Return of Organization Exempt From Income Tax

OMB No 1545-0047 18

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.

Open to Public

B			o www.irs.gov/Form990 for					Inspection
		2018 calendar year, or tax year				nding JUN 30		ation number
1 1	Check if a	' 	GOSHEN HIGH SCH	OOF BOITDI	NG TK		, or reconstitute	Eggn ngmaci
\equiv		Number and street (c	or PO box if mail is not delivered to	street address) F	Room/suite	35-204	1648	
\sqcup	Name cha	ge 401_LINCOLNW <i>E</i>	Y EAST			E Telepho		
	Initial retu	City or town		State Z	IP code	574-538	0.0550	
٦,	Final returni	GOSHEN IN 465					1-9336	
		Foreign country nam	ie Foreign province/state	e/county F	oreign postal		t- C	000456
∹′	Amended					G Gross r	ceipts a	229456
∐,	Application	F	f principal officer KEITH GOOI			H(a) Is this a group retu	n for subordina	ates? Yes X
		21520 CR 36	GOSHEN IN	46526	-2	H(b) Are all subordin	ates included	1?Yes
I T	ax-exemp	status X 501(c)(3) 50	01(c) () ◄ (insert no)	4947(a)(1) or	527	If "No," attach a	list (see inst	tructions)
Jγ	Vebsite	>			UJ	H(c) Group exemption	n number 🕨	
K F	orm of org	nization X Corporation	Trust Association Ot	ther ►	L Yea	of formation	M State	e of legal domicile
	art l	Summary						
			ation's mission or most signi	ificant activities	CONS	TRUCTION OF	RESIDE	ENTIAL
g	1	WELLINGS FOR EDUCA	-			. = = 1	- 2322-22	**************************************
าลก	1							
Activities & Governance	2	heck this hov	organization discontinued i	its operations o	r disposer	Inf more t ban 25	% of its ne	
Ś	3	umber of voting members	organization discontinued in of the governing body (Part	l VI line 1a)	RECE	IVED	3 1	
≪5	1 4 1	umber of independent voti	na members of the governing	ng hody (Part V	(I. line 1b)		4	
ies	5	otal number of individuals e	employed in calendar year 2	2018 (Part & III	- 0-1	0 2019	5	
<u> </u>	6 -	otal number of volunteers (estimate if necessary)		AUG 3	0 2019 첫	6	1(
ACI	í	,	enue from Part VIII, column	ı (C), line 12			7a	
	ı		ble income from Form 990-		OGDE	N LIT	7b	
						Prior Year	1	Current Year
a	8 (ontributions and grants (Pa	art VIII, line 1h)			5	501.	
Revenue		ogram service revenue (P			Ī			
6	10 1	vestment income (Part VIII	, column (A), lines 3, 4, and	d 7d)	Γ		4.	
K			umn (A), lines 5, 6d, 8c, 9c,		Γ	21	167.	2512
	12 T	tal revenue—add lines 8 thro	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				672.	2513
	13 (ants and similar amounts	paid (Part IX, column (A), lir	nes 1–3)				
ĺ			ers (Part IX, column (A), line		L			··
sa			employee benefits (Part IX, col		–10) <u> </u>			
Expenses		_	s (Part IX, column (A), line 1	•	Į			
<u>x</u>			Part IX, column (D), line 25)		<u> </u>	經中海過過	被死 生素	《 表記》於沒 個。第一個
"			umn (A), lines 11a–11d, 11f-				640.	354
- [–17 (must equal Part IX, co	·lumn (A), line 2	25)		640.	354
- 1	19 F	venue less expenses Sub	stract line 18 from line 12				032	2158
							t Year I	End of Year
	00 T	(-) - (Beginning of Curren		
Bafances		tal assets (Part X, line 16)	2)		-	113		
Bafances	21 T	tal liabilities (Part X, line 26		ıo.	- - -	113	577.	13516
Fund Balances	21 T	tal liabilities (Part X, line 26 it assets or fund balances	5) Subtract line 21 from line 2	!0			577.	13516
Fund Balances	21 T 22 N	tal liabilities (Part X, line 26 t assets or fund balances Signature Block	Subtract line 21 from line 2			113	577.	13516
Pund Balances	21 T 22 N penalties	tal liabilities (Part X, line 26 t assets or fund balances Signature Block f perjury, I declare that I have examples		anying schedules ar	nd statements	113 113	577.	13516
ad be	21 T 22 N penalties elief, it is ti	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have example, correct, and complete Deglaration	Subtract line 21 from line 2	anying schedules ar	nd statements	113 113	577.	13516
ad be sed by selances	21 T 22 N t II penalties	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have example, correct, and complete Deglaration	Subtract line 21 from line 2 ned this return, including accompa on of preparer (other than officer) is	anying schedules ar	nd statements	113 113	577.	13516
d be Fund Balances	21 T 22 N t II penalties	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have example, correct, and complete Declaration	Subtract line 21 from line 2 ned this return, including accompa on of preparer (other than officer) is	anying schedules ar	nd statements	113 113 , and to the best of my h preparer has any kn	577.	13516
d be	21 T 22 N t II penalties	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have even e, correct, and complete Declaration Signature of officer	Subtract line 21 from line 2 ned this return, including accompa on of preparer (other than officer) is	anying schedules ar	nd statements	113 113 , and to the best of my h preparer has any kn	577.	13516
d be ere	21 T 22 N penalties elief, it is to	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have even e, correct, and complete Declardi Signature of officer KEITH GOODMAN	Subtract line 21 from line 2 ned this return, including accompa on of preparer (other than officer) is	anying schedules ar s based on all inform	nd statements	113 113 . and to the best of my h preparer has any kn Date	577.	13516 13516
ered aid	21 T 22 N t II penalties elilef, it is to	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have even e, correct, and complete Declarding Signature of officer KEITH GOODMAN Type or print name and title Print/Type preparer's name	Subtract line 21 from line 2 Fined this return, including accompa on of preparer (other than officer) is	anying schedules and significant based on all inform	nd statements nation of which	113 113 and to the best of my h preparer has any kn Date Date Date	577.	13516 13516 24,2019
aid ere	21 T 22 N 1111111111111111111111111111111111	tal liabilities (Part X, line 26 assets or fund balances Signature Block f perjury, I declare that I have even e, correct, and complete Declarding Signature of officer KEITH GOODMAN Type or print name and title Print/Type preparer's name BRIAN HERSHBERGER	Subtract line 21 from line 2 Pined this return, including accompa on of preparer (other than officer) is Preparer's sign CPA	anying schedules ar s based on all inform	nd statements nation of which	113 113 and to the best of my hypreparer has any kn Date SURER Date 8/2-1/17 Cs	knowledge owledge	13516 13516 24,25/9 PTIN P00234486
aid ere	21 T 22 N 1111111111111111111111111111111111	tal liabilities (Part X, line 26 at assets or fund balances Signature Block If perjury, I declare that I have evant e, correct, and complete Declaration Signature of officer KEITH GOODMAN Type or print name and tittle Print/Type preparer's name BRIAN HERSHBERGER Firm's name	Subtract line 21 from line 2 Inned this return, including accompa on of preparer (other than officer) is Preparer sign CPA HERSHBERGER	anying schedules are spased on all inform	nd statements nation of whice	and to the best of my h preparer has any kn Date Date Date Date Firm's EIN	snowledge wiedge wiedge wiedge	13516 13516 2670
aid be ere aid rep se	21 T 22 N 21 Penalties Penalties to	tal liabilities (Part X, line 26 at assets or fund balances Signature Block If perjury, I declare that I have even e, correct, and complete Declarding Signature of officer KEITH GOODMAN Type or print name and title Print/Type preparer's name BRIAN HERSHBERGER Firm's name LEHMAN Firm's address > 301 W L	Subtract line 21 from line 2 Anned this return, including accompation of preparer (other than officer) is Preparers sign CPA HERSHBERGER INCOLN AVE GOSHI	anying schedules are sibased on all inform	TREAS	113 113 113 and to the best of my h preparer has any kn Date SURER Date Sylvariant C S	knowledge owledge	13516 13516 13516 2670 3-8857
aid be aid rep	21 T 22 N 21 Penalties Penalties to	tal liabilities (Part X, line 26 at assets or fund balances Signature Block If perjury, I declare that I have even e, correct, and complete Declarding Signature of officer KEITH GOODMAN Type or print name and title Print/Type preparer's name BRIAN HERSHBERGER Firm's name LEHMAN Firm's address > 301 W L	Subtract line 21 from line 2 Anned this return, including accompation of preparer (other than officer) is Preparers sign CPA HERSHBERGER INCOLN AVE GOSHI	anying schedules are sibased on all inform	TREAS	and to the best of my h preparer has any kn Date Date Date Date Firm's EIN	snowledge wiedge wiedge wiedge	13516 13516 2670
seand be aid rep se ay t	21 T 22 N 21 D penalties penalties tilef, it is to parer Only the IRS	tal liabilities (Part X, line 26 at assets or fund balances Signature Block If perjury, I declare that I have even e, correct, and complete Declarding Signature of officer KEITH GOODMAN Type or print name and title Print/Type preparer's name BRIAN HERSHBERGER Firm's name LEHMAN Firm's address > 301 W L	Preparers sign CPA HERSHBERGER JNCOLN AVE GOSHI preparer shown above? (see	anying schedules are sibased on all inform	TREAS	and to the best of my h preparer has any kn Date Date Date Date Firm's EIN	snowledge wiedge wiedge wiedge	13516 13516 2620/9 PTIN P00234486 2670 3-8857

Forn	m 990 (2018) GOSHEN HIGH SCHOOL BUILDING TR	35-2044648	Page
- T	Part: III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission CONSTRUCTION OF RESIDENTIAL DWELLINGS FOR EDUCATIONAL EXPERIENCE IN A TRADE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?.	Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.		
4a	CONSTRUCTION OF RESIDENTIAL DWELLINGS FOR EDUCATIONAL EXPERIENCE IN A TRADE. THE VALUE OF DONATED SERVICES PROVIDED BY GOSHEN COMMUNITY SCHOOLS FOR INSTRUCTION WAS 71,863		
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$;)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 3543		

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- **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*
- 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
 - 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
 - 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
 - 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 .
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

		Yes	No
	1	Х	
	2		Х
	3		Х
	4_		х
	5		
	6	-	х
	7		х
	8_		х
	9_		Х
	10		X
	11a		Х
	11b		Х
	11c		X
	11d		Х
	11e		X
	11f		х
•	12a		X
r	12b		х
	13		Х
	14a	-	Χ
	14b	!	X
	15		Х
	16		х
	17		Х
	18		Х
	19		Х
	20a		X
	20b	\dashv	
	21		Х
	Form 9	90 (2	(018)

gaming (gambling) winnings to prize winners?

Pa	Int IV Checklist of Required Schedules (continued)			
			Ye	s M
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		
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		,
248	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
	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		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	+
	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		+^
b	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or		-	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-927 3	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1	è. '. '.	د اه
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization injuridate, terminate, or dissolve and cease operations? If Tes, complete Schedule N, Fait II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		х
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
	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		Х
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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O	38	х	
Pari				
		1	/es	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	15-11-	7- 4	<u>, , , , , , , , , , , , , , , , , , , </u>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. `.; [*] `	#	٠٠'.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>	<u>. ا' ـُــ</u>	_X

16

If "Yes," complete Form 4720, Schedule O

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

Sec	tion A. Governing Body and Management				
		1.	. =	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	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			1	
4.	committee, explain in Schedule O	41-	1	*	
b	Enter the number of voting members included in line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onsnip with			v
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors, or trustees, or key employees to a management company or of				
	· · · · ·		3	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		<u> </u>	├	
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?		<u> </u>	 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	ог арропп	7a		X
h	one or more members of the governing body? .		/a		^_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	ers,	7b		Х
0		ran during	75		^
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following	ten during	, b		
а	The governing body?		8a		Χ
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	<u> </u>		
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	1	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Ir				
3666	on B. I diffes (This decitor B requests information about policies not required by the in	Remai Nevenue	Code)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	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 p		10b	i	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	f "Yes,"			
	describe in Schedule O how this was done .		12c	Х	
13	Did the organization have a written whistleblower policy?		13		Χ
14	Did the organization have a written document retention and destruction policy?		14		X
	Did the process for determining compensation of the following persons include a review and appr				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	gement			- 3
	with a taxable entity during the year?		16a		<u>X</u>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			20.00
	the organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
	List the states with which a copy of this Form 990 is required to be filed ► ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990	and 990-T (Secti	on 501/	·,	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		UI UU I ((•1	
٦	···	ipiy Iain in Schedule C))		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			and	
	inancial statements available to the public during the tax year		. _F _{J1} ,	-	
	State the name, address, and telephone number of the person who possesses the organization's t	oooks and records	s ►		
	KEITH GOODMAN	574-538-95			

21520 CR 36 GOSHEN IN 46526

Part VII

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

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

Section A.	Officers, Directors	, Trustees, Key Ei	mployees, and Hi	ighest Compensated	d 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 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 and/or Box 7 of Form 1099-MISC) 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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

One or this box in heither the organization nor at	Ty related organ	nzun.		٠,,,,		30100		· carrent cineer,	director, or trust		
(A) Name and Title	(B) Average hours per week (list any	box,	unle. er an	Pos heck ss pe	erson	e than o	an ee)	an Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	ey employee	Highest compensated employee	ormer		organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) C HERSHBERGER PRESIDENT				x				0	0	0	
_(2) B YOUNGHANS SECRETARY				Х				0	0	0	
(3) KEITH GOODMAN TREASURER	2			х				0	0	0	
(4) ADAM YOUNG ASST TREASURER	2			Х				0	0	0	
BOARD REP		Х						0	0	0	
(6) D JOLDERSMAN GENERAL MEMBER		х						0	0	0	
(7) PETE WEDDELL GENERAL MEMBER		Х						0	0	0	
(8) LYNDELL TROYER GENERAL MEMBER		Х						0	0	0	
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Page 8

	(A) Name and title	(B) Average hours per	Position (do not check more that box, unless person is be officer and a director/tr					th an	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15	9			_				-			
(16)										
)					-		_			
)						-				
)	1		-	-			_			
)		-	-							·
			-					\dashv			
						1		_			
				_	+						
				_	+	+					
(25)					\dashv	+		1	-		
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not lir reportable compensation from the organization		sted a	abo	ve)	who		▶ ▶	d more than \$10	00,000 of	
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of the organization and related organizations greaters.	<i>ule J for such in</i> f reportable com	<i>divid</i> ipens	lual satio	on a	ınd (other	COI	mpensation from		Yes No
5	individual Did any person listed on line 1a receive or accru	ue compensation	n fror	n ar	าง น	nre	lated	org	janization or indi		4 X
Sec	for services rendered to the organization? If "Ye tion B Independent Contractors	es, complete so	neut	uie .	101	Su	cn pe	2130	<u> </u>		5 X
1	Complete this table for your five highest compercompensation from the organization. Report coyear										; tax
	(A) Name and business addre	ss							(B) Description of service	ces Cor	(C) mpensation
							_				

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

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

		Check if Schedule O contain	ns a respons	e or	note to any li	ne in this Part V	111		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ţ	ള 1a	, ,		1a					
Contributions, Gifts, Grants	and Other Similar Amounts 6 d e f d			1b					
G.	힑		ļ	1c					
žį į	in d	Related organizations		1d					
1S, (<u>Ē</u> ∣ e	Government grants (contributio	ns)	1e					
tior,	c f	f All other contributions, gifts, gra	ınts, and						
ā:	5	similar amounts not included at	oove [1f]					
ont.	g g	Noncash contributions included in	lınes 1a–1f.	\$					
S	ᢐ h	Total. Add lines 1a-1f			>				
a a					Business Code		THE PROPERTY OF THE PARTY OF TH	THE RESIDENCE OF THE	THE MANAGES
ē	2a		•	ſ					
Rev	b		·	Ī					
<u> </u>	C		·						
eΓ	d			1					
E	е			ſ					
Program Service Revenue	f	All other program service reveni	ie -	ľ	-	,			
Pro	a	Total. Add lines 2a–2f		_	>	<u> </u>			
	3	Investment income (including direction other similar amounts) Income from investment of tax-e	•		▶	4	. 4		
	5	Royalties	xempt bond	JIOC	eeus -	 	 	 	
	"	Royallies	(ı) Real	Т	(II) Personal	NAME AND A STREET		N PER SECTION AND SECTION	
ļ	6a	Gross rents .	(1) 11021	\dashv	(17)				
		•		{-					
	b	Less rental expenses		-					
	C	Rental income or (loss)				NO THE STATE OF			
	d	Net rental income or (loss) .	(i) Securities		(II) Other	Harris Academic Assessment		S ICHEANNE WAS IN	DOTOR DEVENOUS TOUR
	7a	Gross amount from sales of	(i) decanties	-	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses		+					
	C .	Gain or (loss)							
	d	Net gain or (loss)				SANT STOP SAME PARTY AND PARTY.	11 5 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	* 76-75-41 Enderstein den 121	CONTRACTOR AND
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line statements)	10)						
Ř		See Part IV, line 18	•	a					
Other	b	Less direct expenses		<u>,</u> -					
ŏ		Net income or (loss) from fundral		, r	•				A STATE OF THE PARTY OF THE PAR
		Gross income from gaming activi		[7 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2 m e 2		医沙尔氏氏征	A Maria Maria Andi
	Ju	See Part IV, line 19	(100	.					
	b	Less direct expenses	ŀ	_					
ļ		Net income or (loss) from gaming		, r		HANGE HER SERVER FOR MARKET	THE STATE OF THE S		MEDICAL TRANSPORTED
ı		Gross sales of inventory, less	activities	Г		AUTHORISON COMP	Earth Merchinian	12 10 7 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Tarilli and the second
Ì		returns and allowances	a	,	229452.				
ľ		Less cost of goods sold	t l	<u> </u>	201321				
		Net income or (loss) from sales of		′ L	207321	25128.	25128.		THE PART OF THE PARTY.
ł		Miscellaneous Revenue	inivernory	Τ.	Business Code			TAR MARKING TWO	
ł	11a	Miscensificons Meaching		- -		PLEASURE FROM		DESCRIPTION OF THE	entropid in The C.
	b			-		<u> </u>	 	 	
ļ	C			-			 		
- 1	-	All other revenue		-			 		
- 1		Total. Add lines 11a–11d		<u></u>				LANCE MARCH	
		Total revenue. See instructions			•	25132.	25132	The No. of the section of the St. of	and the state of t

35-2044648

Form 990 (2018) GOSHEN HIGH SCHOOL BUILDING TR

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must complete	all columns All ot	her organizations n	nust complete colun	nn (A)
	Check if Schedule O contains a response or no	ote to any line in th	is Part IX		. X
	o not include amounts reported on lines 6b, 7b, o, 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			7	
_	domestic governments See Part IV, line 21			THE CHARLES AND THE COMPANY	The state of the s
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,			IMPLIEURS VERTICERES REPORTANTAN	THE TAXABLE THE CAR PARTIES AND ASSESSED.
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and			1	1
	persons described in section 4958(c)(3)(B)		L		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		<u> </u>		
9	Other employee benefits		<u> </u>		<u></u>
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management		 		
a	Legal Accounting .	680	. 680		
d	Lobbying	800	600	· 	
6	Professional fundraising services See Part IV, line 17	 			
f	Investment management fees		DOWN THE TAX COMMON NOTICE AND ADDRESS OF THE COMMON	P. BARBAR CHIRACHES SPANISHED STREET STREET	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)		<u> </u>		
12	Advertising and promotion				
13	Office expenses				
14	Information technology		<u> </u>		
15	Royalties				
16 17	Occupancy	·		 	
17 18	Travel		 		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings		 		······································
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	学院 高い 学 学 学 学 学 学 学 学 学 学 学 学 学 学 学 学 学 学	THE STATE OF	品的特別。如何是明明的的	AND THE PROPERTY OF THE PARTY OF
a b	SEE SCH O	2863	2863.		
c					
d					·····
e	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	3543	3543.		
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	ĺ			
	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 F	art X		
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	113577	. 1	104033
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .		3	<u></u>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	31133
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	d	Less accumulated depreciation 10b		10c	1 And the second
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	113577.	16	135166.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			
ທ	22	· · · · · · · · · · · · · · · · · · ·		21	er state were recommended as
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij	ĺ	trustees, key employees, highest compensated employees, and			
₽.		disqualified persons Complete Part II of Schedule L		22_	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34			
anc	27	Unrestricted net assets	113577.	27	135166
3al	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34			
ر ا	30	•		200	
se	30 31	Capital stock or trust principal, or current funds		30	
YS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let 	32	Retained earnings, endowment, accumulated income, or other funds	112577	32	125166
z	33	Total net assets or fund balances	113577.	33	135166.
	34	Total liabilities and net assets/fund balances	113577.	34	135166

Forr	n 990 (2018) GOSHEN HIGH SCHOOL BUILDING TR	35-2	2044648	P	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25	132
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	543
3	Revenue less expenses Subtract line 2 from line 1	3		21	589
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		113	577
5	Net unrealized gains (losses) on investments.	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		135	166
Par	tXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
h	Were the organization's financial statements audited by an independent accountant?		2b	THE WAY	X
٧	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 Donsolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		3b		
-			Form S	3 90 (2018)

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

35-2044648 GOSHEN HIGH SCHOOL BUILDING TRADES 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.) 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 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes (A) (B) (C) (D) (E)

第1分是不必要的人的事。一次的人如此的一点不知了

Total

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)

S	ection A. Public Support						
Ca	elendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")				5501.		5501
2							
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	160015	152151.	217054.	285238.	229452.	1043910.
3	-						
	unrelated trade or business under section 513	1				1	
4	Tax revenues levied for the						
	organization's benefit and either paid to		1				
	or expended on its behalf	}]	1			}
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	62141.	71063.	71186.	71306.	71863.	347559
6	Total. Add lines 1 through 5	222156	223214.	288240.	362045.	301315.	1396970.
7 <i>a</i>	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified	Í					
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year			1		ļ	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	~ / F P F	75.	1 fat was	, Y		 _
	line 6)				, , , , , , , , , , , , , , , , , , , ,		1396970.
Se	ction B. Total Support		<u> </u>			<u> </u>	······································
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	222156.	223214.	288240.	362045.	301315.	1396970.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					Ì	
	royalties, and income from similar sources	3	3.	6.	4		16.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
С	Add lines 10a and 10b	3.	3.	6.	4.		16
11	Net income from unrelated business				-		
	activities not included in 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		İ		İ		
	(Explain in Part VI)			J	T.		
13	Total support (Add lines 9, 10c, 11,						
	and 12)	222159	223217	288246.	362049	301315.	1396986
14	First five years, If the Form 990 is for the or	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(
	organization, check this box and stop here			•	·		▶
Sec	tion C. Computation of Public Sup	port Percenta	ae	 -			
15	Public support percentage for 2018 (line 8, co			(f))		15	100.00%
16	Public support percentage from 2017 Schedu				ľ	16	100.00%
_	Section D. Computation of Investment Income Percentage						
17							0.00%
		ent income percentage from 2017 Schedule A, Part III, line 17				17	0.00%
	33 1/3% support tests—2018 If the organiza			, and line 15 is mo	re than 33 1/3%, a	nd line 17 is	
not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							ightharpoons
b	33 1/3% support tests—2017 If the organization	ation did not check	a box on line 14 c	or line 19a, and line	16 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this b	ox and stop here	The organization	qualifies as a publi	cly supported orga	nızatıon	▶ 🖳
20	Daysota foundation, If the economication did no			ata a table to the second			_

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization		Employer identification number
GOSHEN HIGH SCHOOL BUILL	DING TRADES	35-2044648
FORM 990, PART VI, LINE	11B	
THE FORM 990 IS REVIEWED	O BY THE DIRECTOR WITH THE CPA	FIRM
THAT PREPARED THE FORM.	THE DIRECTOR WORKS DIRECTLY W	ITH THE
FIRM IN THE PREPARATION	OF THE FORM 990. THE DIRECTOR	THEN
SHARED THE INFORMATION W	ITH THE BOARD.	
FORM 990, PART VI, LINES	12C & 19	
THE ORGANIZATION KEEPS O	N PREMISES THE: GOVERNING DOCU	JMENTS,
CONFLICT OF INTEREST POL	ICY AND FINANCIAL STATEMENTS.	THE
STATEMENTS ARE PROVIDED	TO THE PUBLIC UPON REQUEST. TH	HE
BOARD CONDUCTS AND ANNUA	L REVIEW OF THE DOCUMENTS AND	
POLICIES AND ADDRESSES A	NY ISSUES.	
FORM 990, PART IX, LINE 2	4A - OTHER EXPENSES	
STUDENT REWARDS	1,211	
TELEPHONE	1,652	
TOTAL OTHER EXPENSES	2,863	