

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CROSSROADS HOUSE		D Employer identification number 16-1505042
	Doing business as		E Telephone number (585) 343-3892
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 403		G Gross receipts \$ 680,049.
	City or town, state or province, country, and ZIP or foreign postal code BATAVIA NY 14021		
F Name and address of principal officer STEVEN JOHNSON PO BOX 403 BATAVIA NY 14021			H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' attach a list (see instructions)
J Website: WWW.CROSSROADSHOUSE.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1998
			M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND WYOMING COUNTY.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3		11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		11
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		27
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 unrelated business taxable income from Form 990-T, line 34	7b		0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	195,573.	298,790.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,054.	-10,420.
11 Other revenue (Part VIII, column (A), lines 5, 6, 7c, 8c, 9c, and 10c)	52,985.	66,236.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2)	270,612.	354,606.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	139,099.	178,208.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	39,086.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	69,440.	79,369.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	208,539.	257,577.
19 Revenue less expenses Subtract line 18 from line 12	62,073.	97,029.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	556,400.	614,970.
21 Total liabilities (Part X, line 26)	43,254.	4,797.
22 Net assets or fund balances Subtract line 21 from line 20	513,146.	610,173.

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	10/26/16
	STEVEN JOHNSON Type or print name and title	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TERRI B STAROWITZ	TERRI B STAROWITZ	10/28/16
	Firm's name Firm's address	TERRI B STAROWITZ CPA 106 Munson Street, PO Box 52 LE ROY NY 14482	Check <input checked="" type="checkbox"/> if self-employed PTIN P00248253 Firm's EIN 04-3715516 Phone no (585) 768-8530

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 10/12/15 Form 990 (2015)

SCANNED DEC 23 2016

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Part 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.

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

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

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

4 a (Code) (Expenses \$ 127,507. including grants of \$ 0.) (Revenue \$ 354,606.)
CROSSROADS HOUSE IS A COMFORT CARE HOME SERVING THE RESIDENTS OF GENESEE AND WYOMING COUNTIES IN NEW YORK STATE WHO HAVE BEEN MEDICALLY DETERMINED TO BE IN THEIR LAST STAGES 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.

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

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

4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 127,507.