Form **990**

Return of Organization Exempt From Income Tax

2018

OMB No. 1545-0047

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 Inspection

Α	For	the	2018 calend	ar year, or tax year beginning , 2018, and er	nding		, 20
B Check if app			pplicable:	C Name of organization CROSSROADS HOUSE		D	Employer identification no.
	Addr	ress ct	change Doing business as				6-1505042
$\overline{\sqcap}$	Nam	ne cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		Telephone number
ī		ıl retur	•	PO BOX 403			585)343-3892
Ī			n/terminated	City or town, state or province, country, and ZIP or foreign postal code			Gross receipts
Ħ			return	BATAVIA, NY 14021			\$ 907,260
H			n pending	F Name and address of principal officer: JAMIE CHARTERS	M(a) Is this a group		bordinates? Yes No
ш	Appii	icauoi	r pending	SAME AS C ABOVE	H(b) Are all subordinat		
	Tay	ovom	nt status.	SARIE AS C ABOVE Sol(c)(3)			
<u>-</u>					If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
<u></u>		site:					
					998 M State	of legal do	omicile: NY
L P	art I		Summar	*			
			-	ibe the organization's mission or most significant activities: COMFORT CARE CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND			
ė		JUNII	•				
д							
Jerr		_	Objective to	ox ► ☐ if the organization discontinued its operations or disposed of more than 25% of	of its not assets		
ó				_ , ,	1	ا د	10
ઍ				oting members of the governing body (Part VI, line 1a)		3	10
Activities & Governance	İ			ndependent voting members of the governing body (Part VI, line 1b)			10
				r of individuals employed in calendar year 2018 (Part V, line 2a)		5	19
				r of volunteers (estimate if necessary)		6	85
				ted business revenue from Part VIII, column (C), line 12		7a	0
	4	<u>b</u>	Net unrelate	d business taxable income from Form 990-T, line 38		7b	0
				-	Prior Year	\longrightarrow	Current Year
		8	Contribution	s and grants (Part VIII, line 1h)	174	,031	112,299
Revenue		9	•	vice revenue (Part VIII, line 2g)			2,547
Ę	1	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	28	,970	79,002
8	1	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221	,213	179,815
	1	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,21		373,663
		13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)			0
	•	14	Benefits paid	d to or for members (Part IX, column (A), line 4)			0
Expenses	•	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	201	,804	211,818
	-	16a	Professiona	fundraising fees (Part IX, column (A), line 11e)			0
		b	Total fundra	ising expenses (Part IX, column (D), line 25) ▶ 43,719			
Ĕ	•	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	90	,306	90,309
		18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	292	,110	302,127
	-	19	Revenue les	s expenses. Subtract line 18 from line 12	132	,104	71,536
Net Assets or	ses				Beginning of Current	Year	End of Year
	au :	20	Total assets	(Part X, line 16)	849	,188	842,277
	ğ /	21	Total liabiliti	es (Part X, line 26)	3	,281	8,469
Net	돌 2	22	Net assets of	or fund balances. Subtract line 21 from line 20	845	,907	833,808
	art			re Block			
Un	der pe	enaltie	es of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	knowledge and belief, i	is	
	e, con	rect, a	and complete. De	chaladion of preparer (other than officer) is based on all illionhadion of which preparer has any knowledge.		Τ	
			STEV	TE JOHNSON CLIENT COPY			05-10-2019
Si	gn		Signatu	re of officer CLIENICO "		Date	
Here			STEV	E JOHNSON, PRESIDENT			
_			Type or	print name and title	····		
			Print/Type pr	eparer's name Preparer's signature Date	Check X	if PT	IN
Paid			Terri	B Starowitz CPA Terri B Starowitz CPA 09-11-2019	self-employ	ed	P00248253
Preparer			Firm's name	► TERRI B STAROWITZ CPA	Firm's EIN ▶		
Use Only			Firm's addres	PO BOX 52/ 106 MUNSON STREET	Phone no.		
				LE ROY NY 14482			8-8530
Ma	y the	e IRS	S discuss this	return with the preparer shown above? (see instructions)		<u></u>	X Yes No_

	n 990 (2018) CROSSROADS HOUSE 16-1505042 Page	e 2						
Pa	rt III Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III]						
1	Briefly describe the organization's mission:							
	COMFORT CARE							
	COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND WYOMING COUNTY.							
		_						
	Did the organization undertake any significant program services during the year which were not listed on the	_						
_	prior Form 990 or 990-EZ?							
	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?							
	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 \$160,004 including grants of \$500) (Revenue \$907,260)							
	CROSSROADS HOUSE IS A COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE AND WYOMING							
	COUNTIES IN NEW YORK STATE WHO HAVE BEEN MEDICALLY DETERMINED TO BE IN THEIR LAST STAGE OF							
	LIFE (3 OR LESS MONTHS). COMFORT CARE IS FOUNDED UPON THE BELIEF IN THE IMPORTANCE OF							
	HONORING THE WELL-BEING OF EVERY INDIVIDUAL AND RESPECTING THE SACRED DIGNITY OF HUMAN LIFE.							
	THE STAFF AND VOLUNTEERS ARE COMMITTED TO PROVIDE PERSONALIZED CARE ATTENDING TO THE							
	PHYSICAL, EMOTIONAL, SPIRITUAL AND SOCIAL NEEDS OF THEIR RESIDENTS AND THEIR FAMILIES WHILE AFFIRMING A DIGNIFIED QUALITY OF LIFE IN A CARING HOME-LIKE ENVIRONMENT. SERVICES ARE							
	PROVIDED FREE OF CHARGE. ADMISSION IS BASED SOLELY ON NEED, REGARDLESS OF RELIGION, AGE, SEX,							
	RACE, CREED, ECONOMIC STATUS OR OTHER DISTINCTIONS.	_						
		_						
		_						
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)							
		_						
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	_						
40	(Code) (Expenses \$) (Revenue \$)							
		_						
		_						
		_						
		_						
		_						
		_						
		_						
		_						
4d	Other program services (Describe in Schedule O.)							
	(Expenses \$ including grants of \$) (Revenue \$)							
4e	Total program service expenses ► 160,004	_						