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CLIENT'S COPY

FINAL



November 9, 2023

LACASA OF GOSHEN INC
202 N COTTAGE AVENUE
GOSHEN, IN 46528

LACASA OF GOSHEN INC:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

MICHAEL BREINING

FINAL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

LACASA OF GOSHEN INC
202 N COTTAGE AVENUE
GOSHEN, IN 46528

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD #300
CARMEL, IN 46032

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

LACASA OF GOSHEN INC

EIN or SSN

35-1554538

Name and title of officer or person subject to tax **JEREMY STUTSMAN
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,543,630.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DAUBY O'CONNOR & ZALESKI, LLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35320850664

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DAUBY O'CONNOR & ZALESKI, LLC** Date _____

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LACASA OF GOSHEN INC	Taxpayer identification number (TIN) 35-1554538
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 202 N COTTAGE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOSHEN, IN 46528	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

AMY CALL

• The books are in the care of ▶ **202 N COTTAGE AVENUE - GOSHEN, IN 46528**

Telephone No. ▶ **574-533-4450**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning 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 LACASA OF GOSHEN INC Doing business as LACASA, INC.		D Employer identification number 35-1554538
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 202 N COTTAGE AVENUE		E Telephone number 574-533-4450
	City or town, state or province, country, and ZIP or foreign postal code GOSHEN, IN 46528		G Gross receipts \$ 5,829,347.
	F Name and address of principal officer: JEREMY P STUTSMAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	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(c) Group exemption number

J Website: **WWW.LACASAINC.NET**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1970** **M** State of legal domicile: **IN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LACASA WORKS WITH INDIVIDUALS AND COMMUNITY PARTNERS TO CREATE OPPORTUNITY FOR PERSONAL		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	315
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,174,941.	3,010,367.
	9 Program service revenue (Part VIII, line 2g)	1,731,656.	1,973,556.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,306.	415,727.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	343,184.	143,980.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,732,087.	5,543,630.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	107,769.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,900,451.	1,898,748.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 341,186.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,317,346.	2,335,786.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,325,566.	4,234,534.	
19 Revenue less expenses. Subtract line 18 from line 12	1,406,521.	1,309,096.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,643,418.	End of Year 28,426,698.
	21 Total liabilities (Part X, line 26)	5,976,901.	6,700,443.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,666,517.	21,726,255.

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		
	JEREMY P STUTSMAN, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL BREINING				P01736574
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DAUBY O'CONNOR & ZALESKI, LLC	35-1750664		317-848-5700	
	Firm's address				
	501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LACASA WORKS WITH INDIVIDUALS AND COMMUNITY PARTNERS TO CREATE OPPORTUNITY FOR PERSONAL EMPOWERMENT, FAMILY STABILITY AND NEIGHBORHOOD VITALITY.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,211,759. including grants of \$) (Revenue \$ 1,690,418.) ASSET AND PROPERTY MANAGEMENT: MANAGES LEASING AND MAINTENANCE FOR ALL LACASA-OWNED RENTAL PROPERTY AND PROVIDES SAFE, ATTRACTIVE AND AFFORDABLE HOUSING TO LOW- AND MODERATE-INCOME FAMILIES. AS OF THE END OF 2022, LACASA OWNED AND MANAGED 344 RENTAL UNITS LOCATED IN THE CITIES OF GOSHEN AND ELKHART, INDIANA. DURING 2022, LACASA COMPLETED AN 8-UNIT, 4 DUPLEX (ONE HISTORIC REHAB AND 3 NEW CONSTRUCTION) PROJECT IN A HISTORIC ARTS DISTRICT NEIGHBORHOOD NEAR DOWNTOWN ELKHART.

4b (Code:) (Expenses \$ 553,395. including grants of \$) (Revenue \$ 65,456.) REAL ESTATE DEVELOPMENT: MANAGES THE ACQUISITION OF PROPERTY, REHABILITATION AND/OR CONSTRUCTION OF HOUSING FOR RE-SALE TO HOMEBUYERS OR FOR LONG TERM RENTAL MANAGEMENT. DURING 2022, LACASA COMPLETED CONSTRUCTION ON 4 DUPLEXES IN ELKHART AND BEGAN REHABILITATION OF 7 SINGLE FAMILY UNITS IN GOSHEN, 4 OF WHICH ARE HISTORIC. LACASA COMPLETED AND SOLD ITS THIRD NEW CONSTRUCTION, FOR-SALE HOME IN A PILOT PROGRAM TO ASSESS THE USE OF MODULAR HOUSING TO REVITALIZE AGING AND UNDERSERVED NEIGHBORHOODS WITH NEW OWNER-OCCUPIED HOUSING. LACASA BEGAN CONSTRUCTION OF 8 FOR-SALE HOMES AS PART OF A PROGRAM DESIGNED TO IMPROVE THE QUALITY OF EXISTING HOUSING STOCK WHILE BENEFITING LOW-INCOME HOUSEHOLDS. FINALLY, AS PART OF LACASA'S HELP-A-HOUSE PROGRAM, 4 OWNER-OCCUPIED HOMES WERE REHABILITATED.

4c (Code:) (Expenses \$ 469,501. including grants of \$) (Revenue \$ 310,622.) FINANCIAL EMPOWERMENT CENTER: WORKS WITH LOW- AND MODERATE-INCOME FAMILIES AND COMMUNITY PARTNERS TO PREPARE FOR, PROVIDE AND MAINTAIN HOMEOWNERSHIP. IN 2020, LACASA REDESIGNED AND REPACKAGED ITS FINANCIAL TRAINING CURRICULUM UNDER THE "MASTER IT" UMBRELLA WITH MASTER YOUR MONEY, MASTER HOMEOWNERSHIP, MASTER YOUR DEBT, AND MASTER YOUR CREDIT. THESE CLASSES WERE ALSO REFORMATTED FOR DELIVERY IN A VIRTUAL ENVIRONMENT IN RESPONSE TO THE PANDEMIC. IN 2022, THESE CLASSES GRADUATED 149, 110, 32, AND 93, RESPECTIVELY. LACASA OFFERS INDIVIDUAL DEVELOPMENT SAVINGS ACCOUNTS USED FOR HOMEOWNERSHIP, SECONDARY EDUCATION, TRANSPORTATION NEEDS OR TO START A BUSINESS. IN 2022, 18 HOMEOWNERSHIP CLASS GRADUATES PURCHASED HOMES. LACASA ALSO OFFERS ONE-ON-ONE INDIVIDUAL COUNSELING FOR PRE- AND POST-PURCHASE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 128,095. including grants of \$) (Revenue \$ 51,040.)

4e Total program service expenses 3,362,750.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
AMY CALL - 574-533-4450
202 N COTTAGE AVENUE, GOSHEN, IN 46528

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS KINGSLEY FORMER PRESIDENT	45.00			X			106,024.	0.	28,842.	
(2) AMY CALL CFO	45.00			X			87,847.	0.	12,381.	
(3) HEIDI STOLTZFUS MCHUGH CHIEF IMPACT OFFICER/INTERIM CEO	45.00			X			77,327.	0.	20,625.	
(4) DEB JONES VICE-CHAIR	0.80	X					0.	0.	0.	
(5) BRETT WEDDELL CHAIR	0.80	X					0.	0.	0.	
(6) AMBER WOLFER TREASURER	0.80	X					0.	0.	0.	
(7) LINDA SCHLABACH MILLER SECRETARY	0.80	X					0.	0.	0.	
(8) ERIBERTA PEREZ BOARD MEMBER	0.80	X					0.	0.	0.	
(9) ALISON ROMERO BOARD MEMBER	0.80	X					0.	0.	0.	
(10) DERALD GRAY BOARD MEMBER	0.80	X					0.	0.	0.	
(11) NATASHA KAUFFMAN BOARD MEMBER	0.80	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							271,198.	0.	61,848.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							271,198.	0.	61,848.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,492,231.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	518,136.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,670.				
	h Total. Add lines 1a-1f			3,010,367.			
Program Service Revenue	2 a RENTAL INCOME	Business Code 531110	1,566,088.	1,566,088.			
	b MANAGEMENT FEES	531110	365,507.	365,507.			
	c CLIENT SERVICE FEES	531310	22,828.	22,828.			
	d OTHER FEES	531110	19,133.	19,133.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,973,556.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		396,594.			396,594.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	304,850.			
	b Less: cost or other basis and sales expenses	7b	285,717.				
c Gain or (loss)	7c	19,133.					
d Net gain or (loss)			19,133.		19,133.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue	531110	143,980.	143,980.			
	e Total. Add lines 11a-11d			143,980.			
12 Total revenue. See instructions			5,543,630.	2,117,536.	0.	415,727.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,820.	127,061.	105,020.	27,739.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,179,574.	847,877.	198,832.	132,865.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,811.	47,637.	10,972.	6,202.
9 Other employee benefits	274,212.	179,784.	67,074.	27,354.
10 Payroll taxes	120,331.	84,487.	24,981.	10,863.
11 Fees for services (nonemployees):				
a Management				
b Legal	23,878.	3,485.	20,393.	
c Accounting	32,455.	2,555.	29,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	116,500.	30,397.	62,103.	24,000.
12 Advertising and promotion	11,747.	4,965.	481.	6,301.
13 Office expenses	25,266.	6,908.	17,266.	1,092.
14 Information technology	109,451.	30,248.	77,770.	1,433.
15 Royalties				
16 Occupancy	70,728.		67,608.	3,120.
17 Travel	40,157.	30,200.	9,645.	312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	13,815.	9,120.	4,695.	
20 Interest	216,354.	152,842.	63,512.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	708,396.	658,859.	49,537.	
23 Insurance	216,174.	174,082.	42,092.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ASSET MANAGEMENT	575,816.	575,816.		
b CLIENT SERVICES	100,168.	100,168.		
c ALLOCATION OF EXPENSES	0.	300,259.	-357,260.	57,001.
d REAL ESTATE DEVELOPMENT	-4,294.	-4,294.		
e All other expenses	79,175.	294.	35,977.	42,904.
25 Total functional expenses. Add lines 1 through 24e	4,234,534.	3,362,750.	530,598.	341,186.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	188,201.	1	189,209.
	2 Savings and temporary cash investments	1,942,524.	2	1,873,292.
	3 Pledges and grants receivable, net	81,600.	3	15,000.
	4 Accounts receivable, net	678,138.	4	513,238.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,193,279.	7	4,573,755.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	99,597.	9	92,870.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,625,257.		
	b Less: accumulated depreciation	10b 10,879,555.	12,736,617.	10c 17,745,702.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,259,827.	12	905,249.
	13 Investments - program-related. See Part IV, line 11	22,022.	13	22,022.
	14 Intangible assets		14	1,385.
	15 Other assets. See Part IV, line 11	3,441,613.	15	2,494,976.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,643,418.	16	28,426,698.	
Liabilities	17 Accounts payable and accrued expenses	269,211.	17	565,089.
	18 Grants payable	240,163.	18	91,704.
	19 Deferred revenue		19	11,917.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,950,735.	23	5,035,227.
	24 Unsecured notes and loans payable to unrelated third parties	1,402,585.	24	859,760.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	114,207.	25	136,746.
	26 Total liabilities. Add lines 17 through 25	5,976,901.	26	6,700,443.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,308,510.	27	21,726,255.
	28 Net assets with donor restrictions	1,358,007.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,666,517.	32	21,726,255.
33 Total liabilities and net assets/fund balances	26,643,418.	33	28,426,698.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,543,630.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,234,534.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,309,096.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,666,517.
5	Net unrealized gains (losses) on investments	5	19,687.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-269,045.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,726,255.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization LACASA OF GOSHEN INC	Employer identification number 35-1554538
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1964190.	3153984.	2983447.	4174942.	3010367.	15286930.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1964190.	3153984.	2983447.	4174942.	3010367.	15286930.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						15286930.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1964190.	3153984.	2983447.	4174942.	3010367.	15286930.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	320,078.	370,765.	350,591.	391,335.	396,594.	1829363.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	76,845.		26,122.	343,184.	163,113.	609,264.
11 Total support. Add lines 7 through 10						17725557.
12 Gross receipts from related activities, etc. (see instructions)					12	9,164,066.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	86.24 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.17 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10

MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

FINAL

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

LACASA OF GOSHEN INC

Employer identification number

35-1554538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization LACASA OF GOSHEN INC	Employer identification number 35-1554538
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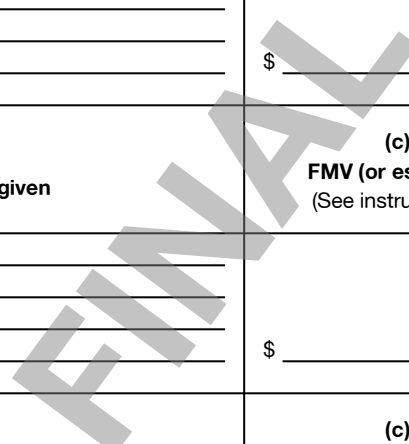
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIGHBORWORKS AMERICA 999 NORTH CAPITOL STREET NE, SUITE 900 WASHINGTON, DC 20002	\$ 339,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE CITY OF GOSHEN 204 E. JEFFERSON ST., SUITE 4 GOSHEN, IN 46528	\$ 252,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY 30 S MERIDIAN ST #1000 INDIANAPOLIS, IN 46204	\$ 1,441,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LACASA OF GOSHEN INC	Employer identification number 35-1554538
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization LACASA OF GOSHEN INC	Employer identification number 35-1554538
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization LACASA OF GOSHEN INC Employer identification number 35-1554538

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,266.		213,266.
b Buildings		25,336,376.	10,272,187.	15,064,189.
c Leasehold improvements				
d Equipment		837,154.	607,368.	229,786.
e Other		2,238,461.		2,238,461.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,745,702.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	106,847.
(2) ACCRUED INTEREST RECEIVABLE	2,298,850.
(3) BENEFICIAL INTEREST IN ELKHART COUN	89,279.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,494,976.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST ON LOANS/NOTES	8,234.
(3) SECURITY DEPOSITS	128,512.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	136,746.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,148,730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-19,687.	
b	Donated services and use of facilities	2b	6,670.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	648,057.	
e	Add lines 2a through 2d	2e		635,040.
3	Subtract line 2e from line 1	3		5,513,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	29,940.	
c	Add lines 4a and 4b	4c		29,940.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,543,630.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,070,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,670.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,858,869.	
e	Add lines 2a through 2d	2e		1,865,539.
3	Subtract line 2e from line 1	3		4,204,594.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	29,940.	
c	Add lines 4a and 4b	4c		29,940.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,234,534.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

LACASA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE TAX AUTHORITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FOR ENTITIES THAT FILE A SEPARATE TAX RETURN 648,057.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER DIFFERENCES 29,940.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FOR ENTITIES THAT FILE A SEPARATE TAX RETURN 1,858,869.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER DIFFERENCES 29,940.

FINAL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LACASA OF GOSHEN INC

Employer identification number

35-1554538

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERMENT, FAMILY STABILITY AND NEIGHBORHOOD VITALITY. THIS MISSION
IS CARRIED OUT THROUGH REAL ESTATE DEVELOPMENT, ASSET AND PROPERTY
MANAGEMENT, FINANCIAL EMPOWERMENT, AND COMMUNITY BUILDING AND
ENGAGEMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY BUILDING & ENGAGEMENT: EMPOWERS NEIGHBORS TO ORGANIZE AND
REVERSE TRENDS THAT CAUSE NEIGHBORHOODS TO DETERIORATE AND EXPERIENCE
SOCIAL AND FINANCIAL DISINVESTMENT. COMMUNITY BUILDING AND ENGAGEMENT
PROVIDES EDUCATION AND ENCOURAGES NEIGHBORHOOD RESIDENTS TO COLLABORATE
WITH LACASA AND CITY/COUNTY OFFICIALS IN MAKING DECISIONS THAT AFFECT
THEIR NEIGHBORHOODS. LACASA'S GOAL IS THAT NEIGHBORHOODS SELECTED FOR
DEVELOPMENT BECOME SAFE AND ATTRACTIVE PLACES WHERE FAMILIES CHOOSE TO
INVEST THEIR TIME, MONEY AND OTHER RESOURCES. IN 2022, LACASA
CONTINUED ITS HISTORICAL WORK WITH MULTIPLE NEIGHBORHOODS IN GOSHEN AND
WITH THE TOLSON NEIGHBORHOOD IN SOUTH-CENTRAL ELKHART.
EXPENSES \$ 128,095. INCLUDING GRANTS OF \$ 0. REVENUE \$ 51,040.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S PRESIDENT, CHIEF FINANCIAL OFFICER AND BOARD OF
DIRECTORS REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR AND SENIOR MANAGER ANNUALLY SIGNS A STATEMENT AFFIRMING THE
DIRECTOR OR MANAGER HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

LACASA OF GOSHEN INC

Employer identification number

35-1554538

HAS REVIEWED THE POLICY, AGREES TO COMPLY WITH THE POLICY AND UNDERSTANDS
THE ORGANIZATION IS A CHARITABLE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

LACASA ESTABLISHES PAY BANDS FOR EACH JOB CATEGORY. THESE BANDS ARE BASED
ON NEIGHBORWORKS AMERICA DATA FOR COMPARABLE POSITIONS IN THEIR MIDWEST
REGION. LACASA AVERAGES THE DATA TO ESTABLISH A MID-POINT TARGET FOR EACH
JOB CATEGORY AND THEN CALCULATES 10% ABOVE AND 25% BELOW THE MIDPOINT TO
ESTABLISH THE PAY BAND. THE WAGE PAID WITHIN THE PAY BAND WILL BE
DETERMINED BY THE YEARS OF SERVICE AND COMPETENCY. ANNUALLY THE LACASA
LEADERSHIP TEAM APPROVES A WAGE INCREASE PLAN FOR EMPLOYEES. THIS INCREASE
MAY INCLUDE A COST OF LIVING INCREASE, MERIT INCREASE, BONUS OR SALARY
INCREASE BASED ON PERFORMANCE AND OTHER FACTORS. ALL COMPENSATION
INCREASES ARE SUBJECT TO THE AVAILABILITY OF FUNDS. CHANGES IN WAGES ARE
DOCUMENTED IN WRITING IN THE EMPLOYEES' PAYROLL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

LACASA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A

THE AMOUNTS LISTED IN COLUMN F - ESTIMATED AMOUNT OF OTHER COMPENSATION
FROM THE ORGANIZATION AND RELATED ORGANIZATIONS REPRESENTS LACASA
INC.'S EXPENSE FOR THE EMPLOYER'S SHARE OF BENEFITS. THOSE BENEFITS
INCLUDE THE EMPLOYER'S PORTION OF HEALTH INSURANCE COSTS, HEALTH
SAVINGS ACCOUNT (HSA) COSTS AND RETIREMENT COSTS.

Name of the organization LACASA OF GOSHEN INC	Employer identification number 35-1554538
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LACASA REAL ESTATE HOLDINGS	-269,045.
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FORM 990, PART XII, LINE 2C

THE FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THERE ARE NO CHANGES TO THIS POLICY FROM PREVIOUS YEARS.

FINAL

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **LACASA OF GOSHEN INC** Employer identification number **35-1554538**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LA CASA REAL ESTATE HOLDINGS, LLC - 47-1712919, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE	INDIANA	-20,478.	1,169.	LACASA OF GOSHEN, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LINCOLN AVE REDEVELOPMENT LP - 20-5381584, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	LINCOLN AVENUE HOUSING CORPORATION	RELATED	-35,544.	0.		X	N/A	X		.01%
ROOSEVELT CENTER LP - 26-0727020, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	LACASA RC DEVELOPMENT CORPORATION	RELATED	-294,470.	354.		X	N/A	X		.01%
ELKHART SENIOR HOUSING LP - 20-5678681, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	LACASA WTP DEVELOPMENT CORPORATION	RELATED	-258.	3,471.		X	N/A	X		.10%
HAWKS ARTS & ENTERPRISE CENTER LP - 80-0907326, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	LACASA HAEP DEVELOPMENT LLC	RELATED	-30.	4,873.		X	N/A	X		.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LINCOLN AVENUE HOUSING CORPORATION - 20-5381523, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	N/A	C CORP			100%	X	
LACASA RC DEVELOPMENT CORPORATION - 26-1578536, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	N/A	C CORP			100%	X	
LACASA WTP DEVELOPMENT CORPORATION - 26-2582193, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	N/A	C CORP			100%	X	
LACASA HAEP DEVELOPMENT LLC - 46-2347100 202 N COTTAGE AVENUE GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	N/A	C CORP			100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROOSEVELT CENTER LP	D	2,692,524.	FMV
(2) ELKHART SENIOR HOUSING LP	D	1,349,390.	FMV
(3) HAWKS ARTS AND ENTERPRISE CENTER LP	D	1,805,639.	FMV
(4) LACASA REAL ESTATE HOLDINGS LLC	D	129,749.	FMV
(5) LINCOLN AVENUE REDEVELOPMENT LP	L	96,987.	CASH
(6) ROOSEVELT CENTER LP	L	99,128.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ELKHART SENIOR HOUSING LP	L	152,513.	CASH
(8) HAWKS ARTS AND ENTERPRISE CENTER LP	L	77,923.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FINAL

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FINAL

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ADDITIONS	10/01/73	SL	30.00		16	20,616.				20,616.	20,616.		0.	20,616.
	ADDITIONS	06/30/88	SL	30.00		16	14,567.				14,567.	14,567.		0.	14,567.
	ADDITIONS	06/30/89	SL	30.00		16	1,749.				1,749.	1,749.		0.	1,749.
	ADDITIONS	02/03/90	SL	30.00		16	17,769.				17,769.	17,522.		0.	17,522.
	ADDITIONS	06/30/90	SL	30.00		16	5,184.				5,184.	5,184.		0.	5,184.
	ADDITIONS	06/30/91	SL	30.00		16	23,238.				23,238.	23,238.		0.	23,238.
	ADDITIONS	06/01/92	SL	30.00		16	18,479.				18,479.	18,171.		257.	18,428.
	ADDITIONS	06/30/92	SL	30.00		16	227.				227.	223.		4.	227.
	ADDITIONS	06/30/92	SL	30.00		16	19,611.				19,611.	19,284.		327.	19,611.
	NEW OFFICE EXPENSE	12/01/92	SL	30.00		16	8,406.				8,406.	8,266.		140.	8,406.
	NEW OFFICE EXPENSE	12/01/92	SL	30.00		16	189,241.				189,241.	186,087.		3,154.	189,241.
	LAND - OFFICE	12/01/92	SL	.000		16	30,000.				30,000.			0.	
	ASBESTOS REMOVAL - OFFICE	12/01/92	SL	30.00		16	6,000.				6,000.	5,900.		100.	6,000.
	FILING CABINETS ICF	12/28/92	SL	7.00		16	6,917.				6,917.	6,917.		0.	6,917.
	SECRETARIAL WORK STATION	12/28/92	SL	7.00		16	3,026.				3,026.	3,026.		0.	3,026.
	OFFICE EQUIPMENT	06/01/93	SL	7.00		16	1,913.				1,913.	1,913.		0.	1,913.
	'93 ADDITIONS - OFFICE	06/01/93	SL	30.00		16	46,470.				46,470.	44,146.		1,549.	45,695.
	ADDITIONS	08/31/93	SL	30.00		16	374.				374.	355.		12.	367.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ADDITIONS	06/01/94	SL	.000		16	3,778.				3,778.			0.	
	ADDITIONS	06/01/94	SL	30.00		16	26,222.				26,222.	24,037.		874.	24,911.
	ADDITIONS	06/01/94	SL	30.00		16	3,173.				3,173.	2,908.		106.	3,014.
	ADDITIONS	08/31/94	SL	30.00		16	3,300.				3,300.	3,025.		110.	3,135.
	ADDITIONS	08/31/94	SL	30.00		16	28,084.				28,084.	25,744.		936.	26,680.
	'94 ADDITIONS - OFFICE	08/31/94	SL	30.00		16	11,865.				11,865.	10,877.		396.	11,273.
	ADDITIONS	02/15/95	SL	30.00		16	2,960.				2,960.	2,615.		99.	2,714.
	LAND	03/15/95	SL	30.00		16	6,638.				6,638.	5,310.		221.	5,531.
	ADDITIONS	03/15/95	SL	30.00		16	52,254.				52,254.	42,674.		1,742.	44,416.
	'95 ADDITIONS - OFFICE	08/31/95	SL	30.00		16	55.				55.	48.		2.	50.
	'95 ADDITIONS - DONATED SERVICES	12/31/95	SL	30.00		16	19,735.				19,735.	17,432.		658.	18,090.
	1996 ADDITIONS	06/15/96	SL	30.00		16	2,236.				2,236.	1,788.		75.	1,863.
	1996 ADDITIONS	06/15/96	SL	30.00		16	19,083.				19,083.	16,220.		636.	16,856.
	1996 OFFICE BLDG IMPROVEMENTS	06/15/96	SL	30.00		16	411.				411.	350.		14.	364.
	1996 OFFICE BLDG IMPROVE-PHASE2	06/15/96	SL	30.00		16	51,870.				51,870.	44,090.		1,729.	45,819.
	1996 OFFICE BLDG IMPROVEMENTS-PHASE 3	06/15/96	SL	30.00		16	28,233.				28,233.	23,998.		941.	24,939.
	CAMERA	07/18/96	SL	7.00		16	1,496.				1,496.	1,496.		0.	1,496.
	NEW ID CAMERA & CART FOR IMMIGRATION	10/16/96	SL	7.00		16	1,097.				1,097.	1,097.		0.	1,097.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1996 OFFICE BUILDING IMPROVEMENTS PH-3	12/15/96	SL	30.00		16	11,794.				11,794.	10,025.		393.	10,418.
	1996 ADDITIONS	12/15/96	SL	30.00		16	1,753.				1,753.	1,490.		58.	1,548.
	1997 OFFICE BLDG IMPROVEMENTS-PHASE 2	06/15/97	SL	30.00		16	1,893.				1,893.	1,546.		63.	1,609.
	1997 BLDG. IMPROVEMENTS-PHASE 3	06/15/97	SL	30.00		16	25,545.				25,545.	20,862.		852.	21,714.
	1997 ADDITIONS	06/15/97	SL	30.00		16	54,425.				54,425.	44,447.		1,814.	46,261.
	1997 ADDITIONS	06/15/97	SL	30.00		16	50,048.				50,048.	40,038.		1,668.	41,706.
	1997 ADDITIONS	06/15/97	SL	30.00		16	6,336.				6,336.	5,174.		211.	5,385.
	MIP SOFTWARE MODULES	12/31/97	SL	5.00		16	5,500.				5,500.	5,500.		0.	5,500.
	SECURITY GATE AND CABINET(A.C.RICH)	06/11/98	SL	30.00		16	2,875.				2,875.	2,252.		96.	2,348.
	1998 ADDITIONS	06/15/98	SL	30.00		16	36,641.				36,641.	28,702.		1,221.	29,923.
	ROYAL COPYSTAR COPIER	11/22/99	SL	5.00		16	5,280.				5,280.	5,280.		0.	5,280.
	PRINTING SYSTEM - ROYAL COPIER	05/03/00	SL	4.00		16	1,195.				1,195.	1,145.		0.	1,145.
	COMPUTER WORKSTATIONS	06/13/00	SL	2.00		16	10,830.				10,830.	10,830.		0.	10,830.
	COMPUTER WORKSTATION 700MHZ PENTIUM III	08/15/00	SL	2.00		16	1,450.				1,450.	1,450.		0.	1,450.
	COMPUTER EQUIPMENT	12/14/00	SL	2.00		16	2,610.				2,610.	2,610.		0.	2,610.
	PANASONIC FAX	01/04/01	SL	3.00		16	995.				995.	995.		0.	995.
	IN-FOCUS PROJECTOR	04/16/01	SL	2.00		16	3,500.				3,500.	3,500.		0.	3,500.
	WAREHOUSE IMPROVEMENT	06/15/01	SL	10.00		16	20,017.				20,017.	19,850.		0.	19,850.

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	MIP - DATA IMPORT / EX	06/15/01	SL	2.00		16	825.				825.	825.		0.	825.
	DONOR PERFECT	06/15/01	SL	2.00		16	7,570.				7,570.	7,570.		0.	7,570.
	P.C. / MONITOR (21)	06/15/01	SL	2.00		16	18,220.				18,220.	18,220.		0.	18,220.
	SERVER	06/15/01	SL	2.00		16	1,720.				1,720.	1,720.		0.	1,720.
	STAR 1.6 GHZ P4 COMPUTER	01/01/02	SL	2.00		16	1,000.				1,000.	1,000.		0.	1,000.
	CTX VL 1300 21" MONITOR-STAR ENTERPRISES	03/01/02	SL	2.00		16	650.				650.	542.		0.	542.
	KYOCERA MITA 9100 DN PRINTER	04/12/02	SL	2.00		16	4,049.				4,049.	3,543.		0.	3,543.
	2-PHILLIPS 201B 21" MONITORS	05/21/02	SL	2.00		16	1,220.				1,220.	1,169.		0.	1,169.
	2002 ADDITIONS(ROOF, ETC.)	07/01/02	SL	30.00		16	1,726.				1,726.	1,122.		58.	1,180.
	LAND	07/01/02	SL	.000		16	10,000.				10,000.			0.	
	ADDITIONS	07/01/02	SL	30.00		16	60,000.				60,000.	39,000.		2,000.	41,000.
	DELL POWER EDGE 2650-SERVER	07/05/02	SL	2.00		16	10,903.				10,903.	10,903.		0.	10,903.
	DELL EXTERNAL POWERVault 100T DDS4TAPE DRIVE& FIREWAL	08/07/02	SL	2.00		16	1,930.				1,930.	1,930.		0.	1,930.
	STAR 2400 COMPUTER	07/01/03	SL	2.00		16	800.				800.	800.		0.	800.
	2ND LEVEL OFFICE REMODEL	07/01/03	SL	30.00		16	140,316.				140,316.	86,528.		4,677.	91,205.
	DELL POWEREDGE 2650 SERVER	07/01/03	SL	2.00		16	5,530.				5,530.	5,530.		0.	5,530.
	21" PHILLIPS MONITOR	07/01/03	SL	2.00		16	913.				913.	913.		0.	913.
	CLOSING COSTS FOR LAKE CITY BANK REFINANCING	07/01/03	SL	5.00		16	13,781.				13,781.	13,781.		0.	13,781.

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	APPLIANCES	03/22/04	SL	7.00		16	1,010.				1,010.	1,010.		0.	1,010.
	FAX MACHINE	03/23/04	SL	2.00		16	895.				895.	895.		0.	895.
	COPIER	03/23/04	SL	2.00		16	4,578.				4,578.	4,578.		0.	4,578.
	DESKS (COMPLIANCE/ACCT. ASST)	03/24/04	SL	7.00		16	2,875.				2,875.	2,875.		0.	2,875.
	MISC. FURNITURE-(OFFICE BARN)	06/01/04	SL	7.00		16	1,743.				1,743.	1,743.		0.	1,743.
	CFO OFFICE FURNITURE	06/01/04	SL	7.00		16	1,647.				1,647.	1,647.		0.	1,647.
	2004 ADDITIONS	06/15/04	SL	30.00		16	2,190.				2,190.	1,284.		73.	1,357.
	2004 ADDITIONS	06/15/04	SL	30.00		16	2,190.				2,190.	1,284.		73.	1,357.
	2004 ADDITIONS	06/15/04	SL	30.00		16	2,947.				2,947.	1,727.		98.	1,825.
	COMPUTERS	06/15/04	SL	2.00		16	15,299.				15,299.	15,299.		0.	15,299.
	SERVER-MIP	06/16/04	SL	2.00		16	1,978.				1,978.	1,978.		0.	1,978.
	MISSION FURNITURE(OFFICES)	06/28/04	SL	7.00		16	18,005.				18,005.	18,005.		0.	18,005.
	OFFICE REMODEL, ELEVATOR ETC.-2004 ADDITIONS.	07/01/04	SL	30.00		16	178,969.				178,969.	104,399.		5,966.	110,365.
	MISSION FURNITURE-(IN KIND DONATION)	07/01/04	SL	7.00		16	13,800.				13,800.	13,800.		0.	13,800.
	MISSION FURNITURE(RECEPTIONIST)	07/30/04	SL	7.00		16	6,921.				6,921.	6,921.		0.	6,921.
	PRINTER	08/11/04	SL	2.00		16	3,009.				3,009.	3,009.		0.	3,009.
	TRAILER-RENTAL REHAB DEPT	08/15/04	SL	7.00		16	1,163.				1,163.	1,163.		0.	1,163.
	CHAIRS FOR LOBBY	10/01/04	SL	7.00		16	763.				763.	763.		0.	763.

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	RUGS FOR LOBBY	10/19/04	SL	7.00		16	606.				606.	606.		0.	606.
	COPIER	01/01/05	SL	5.00		16	3,327.				3,327.	3,327.		0.	3,327.
	PERSONAL COMPUTERS	01/31/05	SL	5.00		16	3,862.				3,862.	3,862.		0.	3,862.
	REPLACEMENT COMPUTERS	03/03/05	SL	5.00		16	1,950.				1,950.	1,950.		0.	1,950.
	PRESENTATION LAPTOP	03/03/05	SL	5.00		16	1,724.				1,724.	1,724.		0.	1,724.
	KEVIN'S COMPUTER	03/15/05	SL	5.00		16	1,050.				1,050.	1,050.		0.	1,050.
	VACUUM CLEANER	05/24/05	SL	5.00		16	650.				650.	650.		0.	650.
	2005 IMPROVEMENTS	07/01/05	SL	30.00		16	415.				415.	228.		14.	242.
	2005 IMPRV.	07/01/05	SL	30.00		16	2,736.				2,736.	1,505.		91.	1,596.
	2005 IMPV	07/01/05	SL	30.00		16	4,934.				4,934.	2,713.		164.	2,877.
	2005 IMPV	07/01/05	SL	30.00		16	3,320.				3,320.	1,826.		111.	1,937.
	2005 IMPV	07/01/05	SL	30.00		16	3,077.				3,077.	1,692.		103.	1,795.
	2005 IMPV	07/01/05	SL	30.00		16	1,382.				1,382.	760.		46.	806.
	2005 IMPV	07/01/05	SL	30.00		16	2,160.				2,160.	1,188.		72.	1,260.
	VACUUM CLEANER	11/23/05	SL	5.00		16	650.				650.	650.		0.	650.
	PROJECTOR AND DISPLAY PHONE	01/13/06	SL	5.00		16	1,574.				1,574.	1,574.		0.	1,574.
	SERVER AND PHONE	02/16/06	SL	5.00		16	8,038.				8,038.	8,038.		0.	8,038.
	2 DELL COMPUTERS	03/31/06	SL	5.00		16	3,678.				3,678.	3,678.		0.	3,678.

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	(D) ADDITIONS	07/31/14	SL	30.00		16	75,865.				75,865.	18,755.		859.	19,614.
	2007 ADDITIONS	01/31/07	SL	30.00		16	1,440.				1,440.	716.		48.	764.
	IT EQUIPMENT AND LICENSES	02/27/07	SL	3.00		16	780.				780.	780.		0.	780.
	2007 ADDITIONS	05/31/07	SL	30.00		16	2,153.				2,153.	1,047.		72.	1,119.
	COMPUTER SERVER UPGRADE	10/31/07	SL	5.00		16	1,191.				1,191.	1,191.		0.	1,191.
	LAPTOP - BRAD HUNSBERGER	12/31/07	SL	5.00		16	1,520.				1,520.	1,520.		0.	1,520.
	LAPTOP FOR DOUG MORGAN	02/22/08	SL	3.00		16	1,205.				1,205.	1,205.		0.	1,205.
	PC FOR BECKY GASCHO	03/17/08	SL	3.00		16	1,065.				1,065.	1,065.		0.	1,065.
	MIP PAYROLL MODULE	08/05/08	SL	5.00		16	4,874.				4,874.	4,874.		0.	4,874.
	EXERCISE EQUIPMENT	11/11/08	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
	ADDITIONS	12/03/08	SL	30.00		16	160,000.				160,000.	69,778.		5,333.	75,111.
	ADDITIONS	12/03/08	SL	30.00		16	230,000.				230,000.	100,306.		7,667.	107,973.
	COMMERCIAL IMPROVEMENTS	01/01/09	SL	30.00		16	249,489.				249,489.	108,112.		8,316.	116,428.
	COMMERICAL IMPROVEMENTS	01/01/09	SL	30.00		16	4,561.				4,561.	1,976.		152.	2,128.
	COMMERCIAL IMPROVEMENTS	01/31/09	SL	30.00		16	66,609.				66,609.	28,679.		2,220.	30,899.
	COMPUTER EQUIPMENT (LARRYS)	02/02/09	SL	3.00		16	1,125.				1,125.	1,125.		0.	1,125.
	ADDITIONS	06/30/09	SL	30.00		16	83,989.				83,989.	34,995.		2,800.	37,795.
	169 STATE STREET-ELECTRIC WATER HEATER	08/27/09	SL	30.00		16	4,498.				4,498.	1,849.		150.	1,999.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	1103 N. 7TH STREET-DRAINAGE WORK	11/17/09	SL	30.00		16	7,505.				7,505.	3,023.		250.	3,273.
	10" DELL OPTOPLEX PERSONAL COMPUTERS	12/08/09	SL	5.00		16	10,600.				10,600.	10,600.		0.	10,600.
	FIRE ALARM SYSTEM	01/25/10	SL	10.00		16	7,534.				7,534.	7,534.		0.	7,534.
	DELL POWER EDGE R710 SERVER	02/04/10	SL	5.00		16	9,380.				9,380.	9,380.		0.	9,380.
	HANDICAP RAMP	02/26/10	SL	10.00		16	5,900.				5,900.	5,900.		0.	5,900.
	HVAC GEOTHERMAL SYSTEM	03/01/10	SL	30.00		16	75,213.				75,213.	29,667.		2,507.	32,174.
	NEW LOCKS	03/01/10	SL	10.00		16	1,686.				1,686.	1,686.		0.	1,686.
	BAL OF HVAC SEE ASSET 430	03/01/10	SL	30.00		16	51,529.				51,529.	20,325.		1,718.	22,043.
	WINDOWS	05/07/10	SL	10.00		16	1,706.				1,706.	1,706.		0.	1,706.
	COMMERCIAL IMPR 2009 ADD-PART OF ASSET 450	05/21/10	SL	30.00		16	4,122.				4,122.	1,592.		137.	1,729.
	ATTIC FIRE PROT/INSULATION-PART OF ASSE	05/21/10	SL	30.00		16	8,563.				8,563.	3,306.		285.	3,591.
	TABLES & CHAIRS	06/03/10	SL	7.00		16	2,620.				2,620.	2,620.		0.	2,620.
	LAWNMOWER	06/07/10	SL	7.00		16	6,688.				6,688.	6,688.		0.	6,688.
	DELL OPTIPLEX 980 MINITOWER	07/07/10	SL	5.00		16	1,085.				1,085.	1,085.		0.	1,085.
	8 OPTIPLEX 980 MIN TOWER	08/03/10	SL	5.00		16	8,680.				8,680.	8,680.		0.	8,680.
	DELL LATITUDE E6510	08/30/10	SL	5.00		16	1,455.				1,455.	1,455.		0.	1,455.
	7 DELL LATITUDE E6510 LAPTOPS	09/16/10	SL	5.00		16	8,267.				8,267.	8,267.		0.	8,267.
	ROOF	11/15/10	SL	30.00		16	45,016.				45,016.	16,756.		1,501.	18,257.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	MASONRY WORK	09/14/11	SL	15.00		16	8,918.				8,918.	6,143.		595.	6,738.
	FURNISHINGS	11/28/11	SL	7.00		16	2,660.				2,660.	2,660.		0.	2,660.
	PSH BLDG	12/01/11	SL	30.00		16	1,115,579.				1,115,579.	374,959.		37,186.	412,145.
	FURNITURE	12/05/11	SL	7.00		16	39,294.				39,294.	39,294.		0.	39,294.
	2011 ADDITIONS	12/13/11	SL	30.00		16	37,524.				37,524.	12,612.		1,251.	13,863.
	ADDITIONS	01/01/12	SL	30.00		16	511,854.				511,854.	170,618.		17,062.	187,680.
	ADDITIONS	01/01/12	SL	30.00		16	157,468.				157,468.	52,489.		5,249.	57,738.
	INSTALL LED LIGHTING	02/02/12	SL	10.00		16	16,171.				16,171.	16,036.		135.	16,171.
	LED ELECTRICAL UPGRADE	02/08/12	SL	10.00		16	3,450.				3,450.	3,421.		29.	3,450.
	ROOSEVELT CENTER- 2 DOORS INT/EXT	02/29/12	SL	10.00		16	2,970.				2,970.	2,921.		50.	2,971.
	OFFICE FURNITURE (JIM'S OFFICE)	03/13/12	SL	5.00		16	1,780.				1,780.	1,780.		0.	1,780.
	IMPROVEMENT COSTS	05/31/12	SL	10.00		16	9,057.				9,057.	8,680.		377.	9,057.
	ADDITIONS	05/31/12	SL	30.00		16	112,168.				112,168.	35,831.		3,739.	39,570.
	KYOCERA COPIER #3140	06/21/12	SL	5.00		16	3,899.				3,899.	3,899.		0.	3,899.
	ADDITIONS	10/31/12	SL	30.00		16	7,486.				7,486.	2,287.		250.	2,537.
	HP COLOR LAJET JET 5550	12/12/12	SL	5.00		16	2,050.				2,050.	2,050.		0.	2,050.
	LAND	12/28/12	SL	.000		16	67,103.				67,103.			0.	
	WATER HEATER	03/31/13	SL	10.00		16	1,614.				1,614.	1,412.		161.	1,573.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	FURNITURE	05/20/13	SL	5.00		16	9,262.				9,262.	9,262.		0.	9,262.
	KEYLESS ENTRANCE SYSTEM	05/30/13	SL	5.00		16	3,153.				3,153.	3,153.		0.	3,153.
	SOLO LIGHT TUBES	05/30/13	SL	10.00		16	8,570.				8,570.	7,356.		857.	8,213.
	ADDITIONS	06/30/13	SL	30.00		16	76,424.				76,424.	21,654.		2,547.	24,201.
	ELKHART HOUSE	06/30/13	SL	30.00		16	14,433.				14,433.	4,089.		481.	4,570.
	IMPROVEMENT COSTS	06/30/13	SL	30.00		16	5,578.				5,578.	1,580.		186.	1,766.
	BUILDING INTERCOM SYSTEM	09/03/13	SL	10.00		16	1,233.				1,233.	1,028.		123.	1,151.
	ELKHART HOUSE	09/30/13	SL	30.00		16	140,283.				140,283.	38,578.		4,676.	43,254.
	LAPTOP FOR BRAD	11/11/13	SL	5.00		16	1,404.				1,404.	1,404.		0.	1,404.
	CONSTRUCTION IN PROCESS	01/01/14	SL	30.00		16	1,324,414.				1,324,414.	353,177.		44,147.	397,324.
	FURNITURE	01/07/14	SL	5.00		16	45,062.				45,062.	45,062.		0.	45,062.
	BEDDING	01/17/14	SL	5.00		16	3,536.				3,536.	3,536.		0.	3,536.
	1510 - PLAYGROUND EQUIPMENT	03/23/15	SL	15.00		16	18,774.				18,774.	8,448.		1,252.	9,700.
	OUTDOOR EQUIPMENT	04/22/14	SL	5.00		16	1,835.				1,835.	1,835.		0.	1,835.
	WESTPLAIN ADDITIONS	06/24/14	SL	30.00		16	161,749.				161,749.	40,437.		5,392.	45,829.
	ADDITIONS	07/31/14	SL	30.00		16	31,358.				31,358.	7,752.		1,045.	8,797.
	ADDITIONS	07/31/14	SL	30.00		16	50,939.				50,939.	12,593.		1,698.	14,291.
	TELEPHONE SYSTEM	08/27/14	SL	5.00		16	14,000.				14,000.	14,000.		0.	14,000.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	ARBOR RIDGE ASSETS RECEIVED	10/01/14	SL	5.00		16	3,494.				3,494.	3,494.		0.	3,494.
	ARBOR RIDGE BUILDING AND IMPROVEMENTS RECEIVED	03/01/99	SL	27.50	MM	16	4,678,006.				4,678,006.	3,491,740.		170,109.	3,661,849.
	SNOW BLOWER	10/28/14	SL	5.00		16	1,159.				1,159.	1,159.		0.	1,159.
	ADDITIONS	10/31/14	SL	30.00		16	5,505.				5,505.	1,315.		183.	1,498.
	ADDITIONS	10/31/14	SL	30.00		16	2,786.				2,786.	666.		93.	759.
	PLAYGROUND EQUIPMENT - LAND PREP	07/06/15	SL	15.00		16	1,500.				1,500.	650.		100.	750.
	1710 - CAPITALIZED RENTAL COSTS	02/28/15	SL	30.00		16	3,336.				3,336.	760.		111.	871.
	1710 - CAPITALIZED SCATTERED SITE COSTS	11/30/15	SL	30.00		16	2,843.				2,843.	577.		95.	672.
	1710 - CAPITALIZED CONSTRUCTION COSTS	12/31/15	SL	30.00		16	15,091.				15,091.	3,018.		503.	3,521.
	1713 - WINDOW REPLACEMENT PROJECT	08/21/15	SL	10.00		16	17,346.				17,346.	10,986.		1,735.	12,721.
	OFFICE FURNITURE AND EQUIPMENT CORRECTION	12/31/14	SL	5.00		16	103,749.				103,749.	103,749.		0.	103,749.
	CAPITALIZE SCATTERED SITES CONST COSTS	02/29/16	SL	30.00		16	5,506.				5,506.	1,071.		184.	1,255.
	LAND AND IMPROVEMENTS	12/31/14	SL	5.00		16	297,971.				297,971.	297,971.		0.	297,971.
	PLAYGROUND LANDSCAPING	07/06/15	SL	15.00		16	2,118.				2,118.	918.		141.	1,059.
	OFFICE EQUIPMENT AND CHAIRS	12/04/15	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
	SECURITY CAMERA SYSTEM	12/21/15	SL	10.00		16	9,680.				9,680.	5,808.		968.	6,776.
	1710-JANUARY CAPITALIZATION	01/31/16	SL	30.00		16	2,009.				2,009.	396.		67.	463.
	2016 REHAB	07/31/16	SL	30.00		16	10,198.				10,198.	1,841.		340.	2,181.

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	1710-CAPITALIZE RENTAL EXPENSES FOR OCT	10/31/16	SL	30.00		16	1,029.				1,029.	177.		34.	211.
	TURNOVER EXPENSES	11/30/16	SL	30.00		16	3,740.				3,740.	634.		125.	759.
	1710-CAPITALIZE RENTAL REHAB EXPENSES	12/31/16	SL	30.00		16	1,691.				1,691.	282.		56.	338.
	RENTAL PROPERTY	03/31/16	SL	30.00		16	205,817.				205,817.	39,448.		6,861.	46,309.
	FURNACE, A/C	07/19/16	SL	10.00		16	17,932.				17,932.	9,713.		1,793.	11,506.
	WATER METER BATTERIES	08/26/16	SL	5.00		16	5,381.				5,381.	5,381.		0.	5,381.
	ROOFING	09/20/16	SL	15.00		16	19,800.				19,800.	6,930.		1,320.	8,250.
	HVAC	06/30/16	SL	10.00		16	17,932.				17,932.	9,863.		1,793.	11,656.
	ROOFING	10/25/16	SL	15.00		16	35,200.				35,200.	12,124.		2,347.	14,471.
	FURNACE/AC'S IN 417	12/05/16	SL	10.00		16	35,864.				35,864.	18,231.		3,586.	21,817.
	(D)1713 CAPITALIZE - AUGUST	08/31/20	SL	30.00		16	6,360.				6,360.	283.		124.	407.
	AIR COMPRESSOR SPRINKLER SYSTEM	02/04/16	SL	5.00		16	2,134.				2,134.	2,134.		0.	2,134.
	NEW HEAT PUMP	03/09/16	SL	5.00		16	4,350.				4,350.	4,350.		0.	4,350.
	GYM LIGHTING	05/09/16	SL	5.00		16	1,188.				1,188.	1,188.		0.	1,188.
	GYM LIGHTING	04/01/16	SL	5.00		16	3,624.				3,624.	3,624.		0.	3,624.
	A/C UNIT	10/10/16	SL	5.00		16	4,527.				4,527.	4,527.		0.	4,527.
	FURNITURE	09/30/20	SL	5.00		16	2,437.				2,437.	609.		487.	1,096.
	1710 - CAPITALIZE MAY	05/31/17	SL	30.00		16	4,413.				4,413.	674.		147.	821.

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	1710 - CAPITALIZATIONS JUNE	06/30/17	SL	30.00		16	2,187.				2,187.	328.		73.	401.
	1710 - CAPITALIZATIONS JULY	07/31/17	SL	30.00		16	24.				24.	4.		1.	5.
	408 E LINCOLN TO RENTAL	07/31/17	SL	30.00		16	290,467.				290,467.	42,763.		9,682.	52,445.
	1710 - CAPITALIZATION AUGUST	08/31/17	SL	30.00		16	4,400.				4,400.	636.		147.	783.
	1710 - CAPITALIZATIONS SEPTEMBER	09/30/17	SL	30.00		16	2,222.				2,222.	315.		74.	389.
	1710 - CAPITALIZATION OCTOBER	10/31/17	SL	30.00		16	234.				234.	33.		8.	41.
	1710 - CAPITALIZATION DECEMBER	12/31/17	SL	30.00		16	1,000.				1,000.	133.		33.	166.
	1712 - GARAGE	04/30/17	SL	15.00		16	1,285.				1,285.	400.		86.	486.
	1712 - ARBOR RIDGE CONSTRUCTION	05/31/17	SL	30.00		16	5,428.				5,428.	829.		181.	1,010.
	1712 - ARBOR RIDGE CONSTRUCTION	06/30/17	SL	30.00		16	2,363.				2,363.	354.		79.	433.
	1712 - ARBOR RIDGE CONSTRUCTION	07/31/17	SL	30.00		16	831.				831.	122.		28.	150.
	1712 - ARBOR RIDGE AC/FURNACE	08/24/17	SL	10.00		16	8,966.				8,966.	3,885.		897.	4,782.
	1712 - ARBOR RIDGE ROOFING	08/27/17	SL	15.00		16	19,800.				19,800.	5,720.		1,320.	7,040.
	1712 - ARBOR RIDGE HVAC EQUIPMENT	09/01/17	SL	10.00		16	76,965.				76,965.	33,351.		7,696.	41,047.
	1712 - ARBOR RIDGE FURNACES	09/21/17	SL	10.00		16	10,017.				10,017.	4,257.		1,002.	5,259.
	1712 - ARBOR RIDGE ROOFING	09/29/17	SL	15.00		16	83,700.				83,700.	23,715.		5,580.	29,295.
	1712 - ARBOR RIDGE AC/FURNACE	10/09/17	SL	10.00		16	32,053.				32,053.	13,623.		3,205.	16,828.
	1712 - ARBOR RIDGE FURNACE	10/10/17	SL	10.00		16	4,483.				4,483.	1,905.		448.	2,353.

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	1712 - ARBOR RIDGE HVAC	10/16/17	SL	10.00		16	16,027.				16,027.	6,811.		1,603.	8,414.
	1713 - #7900 PUMP	01/24/17	SL	10.00		16	3,417.				3,417.	1,680.		342.	2,022.
	1713 - CAPITALIZATIONS - JANUARY	01/31/17	SL	30.00		16	1,516.				1,516.	248.		51.	299.
	AIR PURIFIER	11/10/20	SL	30.00		16	6,240.				6,240.	243.		208.	451.
	156 STATE ST.	09/30/22	SL	30.00		16	433,723.				433,723.			3,614.	3,614.
	(D)LAND - BENHAM AVE	05/14/19	SL	.000		16	2,850.				2,850.			0.	
	COMPUTER SOFTWARE	10/31/18	SL	5.00		16	3,665.				3,665.	2,321.		733.	3,054.
	1710 CAPITALIZATION - FEBRUARY	02/28/18	SL	30.00		16	3,190.				3,190.	408.		106.	514.
	1710 CAPITALIZATION - APRIL	04/30/18	SL	30.00		16	12,897.				12,897.	1,576.		430.	2,006.
	1710 CAPITALIZATION - MAY	05/31/18	SL	30.00		16	1,533.				1,533.	183.		51.	234.
	418 S 7TH TO RENTAL	05/31/18	SL	30.00		16	239,533.				239,533.	28,611.		7,984.	36,595.
	1710 CAPITALIZATION - JUNE	06/30/18	SL	30.00		16	16,256.				16,256.	1,897.		542.	2,439.
	1710 CAPITALIZATION - JULY	07/31/18	SL	30.00		16	2,160.				2,160.	246.		72.	318.
	1710 CAPITALIZATION - AUGUST	08/31/18	SL	30.00		16	2,830.				2,830.	314.		94.	408.
	1710 CAPITALIZATION - SEPTEMBER	09/30/18	SL	30.00		16	830.				830.	90.		28.	118.
	418 S. 7TH TO RENTAL	10/31/18	SL	30.00		16	344,824.				344,824.	36,398.		11,494.	47,892.
	1710 - CAPITALIZATION NOVEMBER	11/30/18	SL	30.00		16	5,300.				5,300.	545.		177.	722.
	1710 CAPITALIZATION - DECEMBER	12/31/18	SL	30.00		16	3,397.				3,397.	340.		113.	453.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	1712 - ARBOR RIDGE CAPITALIZATION JULY	07/31/18	SL	30.00		16	26,500.				26,500.	3,018.		883.	3,901.
	1712 - ARBOR RIDGE CAPITALIZATION AUGU	08/31/18	SL	30.00		16	27,982.				27,982.	3,109.		933.	4,042.
	1712 - ARBOR RIDGE CAPITALIZATION OCT	10/31/18	SL	30.00		16	127,874.				127,874.	13,498.		4,262.	17,760.
	FURNACE	12/31/18	SL	5.00		16	3,299.				3,299.	1,979.		660.	2,639.
	BENHAM AVENUE	09/30/20	SL	30.00		16	1,587,891.				1,587,891.	66,162.		52,930.	119,092.
	CAPITALIZE 516 S MAIN STREET	12/31/19	SL	5.00		16	3,860.				3,860.	1,544.		772.	2,316.
	1710 - CAPITALIZE - JANUARY	01/31/19	SL	30.00		16	1,435.				1,435.	140.		48.	188.
	1710 CAPITALIZATION - FEBRUARY	02/29/20	SL	30.00		16	2,697.				2,697.	165.		90.	255.
	1710 - CAPITALIZATION - FEBRUARY	02/28/19	SL	30.00		16	8,881.				8,881.	839.		296.	1,135.
	1710 - CAPITALIZATION - APRIL	04/30/19	SL	30.00		16	439,073.				439,073.	39,029.		14,636.	53,665.
	1710 - CAPITALIZATION - JUNE	06/30/19	SL	30.00		16	9,349.				9,349.	779.		312.	1,091.
	1710 - CAPITALIZATION - JULY	07/31/19	SL	30.00		16	91,249.				91,249.	7,351.		3,042.	10,393.
	1710 - CAPITALIZATION - AUGUST	08/31/19	SL	30.00		16	10,192.				10,192.	793.		340.	1,133.
	1710 - CAPITALIZATION - SEPTEMBER	09/25/19	SL	30.00		16	3,060.				3,060.	230.		102.	332.
	1710 - CAPITALIZATION - OCTOBER	10/31/19	SL	30.00		16	7,684.				7,684.	555.		256.	811.
	1710 - CAPITALIZATION - NOVEMBER	11/30/19	SL	30.00		16	41,202.				41,202.	2,861.		1,373.	4,234.
	1710 - CAPITALIZATION - DECEMBER	12/31/19	SL	30.00		16	123,042.				123,042.	8,203.		4,101.	12,304.
	1712 - ARBOR RIDGE CAPITALIZATION - MAY	05/31/19	SL	30.00		16	6,270.				6,270.	540.		209.	749.

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(D) - Asset disposed

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	ELKHART CAPITALIZATION - OCTOBER	10/31/19	SL	30.00		16	9,596.				9,596.	693.		320.	1,013.
	LAND - BENHAM AVE	05/14/19	SL	.000		16	47,448.				47,448.			0.	
	FLAKE STREET	09/30/20	SL	30.00		16	1,005,340.				1,005,340.	41,889.		33,511.	75,400.
	102 9TH STREET	09/30/20	SL	30.00		16	277,985.				277,985.	11,583.		9,266.	20,849.
	1710 CAPITALIZATION - JULY	07/31/20	SL	30.00		16	83,312.				83,312.	3,934.		2,777.	6,711.
	1712 - ARBOR RIDGE ADDITIONS	12/31/20	SL	30.00		16	3,228.				3,228.	108.		108.	216.
	1710 CAPITALIZATION - OCTOBER	10/31/20	SL	30.00		16	9,323.				9,323.	363.		311.	674.
	FURNACE	02/29/20	SL	5.00		16	5,210.				5,210.	1,910.		1,042.	2,952.
	1713 CAPITALIZE - MARCH	03/31/20	SL	30.00		16	144,225.				144,225.	8,413.		4,808.	13,221.
	HVAC	02/29/20	SL	30.00		16	2,885.				2,885.	176.		96.	272.
	SOLAR PROJECT	12/31/20	SL	30.00		16	31,239.				31,239.	1,041.		1,041.	2,082.
	1713 CAPITALIZE - JUNE	06/30/20	SL	30.00		16	6,199.				6,199.	310.		207.	517.
	1713 CAPITALIZE - AUGUST	08/31/20	SL	30.00		16	74,534.				74,534.	3,313.		2,484.	5,797.
	LACASA OFFICE BUILDING	03/31/20	SL	30.00		16	260,854.				260,854.	15,216.		8,695.	23,911.
	LAPTOPS	12/31/20	SL	5.00		16	12,326.				12,326.	2,465.		2,465.	4,930.
	HVAC	06/30/21	SL	5.00		16	5,254.				5,254.	525.		1,051.	1,576.
	WESTPLAINS II	04/30/21	SL	30.00		16	857,883.				857,883.	19,064.		28,596.	47,660.
	169 STATE STREET	12/31/21	SL	30.00		16	405,133.				405,133.			13,504.	13,504.

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(D) - Asset disposed

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	HVAC	02/28/21	SL	5.00		16	4,479.				4,479.	746.		896.	1,642.
	HVAC	03/30/21	SL	5.00		16	4,265.				4,265.	640.		853.	1,493.
	HVAC	05/31/21	SL	5.00		16	3,163.				3,163.	369.		633.	1,002.
	HVAC	07/31/21	SL	5.00		16	3,163.				3,163.	264.		633.	897.
	PLUMBING	08/31/21	SL	30.00		16	3,182.				3,182.	35.		106.	141.
	HVAC	05/25/21	SL	5.00		16	3,163.				3,163.	369.		633.	1,002.
	146 STATE ST.	09/30/22	SL	30.00		16	514,745.				514,745.			4,290.	4,290.
	152 STATE ST.	09/30/22	SL	30.00		16	408,380.				408,380.			3,403.	3,403.
	160 STATE ST.	09/30/22	SL	30.00		16	413,668.				413,668.			3,447.	3,447.
	ROOF	10/31/22	SL	30.00		16	18,989.				18,989.			106.	106.
	ADDITIONS	11/30/22	SL	5.00		16	5,895.				5,895.			98.	98.
	LACASA MULTIFAMILY CONSTRUCTION	04/30/22	SL	30.00		16	2,044.				2,044.			45.	45.
	NDFCU IMPROVEMENTS	12/31/22	SL	30.00		16	13,451.				13,451.			0.	0.
	LAND	05/17/07	SL	.000		16	58,714.				58,714.			0.	0.
	SHOOTS - COMMERCIAL	11/30/07	SL	39.00	MM	16	78,733.				78,733.	30,539.		0.	30,539.
	SHOOTS - COMMERCIAL IMPROVEMENTS	03/01/08	SL	39.00	MM	16	23,500.				23,500.	8,914.		0.	8,914.
	SHOOTS - RESIDENTIAL	11/30/07	SL	27.50	MM	16	3,014,877.				3,014,877.	1,457,473.		49,256.	1,506,729.
	HADDLE - RESIDENTIAL	05/17/07	SL	27.50	MM	16	2,048,739.				2,048,739.	978,607.		0.	978,607.

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(D) - Asset disposed

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	BUILDING IMPROVEMENTS	01/01/09	SL	39.00	MM	16	25,000.				25,000.	8,949.		0.	8,949.
	REPLACE ELEVATOR STARTER	05/21/10	SL	27.50	MM	16	1,279.				1,279.	587.		0.	587.
	BRICK REPOINTING - SHOOTS BUILDING	10/31/11	SL	15.00		16	19,500.				19,500.	14,468.		0.	14,468.
	LED LIGHTS OUTSIDE - HATTLE	02/15/12	SL	15.00		16	3,350.				3,350.	2,353.		0.	2,353.
	LED LIGHTS - SHOOTS	02/15/12	SL	15.00		16	1,005.				1,005.	706.		0.	706.
	COMMERCIAL FRONT LOAD WASHER	05/23/12	SL	7.00		16	1,841.				1,841.	1,841.		0.	1,841.
	FURNITURE & APPLIANCES	11/30/07	SL	7.00		16	59,477.				59,477.	59,477.		0.	59,477.
	SOLAR PANELING	05/29/19	SL	20.00		16	23,126.				23,126.	4,143.		0.	4,143.
	HEAT PUMP	04/22/16	SL	5.00		16	3,226.				3,226.	3,226.		0.	3,226.
	FIRE PANEL	08/15/16	SL	5.00		16	1,531.				1,531.	1,531.		0.	1,531.
	AIR HANDLER	12/07/15	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
	HEAT PUMP	11/16/16	SL	5.00		16	3,139.				3,139.	3,139.		0.	3,139.
	EVAC SYSTEM	11/30/16	SL	10.00		16	2,821.				2,821.	1,716.		0.	1,716.
	WATER HEATER	06/21/17	SL	10.00		16	6,315.				6,315.	3,473.		0.	3,473.
	IT EQUIPMENT	01/27/17	SL	5.00		16	1,443.				1,443.	1,443.		0.	1,443.
	ELEVATOR REPAIR	09/30/18	SL	5.00		16	1,244.				1,244.	1,058.		0.	1,058.
	ELEVATOR VALVE	09/30/18	SL	5.00		16	8,630.				8,630.	7,336.		0.	7,336.
	SOLAR ENERGY PROJECT	12/10/18	SL	27.50	MM	16	23,603.				23,603.	3,505.		0.	3,505.

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	SOLAR PANEL	04/01/19	SL	20.00		16	4,050.				4,050.	759.		0.	759.
	FLOORING	08/29/19	SL	5.00		16	2,670.				2,670.	1,780.		0.	1,780.
	HALLWAY UNIT	04/10/20	SL	5.00		16	3,260.				3,260.	1,793.		0.	1,793.
	HVAC	08/14/20	SL	10.00		16	5,937.				5,937.	1,435.		0.	1,435.
	HVAC	12/17/20	SL	10.00		16	3,434.				3,434.	687.		0.	687.
	MASONRY	04/05/21	SL	27.50	MM	16	6,000.				6,000.	382.		0.	382.
	HVAC	04/01/22	SL	10.00		16	6,433.				6,433.			482.	482.
	WINDOWS	10/13/16	SL	27.50	MM	16	6,022.				6,022.	1,369.		0.	1,369.
	LOAN FEES	12/31/22	SL	240M		16	1,385.				1,385.			331.	331.
	* TOTAL 990 PAGE 10 DEPR						26473261.				26473261.	10191180.		708,730.	10899910.

EXTENSION REQUEST FOR INDIANA FORM NP-20
Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LACASA OF GOSHEN INC	Taxpayer identification number (TIN) 35-1554538
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 202 N COTTAGE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOSHEN, IN 46528	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

AMY CALL

• The books are in the care of ▶ **202 N COTTAGE AVENUE - GOSHEN, IN 46528**

Telephone No. ▶ **574-533-4450**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.