CLIENT'S COPY

November 13, 2024

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

LACASA OF GOSHEN INC:

Enclosed is the organization's 2023 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, 2024.

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

Sincerely,

MICHAEL BREINING

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

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, 2024

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning ______, 2023, and ending ______, 20__

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

OMB No. 1545-0047

2023

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	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	5,960,004.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		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 [X] 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 2023 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.

FINAL

PIN: check one box only

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

as my signature on the tax year 2023 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 2023 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 2023 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

Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.: LACASA OF GOSHEN INC

Taxpayer identification number (TIN): 35-1554538

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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AMY CALL
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 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[X] calendar year 20 23 or

[ ] tax year beginning ______, 20 ___, and ending ______, 20 ___

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.

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

EXTENDED TO NOVEMBER 15, 2024

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2023** **Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization: LACASA OF GOSHEN INC
Doing business as: LACASA, INC.
Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 202 N COTTAGE AVENUE
City or town, state or province, country, and ZIP or foreign postal code: GOSHEN, IN 46528

D Employer identification number: 35-1554538
E Telephone number: 574-533-4450
G Gross receipts $ 8,405,174.

F Name and address of principal officer: JEREMY P STUTSMAN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.LACASAINC.NET

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

Part I Summary

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 [ ] 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 2023 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	326
7a	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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,010,367.	3,806,986.
	9	Program service revenue (Part VIII, line 2g)	1,973,556.	2,397,138.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	415,727.	-278,072.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,980.	33,952.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,543,630.	5,960,004.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	1,898,748.	2,226,757.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 263,049.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,335,786.	2,950,301.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,234,534.	5,177,058.
	19	Revenue less expenses. Subtract line 18 from line 12	1,309,096.	782,946.
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	28,426,698.	30,523,316.
	21	Total liabilities (Part X, line 26)	6,700,443.	5,845,119.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,726,255.	24,678,197.

FINAL

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	PTIN
MICHAEL BREINING				P01736574

Firm's name: DAUBY O'CONNOR & ZALESKI, LLC — Firm's EIN 35-1750664
Firm's address: 501 CONGRESSIONAL BLVD #300
CARMEL, IN 46032 — Phone no. 317-848-5700

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,996,134. including grants of $) (Revenue $ 2,010,282.)
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 2023, LACASA OWNED AND MANAGED 357 RENTAL UNITS LOCATED IN THE CITIES OF GOSHEN AND ELKHART, INDIANA. DURING 2023, LACASA COMPLETED REHABILITATION OF 7 SINGLE FAMILY UNITS IN GOSHEN, 4 OF WHICH ARE HISTORIC.

4b (Code:) (Expenses $ 661,320. including grants of $) (Revenue $ 390,470.)
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 2023, LACASA COMPLETED REHABILITATION OF 7 SINGLE FAMILY UNITS IN GOSHEN. LACASA COMPLETED CONSTRUCTION AND SOLD 8 FOR-SALE HOMES AS PART OF A PROGRAM DESIGNED TO IMPROVE THE QUALITY OF EXISTING HOUSING STOCK WHILE BENEFITING LOW-INCOME HOUSEHOLDS. ADDITIONALLY, LACASA BEGAN CONSTRUCTION ON AN 8-UNIT NEW BUILDING AND 6-UNIT REHABILITATION IN ELKHART AND A 4-UNIT REHABILITATION IN GOSHEN. FINALLY, AS PART OF LACASA'S HELP-A-HOUSE PROGRAM, 2 OWNER-OCCUPIED HOMES WERE REHABILITATED.

4c (Code:) (Expenses $ 571,446. including grants of $) (Revenue $ 26,470.)
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 2023, THESE CLASSES GRADUATED 154, 140, 83, AND 132, RESPECTIVELY. LACASA OFFERS INDIVIDUAL DEVELOPMENT SAVINGS ACCOUNTS USED FOR HOMEOWNERSHIP, SECONDARY EDUCATION, TRANSPORTATION NEEDS OR TO START A BUSINESS. IN 2023, 20 PEOPLE RECEIVED COUNSELING FROM A HUD CERTIFIED HOUSING COUNSELOR AND SUCCESSFULLY PURCHASED HOMES. INCLUDING THOSE WHO RECEIVED FINANCIAL

4d Other program services (Describe on Schedule O.)
(Expenses $ 91,288. including grants of $) (Revenue $ 3,868.)

4e Total program service expenses 4,320,188.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return — 2a: 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year — 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 — 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities — 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders — 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year — 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans — 13b			
c	Enter the amount of reserves on hand — 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 .... [X]

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 .... 1a: 6 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b: 6			
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		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?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	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?	16b		

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.

[X] Own website [X] Another's website [X] 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 .... [X]

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) HEIDI STOLTZFUS MCHUGH CHIEF IMPACT OFFICER/INTER	45.00			X				103,294.	0.	21,487.
(2) AMY CALL CFO	45.00			X				98,611.	0.	13,215.
(3) JEREMY STUTSMAN CEO	45.00			X				92,746.	0.	11,072.
(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Subtotal								294,651.	0.	45,774.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								294,651.	0.	45,774.

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		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? *If "Yes," complete Schedule J for such person*	5		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
GRIFFEN PLUMBING & HEATING 2310 TOLEDO ROAD, ELKHART, IN 46516	PLUMBING AND HEATING SERVICES	123,220.

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 1

Part VIII **Statement of Revenue**

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	3,222,132.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	584,854.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 144.				
	h	**Total.** Add lines 1a-1f			3,806,986.			
Program Service Revenue				Business Code				
	2 a	RENTAL INCOME		531110	1,885,715.	1,885,715.		
	b	MANAGEMENT FEES		531110	477,583.	477,583.		
	c	CLIENT SERVICE FEES		531310	33,840.	33,840.		
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			2,397,138.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			249,898.			249,898.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	(ii) 1917200.				
	b	Less: cost or other basis and sales expenses	7b	(ii) 2445170.				
	c	Gain or (loss)	7c	(ii) -527,970.				
	d	Net gain or (loss)			-527,970.			-527,970.
	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				Business Code				
	11 a							
	b							
	c							
	d	All other revenue		531110	33,952.	33,952.		
	e	**Total.** Add lines 11a-11d			33,952.			
	12	**Total revenue.** See instructions			5,960,004.	2,431,090.	0.	-278,072.

FINAL

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	340,426.	127,187.	142,162.	71,077.
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	1,376,164.	1,131,848.	188,855.	55,461.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,313.	52,141.	15,370.	1,802.
9 Other employee benefits	319,178.	204,289.	99,124.	15,765.
10 Payroll taxes	121,676.	89,996.	23,125.	8,555.
11 Fees for services (nonemployees):				
a Management				
b Legal	83,909.	5,756.	39,158.	38,995.
c Accounting	50,140.	29,885.	20,255.	
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.)	159,556.	56,997.	76,895.	25,664.
12 Advertising and promotion	9,242.	3,005.		6,237.
13 Office expenses	22,260.	1,886.	19,681.	693.
14 Information technology	118,319.	32,267.	82,998.	3,054.
15 Royalties				
16 Occupancy	74,896.		73,225.	1,671.
17 Travel	42,545.	29,807.	8,534.	4,204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,798.	9,354.	5,871.	6,573.
20 Interest	288,754.	227,540.	61,214.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	927,696.	878,029.	49,667.	
23 Insurance	293,330.	246,694.	46,486.	150.
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	777,224.	777,224.		
b CLIENT SERVICES	111,978.	111,978.		
c ALLOCATION OF EXPENSES	-47,586.	347,904.	-396,246.	756.
d REAL ESTATE DEVELOPMENT	-52,040.	-52,040.		
e All other expenses	68,280.	8,441.	37,447.	22,392.
25 **Total functional expenses.** Add lines 1 through 24e	5,177,058.	4,320,188.	593,821.	263,049.
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 ☐ 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		189,209.	1	189,559.
	2	Savings and temporary cash investments		1,873,292.	2	2,214,250.
	3	Pledges and grants receivable, net		15,000.	3	161,770.
	4	Accounts receivable, net		513,238.	4	181,380.
	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		4,573,755.	7	2,581,856.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		92,870.	9	109,758.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,694,761.			
	b	Less: accumulated depreciation	10b 18,196,140.	17,745,702.	10c	23,498,621.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		905,249.	12	928,303.
	13	Investments - program-related. See Part IV, line 11		22,022.	13	22,022.
	14	Intangible assets		1,385.	14	
	15	Other assets. See Part IV, line 11		2,494,976.	15	635,797.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		28,426,698.	16	30,523,316.
Liabilities	17	Accounts payable and accrued expenses		565,089.	17	451,341.
	18	Grants payable		91,704.	18	62,615.
	19	Deferred revenue		11,917.	19	10,500.
	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		5,035,227.	23	4,286,117.
	24	Unsecured notes and loans payable to unrelated third parties		859,760.	24	828,714.
	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		136,746.	25	205,832.
	26	**Total liabilities.** Add lines 17 through 25		6,700,443.	26	5,845,119.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		21,726,255.	27	23,083,370.
	28	Net assets with donor restrictions			28	1,594,827.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		21,726,255.	32	24,678,197.
	33	Total liabilities and net assets/fund balances		28,426,698.	33	30,523,316.

FINAL

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,960,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,177,058.
3	Revenue less expenses. Subtract line 2 from line 1	3	782,946.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,726,255.
5	Net unrealized gains (losses) on investments	5	3,762.
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	2,165,234.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,678,197.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] 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?	2a		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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: [ ] Separate basis [X] Consolidated basis [ ] 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?	2c	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?	3a	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	3b	X	

Form 990 (2023)

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

2023

Open to Public Inspection

Name of the organization: LACASA OF GOSHEN INC

Employer identification number: 35-1554538

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3153984.	2983447.	4174942.	3010367.	3806986.	17129726.
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	3153984.	2983447.	4174942.	3010367.	3806986.	17129726.
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.						17129726.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3153984.	2983447.	4174942.	3010367.	3806986.	17129726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	370,765.	350,591.	391,335.	396,594.	249,898.	1759183.
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.)		26,122.	343,184.	163,113.	33,952.	566,371.
11 **Total support.** Add lines 7 through 10						19455280.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 9,747,007.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 | 88.05 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 | 86.24 %

16a **33 1/3% support test - 2023.** 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 ☒

b **33 1/3% support test - 2022.** 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 ☐

17a **10% -facts-and-circumstances test - 2023.** 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 ☐

b **10% -facts-and-circumstances test - 2022.** 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 ☐

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 ☐

Schedule A (Form 990) 2023

FINAL

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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 (*explain in detail in* **Part VI**):			
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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 - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 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-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

FINAL

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.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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	[X] 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

FINAL

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

[X] 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

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	$ 317,462.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	THE CITY OF GOSHEN 204 E. JEFFERSON ST., SUITE 4 GOSHEN, IN 46528	$ 124,912.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY 30 S MERIDIAN ST #1000 INDIANAPOLIS, IN 46204	$ 2,211,407.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	THE CITY OF ELKHART 229 SOUTH 2ND STREET ELKHART, IN 46516	$ 125,388.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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
		$	

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

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

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

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

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

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

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
2023
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.

		(a) Donor advised funds	(b) Funds and other accounts
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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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 2d 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.

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) 2023**

332051 09-28-23

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 in 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?	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		414,057.		414,057.
b Buildings		38,640,569.	17,311,601.	21,328,968.
c Leasehold improvements				
d Equipment		1,060,940.	884,539.	176,401.
e Other		1,579,195.		1,579,195.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				23,498,621.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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	11,129.
(3) SECURITY DEPOSITS	194,703.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	205,832.

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 ... X

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	7,528,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,762.		
b	Donated services and use of facilities	2b	12,463.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,551,852.		
e	Add lines **2a** through **2d**			2e	1,568,077.
3	Subtract line **2e** from line **1**			3	5,960,004.
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			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	5,960,004.

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	7,944,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,463.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,754,505.		
e	Add lines **2a** through **2d**			2e	2,766,968.
3	Subtract line **2e** from line **1**			3	5,177,058.
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			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,177,058.

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 749,098.

Part XIII Supplemental Information *(continued)*

LOSS ON SALE OF PROPERTY	802,754.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,551,852.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FOR ENTITIES THAT FILE A SEPARATE TAX RETURN	1,951,751.
LOSS ON SALE OF PROPERTY	802,754.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,754,505.

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
2023
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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COACHING, 27 PEOPLE REACHED FINANCIAL MILESTONES AND MADE MAJOR ASSET PURCHASES. LACASA ALSO OFFERS ONE-ON-ONE INDIVIDUAL COUNSELING FOR PRE- AND POST-PURCHASE.

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 2023, LACASA CONTINUED ITS HISTORICAL WORK WITH MULTIPLE NEIGHBORHOODS IN GOSHEN AND WITH THE TOLSON NEIGHBORHOOD IN SOUTH-CENTRAL ELKHART.
EXPENSES $ 91,288. INCLUDING GRANTS OF $ 0. REVENUE $ 3,868.

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S PRESIDENT, CHIEF FINANCIAL OFFICER AND BOARD OF

Name of the organization: LACASA OF GOSHEN INC

Employer identification number: 35-1554538

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, 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

Name of the organization: LACASA OF GOSHEN INC

Employer identification number: 35-1554538

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LACASA REAL ESTATE HOLDINGS 2,165,234.

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.

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

2023

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	-16,888.	5,185.	LACASA OF GOSHEN, INC.

FINAL

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2023**

332161 09-28-23 LHA

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROOSEVELT CENTER LP - 26-0727020, 202 N COTTAGE AVENUE, GOSHEN, IN 46528	REAL ESTATE RENTAL	IN	LACASA RC DEVELOPMENT CORPORATION	RELATED	-263,021.	0.		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	-401.	0.		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	-27.	190,433.		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	(i) No
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.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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) HAWKS ARTS AND ENTERPRISE CENTER LP	D	1,806,723.	FMV
(2) LACASA REAL ESTATE HOLDINGS LLC	D	150,653.	FMV
(3) ROOSEVELT CENTER LP	L	183,724.	CASH
(4) ELKHART SENIOR HOUSING LP	L	40,485.	CASH
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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.	18,428.		0.	18,428.
	ADDITIONS	06/30/92	SL	30.00		16	227.				227.	227.		0.	227.
	ADDITIONS	06/30/92	SL	30.00		16	19,611.				19,611.	19,611.		0.	19,611.
	NEW OFFICE EXPENSE	12/01/92	SL	30.00		16	8,406.				8,406.	8,406.		0.	8,406.
	NEW OFFICE EXPENSE	12/01/92	SL	30.00		16	189,241.				189,241.	189,241.		0.	189,241.
	LAND - OFFICE	12/01/92	SL	5.00		16	30,000.				30,000.			0.	
	ASBESTOS REMOVAL - OFFICE	12/01/92	SL	30.00		16	6,000.				6,000.	6,000.		0.	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.	46,341.		645.	46,986.
	ADDITIONS	08/31/93	SL	30.00		16	374.				374.	374.		6.	380.

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(D) - Asset disposed

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

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
	(D)ADDITIONS	06/01/94	SL	5.00		16	3,778.				3,778.			0.	
	(D)ADDITIONS	06/01/94	SL	30.00		16	26,222.				26,222.	25,056.		146.	25,202.
	(D)ADDITIONS	06/01/94	SL	30.00		16	3,173.				3,173.	3,032.		18.	3,050.
	ADDITIONS	08/31/94	SL	30.00		16	3,300.				3,300.	3,245.		110.	3,355.
	(D)ADDITIONS	08/31/94	SL	30.00		16	28,084.				28,084.	26,836.		156.	26,992.
	'94 ADDITIONS - OFFICE	08/31/94	SL	30.00		16	11,865.				11,865.	11,668.		396.	12,064.
	ADDITIONS	02/15/95	SL	30.00		16	2,960.				2,960.	2,812.		99.	2,911.
	LAND	03/15/95	SL	30.00		16	6,638.				6,638.	5,753.		221.	5,974.
	ADDITIONS	03/15/95	SL	30.00		16	52,254.				52,254.	46,158.		1,742.	47,900.
	'95 ADDITIONS - OFFICE	08/31/95	SL	30.00		16	55.				55.	52.		2.	55.
	'95 ADDITIONS - DONATED SERVICES	12/31/95	SL	30.00		16	19,735.				19,735.	18,748.		658.	19,406.
	1996 ADDITIONS	06/15/96	SL	30.00		16	2,236.				2,236.	1,938.		75.	2,013.
	1996 ADDITIONS	06/15/96	SL	30.00		16	19,083.				19,083.	17,492.		636.	18,128.
	1996 OFFICE BLDG IMPROVEMENTS	06/15/96	SL	30.00		16	411.				411.	377.		14.	391.
	1996 OFFICE BLDG IMPROVE-PHASE2	06/15/96	SL	30.00		16	51,870.				51,870.	47,548.		1,729.	49,277.
	1996 OFFICE BLDG IMPROVEMENTS-PHASE 3	06/15/96	SL	30.00		16	28,233.				28,233.	25,881.		941.	26,822.
	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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(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
	1996 OFFICE BUILDING IMPROVEMENTS PH-3	12/15/96	SL	30.00		16	11,794.				11,794.	10,811.		393.	11,204.
	1996 ADDITIONS	12/15/96	SL	30.00		16	1,753.				1,753.	1,607.		58.	1,665.
	1997 OFFICE BLDG IMPROVEMENTS-PHASE 2	06/15/97	SL	30.00		16	1,893.				1,893.	1,672.		63.	1,735.
	1997 BLDG. IMPROVEMENTS-PHASE 3	06/15/97	SL	30.00		16	25,545.				25,545.	22,565.		852.	23,417.
	1997 ADDITIONS	06/15/97	SL	30.00		16	54,425.				54,425.	48,075.		1,814.	49,889.
	(D)1997 ADDITIONS	06/15/97	SL	30.00		16	50,048.				50,048.	42,541.		834.	43,375.
	1997 ADDITIONS	06/15/97	SL	30.00		16	6,336.				6,336.	5,597.		211.	5,808.
	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.	2,444.		96.	2,540.
	1998 ADDITIONS	06/15/98	SL	30.00		16	36,641.				36,641.	31,144.		1,221.	32,365.
	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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(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
	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.	1,237.		58.	1,295.
	LAND	07/01/02	SL	5.00		16	10,000.				10,000.			0.	
	ADDITIONS	07/01/02	SL	30.00		16	47,945.				47,945.	39,991.		1,851.	41,842.
	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.	95,882.		4,677.	100,559.
	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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(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
	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.	1,430.		73.	1,503.
	2004 ADDITIONS	06/15/04	SL	30.00		16	2,190.				2,190.	1,430.		73.	1,503.
	2004 ADDITIONS	06/15/04	SL	30.00		16	2,947.				2,947.	1,924.		98.	2,022.
	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.	116,330.		5,966.	122,296.
	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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(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
	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.	256.		14.	270.
	2005 IMPRV.	07/01/05	SL	30.00		16	2,736.				2,736.	1,687.		91.	1,778.
	2005 IMPV	07/01/05	SL	30.00		16	4,934.				4,934.	3,042.		164.	3,206.
	(D)2005 IMPV	07/01/05	SL	30.00		16	3,320.				3,320.	1,955.		18.	1,973.
	(D)2005 IMPV	07/01/05	SL	30.00		16	3,077.				3,077.	1,812.		17.	1,829.
	(D)2005 IMPV	07/01/05	SL	30.00		16	1,382.				1,382.	829.		23.	852.
	(D)2005 IMPV	07/01/05	SL	30.00		16	2,160.				2,160.	1,296.		36.	1,332.
	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) - 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
	2007 ADDITIONS	01/31/07	SL	30.00		16	1,440.				1,440.	812.		48.	860.
	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.	1,190.		72.	1,262.
	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.	80,444.		5,333.	85,777.
	ADDITIONS	12/03/08	SL	30.00		16	230,000.				230,000.	115,639.		7,667.	123,306.
	COMMERCIAL IMPROVEMENTS	01/01/09	SL	30.00		16	249,489.				249,489.	127,753.		11,325.	139,078.
	COMMERICAL IMPROVEMENTS	01/01/09	SL	30.00		16	4,561.				4,561.	2,280.		152.	2,432.
	COMMERCIAL IMPROVEMENTS	01/31/09	SL	30.00		16	66,609.				66,609.	33,120.		2,220.	35,340.
	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.	40,594.		2,800.	43,394.
	169 STATE STREET-ELECTRIC WATER HEATER	08/27/09	SL	30.00		16	4,498.				4,498.	2,149.		150.	2,299.
	1103 N. 7TH STREET-DRAINAGE WORK	11/17/09	SL	30.00		16	7,505.				7,505.	3,523.		250.	3,773.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	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.	34,681.		2,507.	37,188.
	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.	23,761.		1,718.	25,479.
	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.	1,866.		137.	2,003.
	ATTIC FIRE PROT/INSULATION-PART OF ASSE	05/21/10	SL	30.00		16	8,563.				8,563.	3,877.		285.	4,162.
	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.	19,757.		1,501.	21,258.
	MASONRY WORK	09/14/11	SL	15.00		16	8,918.				8,918.	7,333.		595.	7,928.

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(D) - Asset disposed

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	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.	449,330.		37,186.	486,516.
	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.	15,114.		1,251.	16,365.
	ADDITIONS	01/01/12	SL	30.00		16	511,854.				511,854.	204,742.		17,062.	221,804.
	ADDITIONS	01/01/12	SL	30.00		16	157,468.				157,468.	62,987.		5,249.	68,236.
	INSTALL LED LIGHTING	02/02/12	SL	10.00		16	16,171.				16,171.	16,171.		0.	16,171.
	LED ELECTRICAL UPGRADE	02/08/12	SL	10.00		16	3,450.				3,450.	3,450.		0.	3,450.
	ROOSEVELT CENTER- 2 DOORS INT/EXT	02/29/12	SL	10.00		16	2,970.				2,970.	2,970.		0.	2,970.
	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.	9,057.		0.	9,057.
	ADDITIONS	05/31/12	SL	30.00		16	112,168.				112,168.	43,309.		3,739.	47,048.
	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.	2,786.		250.	3,036.
	HP COLOR LASET JET 5550	12/12/12	SL	5.00		16	2,050.				2,050.	2,050.		0.	2,050.
	LAND	12/28/12	SL	5.00		16	67,103.				67,103.			0.	
	WATER HEATER	03/31/13	SL	10.00		16	1,614.				1,614.	1,614.		40.	1,654.
	FURNITURE	05/20/13	SL	5.00		16	9,262.				9,262.	9,262.		0.	9,262.

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	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.	8,570.		357.	8,927.
	ADDITIONS	06/30/13	SL	30.00		16	76,424.				76,424.	26,749.		2,547.	29,296.
	ELKHART HOUSE	06/30/13	SL	30.00		16	14,433.				14,433.	5,052.		481.	5,533.
	IMPROVEMENT COSTS	06/30/13	SL	30.00		16	5,578.				5,578.	1,952.		186.	2,138.
	BUILDING INTERCOM SYSTEM	09/03/13	SL	10.00		16	1,233.				1,233.	1,233.		82.	1,315.
	ELKHART HOUSE	09/30/13	SL	30.00		16	140,283.				140,283.	47,930.		4,676.	52,606.
	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.	441,471.		44,147.	485,618.
	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.	10,952.		1,252.	12,204.
	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.	51,220.		5,392.	56,612.
	(D)ADDITIONS	07/31/14	SL	30.00		16	31,358.				31,358.	9,320.		523.	9,843.
	(D)ADDITIONS	07/31/14	SL	30.00		16	50,939.				50,939.	14,574.		283.	14,857.
	TELEPHONE SYSTEM	08/27/14	SL	5.00		16	14,000.				14,000.	14,000.		0.	14,000.
	ARBOR RIDGE ASSETS RECEIVED	10/01/14	SL	5.00		16	3,494.				3,494.	3,494.		0.	3,494.

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	ARBOR RIDGE BUILDING AND IMPROVEMENTS RECEIVED	03/01/99	SL	12.50		16	4,678,006.				4,678,006.	3,831,958.		170,109.	4,002,067.
	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.	1,682.		183.	1,865.
	ADDITIONS	10/31/14	SL	30.00		16	2,786.				2,786.	851.		93.	944.
	PLAYGROUND EQUIPMENT - LAND PREP	07/06/15	SL	15.00		16	1,500.				1,500.	850.		100.	950.
	1710 - CAPITALIZED RENTAL COSTS	02/28/15	SL	30.00		16	3,336.				3,336.	982.		111.	1,093.
	1710 - CAPITALIZED SCATTERED SITE COSTS	11/30/15	SL	30.00		16	2,843.				2,843.	766.		95.	861.
	1710 - CAPITALIZED CONSTRUCTION COSTS	12/31/15	SL	30.00		16	15,091.				15,091.	4,024.		503.	4,527.
	1713 - WINDOW REPLACEMENT PROJECT	08/21/15	SL	10.00		16	17,346.				17,346.	14,455.		1,735.	16,190.
	OFFICE FURNITURE AND EQUIPMENT CORRECTION	12/31/14	SL	5.00		16	103,749.				103,749.	103,749.		0.	103,749.
	1712 - ARBOR RIDGE ADJUSTMENT	12/31/14	SL	5.00		16								0.	
	CAPITALIZE SCATTERED SITES CONST COSTS	02/29/16	SL	30.00		16	5,506.				5,506.	1,438.		184.	1,622.
	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.	1,200.		141.	1,341.
	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.	7,744.		968.	8,712.
	1710-JANUARY CAPITALIZATION	01/31/16	SL	30.00		16	2,009.				2,009.	530.		67.	597.
	2016 REHAB	07/31/16	SL	30.00		16	10,198.				10,198.	2,521.		340.	2,861.

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	1710-CAPITALIZE RENTAL EXPENSES FOR OCT	10/31/16	SL	30.00		16	1,029.				1,029.	246.		34.	280.
	TURNOVER EXPENSES	11/30/16	SL	30.00		16	3,740.				3,740.	883.		125.	1,008.
	1710-CAPITALIZE RENTAL REHAB EXPENSES	12/31/16	SL	30.00		16	1,691.				1,691.	395.		56.	451.
	RENTAL PROPERTY	03/31/16	SL	30.00		16	205,817.				205,817.	53,169.		6,861.	60,030.
	FURNACE, A/C	07/19/16	SL	10.00		16	17,932.				17,932.	13,300.		1,793.	15,093.
	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.	9,570.		1,320.	10,890.
	HVAC	06/30/16	SL	10.00		16	17,932.				17,932.	13,449.		1,793.	15,242.
	ROOFING	10/25/16	SL	15.00		16	35,200.				35,200.	16,818.		2,347.	19,165.
	FURNACE/AC'S IN 417	12/05/16	SL	10.00		16	35,864.				35,864.	25,404.		3,586.	28,990.
	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.
	1705-2016 CONSTRUCTION IN PROGRESS	12/31/16	SL	5.00		16								0.	
	FURNITURE	09/30/20	SL	5.00		16	2,437.				2,437.	1,584.		487.	2,071.
	1710 - CAPITALIZE MAY	05/31/17	SL	30.00		16	4,413.				4,413.	968.		147.	1,115.

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(D) - Asset disposed

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	1710 - CAPITALIZATIONS JUNE	06/30/17	SL	30.00		16	2,187.				2,187.	474.		73.	547.
	1710 - CAPITALIZATIONS JULY	07/31/17	SL	30.00		16	24.				24.	5.		1.	6.
	408 E LINCOLN TO RENTAL	07/31/17	SL	30.00		16	290,467.				290,467.	62,128.		9,682.	71,810.
	1710 - CAPITALIZATION AUGUST	08/31/17	SL	30.00		16	4,400.				4,400.	929.		147.	1,076.
	1710 - CAPITALIZATIONS SEPTEMBER	09/30/17	SL	30.00		16	2,222.				2,222.	463.		74.	537.
	1710 - CAPITALIZATION OCTOBER	10/31/17	SL	30.00		16	234.				234.	48.		8.	56.
	1710 - CAPITALIZATION DECEMBER	12/31/17	SL	30.00		16	1,000.				1,000.	200.		33.	233.
	1712 - GARAGE	04/30/17	SL	15.00		16	1,285.				1,285.	571.		86.	657.
	1712 - ARBOR RIDGE CONSTRUCTION	05/31/17	SL	30.00		16	5,428.				5,428.	1,191.		181.	1,372.
	1712 - ARBOR RIDGE CONSTRUCTION	06/30/17	SL	30.00		16	2,363.				2,363.	512.		79.	591.
	1712 - ARBOR RIDGE CONSTRUCTION	07/31/17	SL	30.00		16	831.				831.	178.		28.	206.
	1712 - ARBOR RIDGE AC/FURNACE	08/24/17	SL	10.00		16	8,966.				8,966.	5,678.		897.	6,575.
	1712 - ARBOR RIDGE ROOFING	08/27/17	SL	15.00		16	19,800.				19,800.	8,360.		1,320.	9,680.
	1712 - ARBOR RIDGE HVAC EQUIPMENT	09/01/17	SL	10.00		16	76,965.				76,965.	48,744.		7,696.	56,440.
	1712 - ARBOR RIDGE FURNACES	09/21/17	SL	10.00		16	10,017.				10,017.	6,260.		1,002.	7,262.
	1712 - ARBOR RIDGE ROOFING	09/29/17	SL	15.00		16	83,700.				83,700.	34,875.		5,580.	40,455.
	1712 - ARBOR RIDGE AC/FURNACE	10/09/17	SL	10.00		16	32,053.				32,053.	20,033.		3,205.	23,238.
	1712 - ARBOR RIDGE FURNACE	10/10/17	SL	10.00		16	4,483.				4,483.	2,802.		448.	3,250.

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	1712 - ARBOR RIDGE HVAC	10/16/17	SL	10.00		16	16,027.				16,027.	10,017.		1,603.	11,620.
	1713 - #7900 PUMP	01/24/17	SL	10.00		16	3,417.				3,417.	2,363.		342.	2,705.
	1713 - CAPITALIZATIONS - JANUARY	01/31/17	SL	30.00		16	1,516.				1,516.	350.		51.	401.
	AIR PURIFIER	11/10/20	SL	30.00		16	6,240.				6,240.	659.		208.	867.
	156 STATE ST.	09/30/22	SL	30.00		16	433,723.				433,723.	18,072.		14,457.	32,529.
	1705 CAPITALIZE APRIL ADDITIONS	04/30/17	SL	.000		16								0.	
	COMPUTER SOFTWARE	10/31/18	SL	5.00		16	3,665.				3,665.	3,665.		611.	4,276.
	1710 CAPITALIZATION - FEBRUARY	02/28/18	SL	30.00		16	3,190.				3,190.	620.		106.	726.
	1710 CAPITALIZATION - APRIL	04/30/18	SL	30.00		16	12,897.				12,897.	2,436.		430.	2,866.
	1710 CAPITALIZATION - MAY	05/31/18	SL	30.00		16	1,533.				1,533.	285.		51.	336.
	418 S 7TH TO RENTAL	05/31/18	SL	30.00		16	239,533.				239,533.	44,580.		7,984.	52,564.
	1710 CAPITALIZATION - JUNE	06/30/18	SL	30.00		16	16,256.				16,256.	2,980.		542.	3,522.
	1710 CAPITALIZATION - JULY	07/31/18	SL	30.00		16	2,160.				2,160.	390.		72.	462.
	1710 CAPITALIZATION - AUGUST	08/31/18	SL	30.00		16	2,830.				2,830.	503.		94.	597.
	1710 CAPITALIZATION - SEPTEMBER	09/30/18	SL	30.00		16	830.				830.	145.		28.	173.
	418 S. 7TH TO RENTAL	10/31/18	SL	30.00		16	344,824.				344,824.	59,386.		11,494.	70,880.
	1710 - CAPITALIZATION NOVEMBER	11/30/18	SL	30.00		16	5,300.				5,300.	898.		177.	1,075.
	1710 CAPITALIZATION - DECEMBER	12/31/18	SL	30.00		16	3,397.				3,397.	566.		113.	679.

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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
	1712 - ARBOR RIDGE CAPITALIZATION JULY	07/31/18	SL	30.00		16	26,500.				26,500.	4,785.		883.	5,668.
	1712 - ARBOR RIDGE CAPITALIZATION AUGU	08/31/18	SL	30.00		16	27,982.				27,982.	4,975.		933.	5,908.
	1712 - ARBOR RIDGE CAPITALIZATION OCT	10/31/18	SL	30.00		16	127,874.				127,874.	22,023.		4,262.	26,285.
	FURNACE	12/31/18	SL	5.00		16	3,299.				3,299.	3,299.		660.	3,959.
	BENHAM AVENUE	09/30/20	SL	30.00		16	1,587,891.				1,587,891.	172,021.		52,930.	224,951.
	CAPITALIZE 516 S MAIN STREET	12/31/19	SL	5.00		16	3,860.				3,860.	3,088.		772.	3,860.
	1710 - CAPITALIZE - JANUARY	01/31/19	SL	30.00		16	1,435.				1,435.	235.		48.	283.
	1710 CAPITALIZATION - FEBRUARY	02/29/20	SL	30.00		16	2,697.				2,697.	345.		90.	435.
	1710 - CAPITALIZATION - FEBRUARY	02/28/19	SL	30.00		16	8,881.				8,881.	1,431.		296.	1,727.
	1710 - CAPITALIZATION - APRIL	04/30/19	SL	30.00		16	439,073.				439,073.	68,300.		14,636.	82,936.
	1710 - CAPITALIZATION - JUNE	06/30/19	SL	30.00		16	9,349.				9,349.	1,402.		312.	1,714.
	1710 - CAPITALIZATION - JULY	07/31/19	SL	30.00		16	91,249.				91,249.	13,434.		3,042.	16,476.
	1710 - CAPITALIZATION - AUGUST	08/31/19	SL	30.00		16	10,192.				10,192.	1,472.		340.	1,812.
	1710 - CAPITALIZATION - SEPTEMBER	09/25/19	SL	30.00		16	3,060.				3,060.	434.		102.	536.
	1710 - CAPITALIZATION - OCTOBER	10/31/19	SL	30.00		16	7,684.				7,684.	1,067.		256.	1,323.
	1710 - CAPITALIZATION - NOVEMBER	11/30/19	SL	30.00		16	41,202.				41,202.	5,608.		1,373.	6,981.
	1710 - CAPITALIZATION - DECEMBER	12/31/19	SL	30.00		16	123,042.				123,042.	16,406.		4,101.	20,507.
	1712 - ARBOR RIDGE CAPITALIZATION - MAY	05/31/19	SL	30.00		16	6,270.				6,270.	958.		209.	1,167.

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(D) - Asset disposed

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

FINAL

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	ELKHART CAPITALIZATION - OCTOBER	10/31/19	SL	30.00		16	9,596.				9,596.	1,333.		320.	1,653.
	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.	108,912.		33,511.	142,423.
	102 9TH STREET	09/30/20	SL	30.00		16	277,985.				277,985.	30,115.		9,266.	39,381.
	1710 CAPITALIZATION - JULY	07/31/20	SL	30.00		16	83,312.				83,312.	9,488.		2,777.	12,265.
	1712 - ARBOR RIDGE ADDITIONS	12/31/20	SL	30.00		16	3,228.				3,228.	323.		108.	431.
	1710 CAPITALIZATION - OCTOBER	10/31/20	SL	30.00		16	9,323.				9,323.	984.		311.	1,295.
	FURNACE	02/29/20	SL	5.00		16	5,210.				5,210.	3,994.		1,042.	5,036.
	1713 CAPITALIZE - MARCH	03/31/20	SL	30.00		16	144,225.				144,225.	18,028.		4,808.	22,836.
	HVAC	02/29/20	SL	30.00		16	2,885.				2,885.	369.		96.	465.
	SOLAR PROJECT	12/31/20	SL	30.00		16	31,239.				31,239.	3,124.		1,041.	4,165.
	1713 CAPITALIZE - JUNE	06/30/20	SL	30.00		16	6,199.				6,199.	723.		207.	930.
	1713 CAPITALIZE - AUGUST	08/31/20	SL	30.00		16	74,534.				74,534.	8,282.		2,484.	10,766.
	LACASA OFFICE BUILDING	03/31/20	SL	30.00		16	260,854.				260,854.	32,607.		8,695.	41,302.
	LAPTOPS	12/31/20	SL	5.00		16	12,326.				12,326.	7,395.		2,465.	9,860.
	HVAC	06/30/21	SL	5.00		16	5,254.				5,254.	2,627.		1,051.	3,678.
	WESTPLAINS II	04/30/21	SL	30.00		16	857,883.				857,883.	76,256.		28,596.	104,852.
	169 STATE STREET	12/31/21	SL	30.00		16	405,133.				405,133.	27,009.		13,504.	40,513.

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(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
	HVAC	02/28/21	SL	5.00		16	4,479.				4,479.	2,538.		896.	3,434.
	HVAC	03/30/21	SL	5.00		16	4,265.				4,265.	2,346.		853.	3,199.
	HVAC	05/31/21	SL	5.00		16	3,163.				3,163.	1,634.		633.	2,267.
	HVAC	07/31/21	SL	5.00		16	3,163.				3,163.	1,529.		633.	2,162.
	PLUMBING	08/31/21	SL	30.00		16	3,182.				3,182.	247.		106.	353.
	HVAC	05/25/21	SL	5.00		16	3,163.				3,163.	1,634.		633.	2,267.
	146 STATE ST.	09/30/22	SL	30.00		16	514,745.				514,745.	21,448.		17,158.	38,606.
	152 STATE ST.	09/30/22	SL	30.00		16	408,380.				408,380.	17,016.		13,613.	30,629.
	160 STATE ST.	09/30/22	SL	30.00		16	413,668.				413,668.	17,236.		13,789.	31,025.
	ROOF	10/31/22	SL	30.00		16	18,989.				18,989.	738.		633.	1,371.
	ADDITIONS	11/30/22	SL	5.00		16	5,895.				5,895.	1,277.		1,179.	2,456.
	LACASA MULTIFAMILY CONSTRUCTION	04/30/22	SL	30.00		16	2,044.				2,044.	114.		68.	182.
	NDFCU IMPROVEMENTS	12/31/22	SL	30.00		16	13,451.				13,451.	448.		448.	896.
	LAND	05/17/07	SL	.000		16	58,714.				58,714.			0.	
	SHOOTS - COMMERCIAL	11/30/07	SL	39.00	MM	16	78,733.				78,733.	32,558.		2,019.	34,577.
	SHOOTS - COMMERCIAL IMPROVEMENTS	03/01/08	SL	39.00	MM	16	23,500.				23,500.	9,516.		603.	10,119.
	SHOOTS - RESIDENTIAL	11/30/07	SL	27.50	MM	16	3,014,877.				3,014,877.	1,616,362.		109,632.	1,725,994.
	HADDLE - RESIDENTIAL	05/17/07	SL	27.50	MM	16	2,048,739.				2,048,739.	1,039,620.		61,013.	1,100,633.

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(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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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
	BUILDING IMPROVEMENTS	01/01/09	SL	39.00	MM	16	25,000.				25,000.	9,590.		641.	10,231.
	REPLACE ELEVATOR STARTER	05/21/10	SL	27.50	MM	16	1,279.				1,279.	634.		47.	681.
	BRICK REPOINTING - SHOOTS BUILDING	10/31/11	SL	15.00		16	19,500.				19,500.	15,768.		1,300.	17,068.
	LED LIGHTS OUTSIDE - HATTLE	02/15/12	SL	15.00		16	3,350.				3,350.	2,576.		223.	2,799.
	LED LIGHTS - SHOOTS	02/15/12	SL	15.00		16	1,005.				1,005.	773.		67.	840.
	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.	5,300.		1,156.	6,456.
	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.	1,998.		282.	2,280.
	WATER HEATER	06/21/17	SL	10.00		16	6,315.				6,315.	4,105.		632.	4,737.
	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.	1,244.		187.	1,431.
	ELEVATOR VALVE	09/30/18	SL	5.00		16	8,630.				8,630.	8,630.		1,295.	9,925.
	SOLAR ENERGY PROJECT	12/10/18	SL	27.50	MM	16	23,603.				23,603.	4,363.		858.	5,221.

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(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
	SOLAR PANEL	04/01/19	SL	20.00		16	4,050.				4,050.	962.		203.	1,165.
	FLOORING	08/29/19	SL	5.00		16	2,670.				2,670.	2,314.		534.	2,848.
	HALLWAY UNIT	04/10/20	SL	5.00		16	3,260.				3,260.	2,445.		652.	3,097.
	HVAC	08/14/20	SL	10.00		16	5,937.				5,937.	2,028.		594.	2,622.
	HVAC	12/17/20	SL	10.00		16	3,434.				3,434.	1,030.		343.	1,373.
	MASONRY	04/05/21	SL	27.50	MM	16	6,000.				6,000.	600.		218.	818.
	HVAC	04/01/22	SL	10.00		16	6,433.				6,433.	1,126.		643.	1,769.
	WINDOWS	10/13/16	SL	27.50	MM	16	6,022.				6,022.	1,588.		219.	1,807.
	ROOF REPAIR - ELKHART COMMERCIAL	02/28/23	SL	30.00		16	10,729.				10,729.	298.		298.	596.
	FURNACE	05/31/23	SL	5.00		16	5,291.				5,291.	617.		617.	1,234.
	(D)ADDITIONS	07/01/02	SL	30.00		16	4,683.				4,683.	887.		26.	913.
	1710 - CAPITALIZE 214 S. 8TH STREET	12/31/23	SL	30.00		16	575,258.				575,258.			0.	
	1710 - CAPITALIZE 410 JEFFERSON STREET	12/31/23	SL	30.00		16	591,797.				591,797.			0.	
	DOORS - SHOOTS BUILDING - 114 /	01/31/23	SL	5.00		16	2,706.				2,706.	496.		496.	992.
	HVAC - SHOOTS BUILDING - 114/LINCOLN AVE	01/31/23	SL	5.00		16	6,963.				6,963.	1,277.		1,277.	2,554.
	(D)ADDITIONS	07/01/02	SL	30.00		16	7,372.				7,372.	2,122.		123.	2,245.
	BIKE RACK - ELKHART COMMERCIAL	06/30/23	SL	5.00		16	10,729.				10,729.	1,073.		1,073.	2,146.
	LAND	12/31/23	SL	.000		16	18,000.				18,000.			0.	

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(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
	FURNITURE AND E	04/01/08	SL	5.00		16	130,751.				130,751.	130,751.		0.	130,751.
	DELL COMPUTER	12/09/13	SL	5.00		16	1,560.				1,560.	1,557.		0.	1,557.
	WATER HEATER	04/03/15	SL	5.00		16	2,378.				2,378.	2,378.		0.	2,378.
	WATER HEATER	06/28/17	SL	5.00		16	3,577.				3,577.	3,577.		0.	3,577.
	WATER HEATER	02/27/18	SL	5.00		16	4,441.				4,441.	4,441.		0.	4,441.
	WATER HEATER	05/31/19	SL	5.00		16	13,500.				13,500.	12,375.		1,125.	13,500.
	LIGHTING	05/21/19	SL	5.00		16	15,200.				15,200.	13,933.		1,267.	15,200.
	BUILDING AND IMPROVEMENTS	04/01/08	SL	27.50	MM	16	6,443,966.				6,443,966.	3,681,366.		234,326.	3,915,692.
	KEY SYSTEM	05/12/10	SL	27.50	MM	16	3,358.				3,358.	1,664.		122.	1,786.
	MASTER DOOR	06/24/14	SL	5.00		16	1,660.				1,660.	1,660.		0.	1,660.
	PATIO PROJECT	10/07/15	SL	15.00		16	6,308.				6,308.	3,469.		421.	3,890.
	DATA WIRING	09/26/16	SL	15.00		16	4,124.				4,124.	1,993.		275.	2,268.
	CARPETING	07/08/19	SL	5.00		16	35,484.				35,484.	31,935.		3,549.	35,484.
	ELKHART LAND	04/01/08	SL	.000		16	142,791.				142,791.			0.	
	ATTIC	03/08/10	SL	27.50	MM	16	42,761.				42,761.	21,447.		389.	21,836.
	BUILDING & IMPROVEMENTS	10/31/08	SL	27.50	MM	16	5,434,847.				5,434,847.	2,446,339.		39,548.	2,485,887.
	CIRCUIT BREAKERS	07/08/10	SL	27.50	MM	16	1,157.				1,157.	566.		10.	576.
	COMPRESSOR	03/24/21	SL	27.50	MM	16	9,243.				9,243.	924.		84.	1,008.

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(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
	COOLER VALVE	03/08/17	SL	27.50	MM	16	2,298.				2,298.	585.		21.	606.
	HVAC	05/12/17	SL	27.50	MM	16	54,705.				54,705.	13,925.		497.	14,422.
	INDUCER	03/15/20	SL	27.50	MM	16	4,919.				4,919.	686.		45.	731.
	SECURITY SYSTEM	06/29/15	SL	27.50	MM	16	16,142.				16,142.	4,989.		147.	5,136.
	SHUT OFF VALVES	10/11/11	SL	27.50	MM	16	7,942.				7,942.	3,526.		72.	3,598.
	SOLOR ENERGY	02/28/12	SL	27.50	MM	16	209,002.				209,002.	90,240.		1,917.	92,157.
	WATER HEATER	04/06/20	SL	5.00		16	6,125.				6,125.	4,593.		306.	4,899.
	OUTDOOR TRASH CANS	03/13/09	SL	5.00		16	1,317.				1,317.	1,317.		0.	1,317.
	75 GAL WATER HEATER	03/21/12	SL	5.00		16	1,787.				1,787.	1,787.		0.	1,787.
	APPLIANCES	11/14/08	SL	5.00		16	51,345.				51,345.	51,345.		0.	51,345.
	COMPUTER LAB	10/07/08	SL	5.00		16	1,643.				1,643.	1,643.		0.	1,643.
	COPIER	04/11/12	SL	5.00		16	2,745.				2,745.	2,745.		0.	2,745.
	FRAMING	10/22/08	SL	5.00		16	225.				225.	225.		0.	225.
	FURNITURE	10/13/08	SL	5.00		16	750.				750.	750.		0.	750.
	FURNITURE	10/22/08	SL	5.00		16	6,527.				6,527.	6,527.		0.	6,527.
	FURNITURE	10/21/08	SL	5.00		16	3,387.				3,387.	3,387.		0.	3,387.
	LAND IMPROVEMENTS	07/14/09	SL	5.00		16	5,327.				5,327.	5,327.		0.	5,327.
	SECURITY SYSTEM	02/08/18	SL	5.00		16	4,041.				4,041.	4,041.		0.	4,041.

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(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
	SHOWER	12/08/15	SL	5.00		16	4,457.				4,457.	4,453.		0.	4,453.
	SURVEILANCE CAMERAS	07/14/09	SL	5.00		16	1,107.				1,107.	1,107.		0.	1,107.
	LAND	12/31/23	SL	.000		16	40,000.				40,000.			0.	
	LOAN FEES	12/31/22	SL	240M		16	1,385.				1,385.	331.		1,054.	1,385.
	* TOTAL 990 PAGE 10 DEPR						40332556.				40332556.	18326733.		1,168,454.	19495188.

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(D) - Asset disposed

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

EXTENSION REQUEST FOR INDIANA FORM NP-20

Form **8868** (Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
LACASA OF GOSHEN INC

Taxpayer identification number (TIN)
35-1554538

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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

FINAL

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AMY CALL
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 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

X calendar year 20 23 or

☐ tax year beginning ______, 20 ___ , and ending ______ , 20 ___

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2024)