

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending

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 number: 16-1505042. E Telephone number: (585) 343-3892. F Name and address of principal officer: STEVEN JOHNSON PO BOX 403 BATAVIA NY 14021. G Gross receipts \$ 389,988. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. J Website: WWW.CROSSROADSHOUSE.COM. K Form of organization: X 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... COMFORT CARE HOME SERVICING THE RESIDENTS OF GENESEE COUNTY AND WYOMING COUNTY. 2-6 Activities & Governance. 7a-7b Revenue. 8-12 Revenue. 13-19 Expenses. 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: Signature of officer: STEVEN JOHNSON, Date: 10/5/17, Title: PRESIDENT.

Paid Preparer Use Only: Preparer's name: TERRI STAROWITZ, Date: 10/04/17, PTIN: P00248253, Firm's name: TERRI B STAROWITZ CPA, Firm's address: 106 Munson Street, PO Box 52, LE ROY NY 14482, Firm's EIN: 04-3715516, Phone no: (585) 768-8530.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No. BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEAD101 11/18/16 Form 990 (2016)

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 \$ 139,887. including grants of \$ 0.) (Revenue \$ 389,988.)

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.

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 139,887.