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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 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: LA CASA NORTE

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 3533 W. NORTH AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60647

F Name and address of principal officer: SOL FLORES
SAME AS C ABOVE

D Employer identification number: 36-4041525

E Telephone number: 773-276-4900

G Gross receipts $: 4,781,028.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.LACASANORTE.ORG

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

L Year of formation: 1995 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES, RESOURCES AND HOUSING TO INDIVIDUALS AND FAMILIES FACING HOMELESSNESS

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	120
6	Total number of volunteers (estimate if necessary)	6	1584
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,041,428.	4,702,626.
9	Program service revenue (Part VIII, line 2g)	15,381.	14,697.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,939.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,091,752.	4,717,323.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	530,685.	566,126.
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)	2,395,186.	2,486,752.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 362,528.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	989,393.	1,080,123.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,915,264.	4,133,001.
19	Revenue less expenses. Subtract line 18 from line 12	176,488.	584,322.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,986,108.	4,565,573.
21	Total liabilities (Part X, line 26)	749,243.	744,386.
22	Net assets or fund balances. Subtract line 21 from line 20	3,236,865.	3,821,187.

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: Sol Flores Date: 11/14/16

▶ SOL FLORES, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEFF SCHROEDER
Preparer's signature:
Date: NOV 07 2016
Check ☐ if self-employed
PTIN: P01245303

Firm's name ▶ SASSETTI LLC
Firm's EIN ▶ 36-2239746

Firm's address ▶ 6611 NORTH AVENUE
OAK PARK, IL 60302
Phone no. (708) 386-1433

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No