

Return of Organization Exempt From Income Tax

2018

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

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: CROSSROADS HOUSE. D Employer identification no. 16-1505042. E Telephone number (585) 343-3892. G Gross receipts \$ 907,260. F Name and address of principal officer: JAMIE CHARTERS. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.CROSSROADSHOUSE.COM. K Form of organization: Corporation. L Year of formation: 1998. M State of legal domicile: NY.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-6 Number of members/volunteers. 7a-7b Revenue and taxable income. 8-12 Revenue breakdown. 13-19 Expenses breakdown. 20-22 Net assets or fund balances.

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: STEVE JOHNSON, Signature of officer, Date 05-10-2019. STEVE JOHNSON, PRESIDENT, Type or print name and title.

Paid Preparer Use Only: Terri B Starowitz CPA, Preparer's signature, Date 09-11-2019, Check self-employed, PTIN P00248253. Firm's name: TERRI B STAROWITZ CPA. Firm's address: PO BOX 52/ 106 MUNSON STREET, LE ROY NY 14482. Phone no. 585-768-8530.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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.

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 \$ )

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

4e Total program service expenses 160,004