Form **990**

(Rev. January 2020)

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, 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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 403

Room/suite

City or town, state or province, country, and ZIP or foreign postal code BATAVIA, NY 14021

D Employer identification number 16-1505042

E Telephone number (585) 343-3892

G Gross receipts $ 410,280

F Name and address of principal officer:

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CROSSROADSHOUSE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: COMFORT CARE

COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND WYOMING COUNTY.

2 Check this box ▶ ☐ 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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	100
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 39	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	112,299	210,399
9	Program service revenue (Part VIII, line 2g)	2,547	2,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,002	24,449
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,815	149,099
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,663	386,400

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
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)	211,818	213,819
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,606		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,309	100,339
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,127	314,158
19	Revenue less expenses. Subtract line 18 from line 12	71,536	72,242

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	842,277	1,018,818
21	Total liabilities (Part X, line 26)	8,469	25,440
22	Net assets or fund balances. Subtract line 21 from line 20	833,808	993,378

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

Client Copy

JEFF ALLEN
Signature of officer

05-07-2020
Date

JEFF ALLEN, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
T. AARON HOFRICHTER, CPA	T. AARON HOFRICHTER, CPA	11-05-2020		P01362957

Firm's name ▶ STAROWITZ & HOFRICHTER CPA'S, LLP — Firm's EIN ▶

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** (2019)

EEA

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

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 $ 181,168 including grants of $ _____) (Revenue $ 386,400)

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 on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 181,168