 403							(585) 343-3892			
	Final retu	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return BATAVIA, NY 14021					G	Gross red	ceipts \$ 561,029.		
	Application pending		F Name and address of principal officer:					oup return for subordinates? Yes No			
			,		BOX 403. BATAVIA NV 14021 Hith Are all			subordinates included? Yes No			
								list. (see instructions)			
J	Tax-exempt status: △J 501(c)(3)										
		organization:									
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1998 M State of legal domicile: N Summary									or legal domicile: NY		
	1	Briefly describe the organization's mission or most significant activities: COMFORT CARE									
ą.	'	COMFORT CARE HOME SERVICING THE DESIDENTS OF GENERAL CONFORT CARE									
auc		COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND WYOMING COUNTY.									
Ĩ	2	Chack this boy Dif the argentation discontinued									
ŏ	3	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.									
ر حم	I	Number of voting members of the governing body (Part VI, line 1a)					3	8			
Activities & Governance	-	Tatal	independent voting membe	ers of the governing body (Part VI, line 1b) .				4	8		
	5	Total num	ber of individuals employed					5	22		
	6	Total number of volunteers (estimate if necessary)					6	85			
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12						7a	0.		
	b	Net unrela	ated business taxable income	e from Form 990-T, line 34		<u>.</u>		7b	0.		
Revenue						Pri	or Year		Current Year		
	8	Contributi	ontributions and grants (Part VIII, line 1h)				234,960.		174,031.		
			service revenue (Part VIII, line								
	10	Investment income (Part VIII, column (A)		A), lines 3, 4, and 7d)			12,5	39.	28,970.		
	11	Other reve	enue (Part VIII, column (A), lin	ies 5, 6d, 8c, 9c, 10c, and	11e)	. 120			221,213.		
	12	Total revenue add lines 9 through 11 /must asked Dark VIII.					368,3		424,214.		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)						0 1 .	424,214.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
	15	Salaries, of	ther compensation, employee	oyee benefits (Part IX, column (A), lines 5-10)			185,978.		201 004		
	16a	Profession	ial fundraising fees (Part IX.	column (A) line 11e)	,,	105,		/0.	201,804.		
	b	Professional fundraising fees (Part IX, column (A), line 11e)									
	17	Other expenses (Part IX, column (A), lin		es 11a-11d, 11f-24e)		-	78,758.		00.200		
	18	Total expenses. Add lines 13–17 (musi		equal Part IX column (A)	X. column (A) line 25)		264,736.		90,306.		
	19	Revenue less expenses. Subtract line		8 from line 12			103,628.		292,110.		
e o			,			Beginning			132,104. End of Year		
lances	20	Total asset	ts (Part X, line 16)								
Bass			ties (Part X, line 26)				720,732.		849,188.		
ຍ⊑∣		Net assets or fund balances. Subtract lin		line 21 from line 20	ne 21 from line 20		6,932.		3,281.		
	rtIII		re Block	inic 21 Hoff line 20	· · · · ·		713,8	00.	845,907.		
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, true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge.											
		1 7				arer rids diriy it					
Sign	,	Cignoture of efficacy						L4/20	18		
iere		The Date									
		STEVEN JOHNSON, PRESIDENT Type or print name and title									
			preparer's name	Property comments	r	D	т		In-		
Paid Preparer Jse Only		mnnn -		Preparer's signature		Date		heck 🔀			
			STAROWITZ	TERRI STAROWITZ		09/20/2	018 se	elf-emplo	yed P00248253		
							Firm's El	s EIN ▶ 04-3715516			
Firm's address > 106 Munson Street, PO Box 52, LE ROY, NY 14482 Phone no. (585) 768-8									5)768-8530		
May the IRS discuss this return with the preparer shown above? (see instructions)											
5											

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