Form 990

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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.



AF	or the	2023 calendar year, or tax year beginning and	enaing					
B c a	heck if	C Name of organization		D Employer identifie	cation number			
	Addres	MOUNT PLEASANT HOME, INC.						
	Name change	Doing business as MOUNT PLEASANT HOME	04-2103822					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final return/	301 SOUTH HUNTINGTON AVE		617-522-	7600			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,940,183.			
	Amende return	d JAMAICA PLAIN, MA 02130		H(a) Is this a group re	eturn			
	Applica tion	F Name and address of principal officer: ALTILLEN SLAMAN		for subordinates	? Yes X No			
	pending	301 SOUTH HUNTINGTON AVE, JAMAICA PLAIN	, MA	H(b) Are all subordinates in	cluded? Yes No			
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions			
JV	Vebsite	e: WWW.HUMANGOOD.ORG/MOUNT-PLEASANT-HOME		H(c) Group exemptio	n number			
ΚF	orm of (organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 1901	A State of legal domicile: MA			
Pa	nrt I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities: $\ {f THE} \ {f l}$	MISSIO	N OF MOUNT H	PLEASANT			
nce	I	HOME IS TO PROVIDE HOUSING AND SERVICE OP	TIONS	FOR ELDERS	WITH			
Governance	2 (Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			9			
	4 M	Number of independent voting members of the governing body (Part VI, line 1b)			9			
Activities &		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a) $\ \ \ldots$			39			
/itie		Fotal number of volunteers (estimate if necessary)			75			
cti	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
e	8 (Contributions and grants (Part VIII, line 1h)		170,701.	535,279.			
nue	9 F	Program service revenue (Part VIII, line 2g)		4,239,927.	4,746,677.			
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		31,557.	9,737.			
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		397,560.	207,425.			
	12 7	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,839,745.	5,499,118.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1 4 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,018,971.	2,468,497.			
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe		Fotal fundraising expenses (Part IX, column (D), line 25)	0.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,304,513.	2,285,572.			
	18 7	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,323,484.	4,754,069.			
		Revenue less expenses. Subtract line 18 from line 12		516,261.	745,049.			
s or Ices			Be	ginning of Current Year	End of Year			
ssets talanc		Fotal assets (Part X, line 16)		17,559,097.	18,246,059.			
it As Id B	21 7	Total liabilities (Part X, line 26)		9,209,287.	8,974,473.			
J Ne		Net assets or fund balances. Subtract line 21 from line 20		8,349,810.	9,271,586.			
I Pa	ITT 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	Signature of officer	Date			
-	ANDREW MCDONALD, CFO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date		
Paid	MATTHEW BARNARD			self-employed P01833048	
Preparer	Firm's name DAUBY O'CONNOR &	ZALESKI, LLC		Firm's EIN 35-1750664	
Use Only	Firm's address 501 CONGRESSIONA	L BLVD #300			
	CARMEL, IN 46032			Phone no. 317 - 848 - 5700	
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No	
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) MOUNT PLEASANT HOME, INC.	04-2103822 Page	e 2
Par	t 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: THE MISSION OF MOUNT PLEASANT HOME IS TO PROVIDE HOUSING		
	OPTIONS FOR ELDERS WITH EMPHASIS ON SERVING A DIVERSE PO		
	GIVING PRIORITY TO THOSE WITH LIMITED FINANCIAL RESOURCE	S AND	
	INADEQUATE SUPPORT SYSTEMS.		
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 I	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 🔀 I	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 othe	rs, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,228,192. including grants of \$	4,746,677 D RESIDENTIAL	•)
	CARE FACILITY LICENSED BY THE MA DEPARTMENT OF PUBLIC HE	ALTH AS A	
	LONG-TERM CARE FACILITY. HOUSING, DAILY MEALS, SUPPORT S	ERVICES, AND	
	MEDICAL OVERSIGHT ARE PROVIDED BY A STAFF ON DUTY 24 HRS	PER DAY.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
			_ ′
4.			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	_)
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses4,228,192.		
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 Form 990 (2023)
 MOUNT
 PLEASANT
 HOME,
 INC.

 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	Х	
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		<u> </u>
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		<u> </u>
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		<u>X</u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	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_
С	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	77	_X_
	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?			v
40	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)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	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	4.4%		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u></u>
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		х
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	990 (2023) MOUNT PLEASANT HOME, INC. 04-2103 t IV Checklist of Required Schedules (continued)	822	Р	age 4
	checkiet of riequired constance (continuea)		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	Х	
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			v
h	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		<u> </u>
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		
	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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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
	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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			<u> </u>
	Part V, line 1	34	х	
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		
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			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	27	<u> </u>
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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orm Par	990 (2023) MOUNT PLEASANT HOME, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	04-2103	822	P	age 🕻
Fai	Statements Regarding Other INS Fillings 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 39)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
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	0	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 A	Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				. .
			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	w is a survided to the second			x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C		as required	70		x
Ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit cont Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
' g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		-
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				
	sponsoring organization have excess business holdings at any time during the year?		8		
)	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
)	Section 501(c)(7) organizations. Enter:				
а	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			
1	Section 501(c)(12) organizations. Enter:				
а	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			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				.,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				.,
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	it income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a		4-		
			17	1	1
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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Form 990	(2023)
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MOUNT PLEASANT HOME, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			ı	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		9			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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						
U	of officers, directors, trustees, or key employees to a management company or other person?			I	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
-	Did the organization become aware during the year of a significant diversion of the organization's ass			·····	4 5		X
5					5 6	Х	
6 7-	Did the organization have members or stockholders?			······	0	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····	74		
D					7b	х	
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			····· -	70	- 23	
8			-		0.	Х	
a	The governing body?			····· -	8a	 X	
-	Each committee with authority to act on behalf of the governing body?			·····	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				Г		Yes	
	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 ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the fo	rm?	11a	Х	
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			L	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			Γ			
	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			Г	13		X
14	Did the organization have a written document retention and destruction policy?			····· Γ	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone				
~	The organization's CEO, Executive Director, or top management official				15a		x
							X
D	Other officers or key employees of the organization	•••••		····· -	15b		
10	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				10		v
	taxable entity during the year?			····· -	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			<u></u>	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>MA</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	- I (section 50	רע (c)(3)s c	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website Upon request Other <i>(explain</i>		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest pol	icy, and f	inanc	ial	
	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 boo	ks and	l records				
	ANDREW MCDONALD - 617-522-7600						
	1900 HUNTINGTON DRIVE, DUARTE, CA 91010						
	1900 HONTINGTON BRIVE, BOARTE, CA 91010					990	

Form 990	(2023)
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Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensa	ated
	Em	ployees, and	d Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ficer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHLEEN SEAMAN	40.00				Ť	1 0				
EXECUTIVE DIRECTOR	0.00			х				180,575.	0.	17,593.
(2) TANYA LIVINGSTON	40.00									
DIRECTOR OF ADMIN AND FINANCE	0.00			Х				133,498.	0.	15,288.
(3) ANN MATERSON	2.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(4) ALVIN SHIGGS	2.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(5) GREGORY BATSEVITSKY	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(6) NINA LEV	2.00									_
CLERK	0.00	Х		X				0.	0.	0.
(7) PRISCILLA ELLIS	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(8) KAREN RIDGLEY	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(9) SUSAN M MCDERMOTT	2.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(10) CAREN SILVERLIEB	2.00	v						0.	0	0
DIRECTOR (11) CANDACE CHANG	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
DIRECTOR	0.00	Δ						0.	0.	0.
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		EASANT H								04-21	03	822	P	age 8
Par	t VII Section A. Officers, Directors, Tru		oloy	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	box	not c , unles	(C Posi heck r ss per id a di	ition more son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimation nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th aniza d relat anizat	ne tion ted
			-											
			-											
			-											
			-											
			-											
	0.114.11		-						314,073.		0.	3	2 <u>8</u>	81.
с	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A	· · · · · · ·						0. 314,073.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	2 No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	such individual										3		x
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$1 Did any person listed on line 1a receive or	50,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4	X	
Sec	rendered to the organization? <i>If</i> "Yes," co tion B. Independent Contractors	mplete Schedule	e J fo	or si	<u>ich p</u>	bers	on .	<u></u>			<u></u>	5		X
1	Complete this table for your five highest of the organization. Report compensation for									, ,	ensa			
HEA	(A) Name and busines ALTHCARE SERVICES GROU		32	20				_	(B) Description of s	ervices	C) Compe		on
	LLMAN DRIVE, SUITE 300	-			PA				DINING SERVI	CES		73	2,2	95.
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nitec	d to t	thos 1		ted	above) who received mo	ore than		Form	990	(2023)

		(2023) MOU	JNT PLEASAN	IT HOME,	INC.		04-2103	822 Page 9
Pa	rt VII	I Statement of Re	venue					
		Check if Schedule O	contains a response	or note to any lir	1 2.4.5	(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1 a	Federated campaigns			4			
Grai	b		1b		4			
ts, (Am	с	J			4			
Gifi İlar	d	5		460 100	4			
ns, Sim	е	Government grants (contr		462,102.	-			
utio er (f	All other contributions, gifts,		72 177				
Oth		similar amounts not included		73,177.	-			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in			525 270			
<u>a</u> C	h	Total. Add lines 1a-1f	<u></u>	Business Code	535,279.			
	•	סדפידהדאית פיניסט	TOPS THOO		4,746,677.	1 716 677		
Program Service Revenue	2 a	RESIDENT SERV		023990	4,740,077.	4,740,077.		
erv ue	b							
m S ven	C A							
gra Re	d							
Pro	e f	All other program service						
_	a				4,746,677.			
	3	Investment income (includ			1,110,01,1			
	Ŭ				15,495.			15,495.
	4	Income from investment of						
	5	Royalties						
	-	···· j -······	(i) Real	(ii) Personal				
	6 a	Gross rents	6a 336,722.					
	b	Less: rental expenses	66133,450.					
	с	Rental income or (loss)	6c 203, 272.					
	d				203,272.			203,272.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	_{7a} 301,857.					
	b	Less: cost or other basis						
ne		and sales expenses	7ь307,615.	,				
evenue	с	Gain or (loss)	7c -5,758.					
Å	d	Net gain or (loss)			-5,758.			-5,758.
Other	8 a	Gross income from fundraisi	ng events (not					
đ			of					
		contributions reported on	· · ·					
		Part IV, line 18			4			
	b	Less: direct expenses						
	c	Net income or (loss) from						
	9 a	Gross income from gamin	-					
	- I	Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from						
	10 a	Gross sales of inventory, I						
	h	and allowances			1			
		Less: cost of goods soldNet income or (loss) from	·····					
	<u> </u>		Sales OF ITVEITLOFY .	Business Code				
sni	11 =	OTHER REVENUE	-MISC.	900099	4,153.			4,153.
nea	b							
scellaneo Revenue	c							
Miscellaneous Revenue	h l	All other revenue						
Σ		Total. Add lines 11a-11d			4,153.			
	12	Total revenue. See instruction			5,499,118.	4,746,677.	0.	217,162.
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Form	990 ((2023)
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MOUNT PLEASANT HOME, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All othe	r organizations must con	nplete column (A)	
2000	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 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,			64 04 0	
	trustees, and key employees	346,955.	285,137.	61,818.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 000 040	001 000	
7	Other salaries and wages	1,581,780.	1,299,948.	281,832.	
8	Pension plan accruals and contributions (include	20 720	17 .043	2 605	
_	section 401(k) and 403(b) employer contributions)	20,738. 510,441.	17,043. 419,494.	3,695. 90,947.	
9	Other employee benefits	510,441.			
10	Payroll taxes	8,583.	7,054.	1,529.	
11	Fees for services (nonemployees):				
a	Management				
b		22,395.		22,395.	
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	955,827.	944,771.	11,056.	
12	Advertising and promotion	10,123.	10,123.		
13	Office expenses	73,439.	70,379.	3,060.	
14	Information technology				
15	Royalties				
16	Occupancy	90,764.	90,764.		
17	Travel	2,441.	2,289.	152.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,522.		16,522.	
20	Interest	182,358.	182,358.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	549,153.	549,153.		
23	Insurance	79,168.	79,168.		
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 0.)				
а	SUPPLIES	219,026.	186,155.	32,871.	
b	REPAIR AND MAINTENANCE	84,356.	84,356.		
c		,			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,754,069.	4,228,192.	525,877.	0.
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)				
	01100K 11010 11 10110WINg SOP 98-2 (ASC 958-720)				- 000 (

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Form 990 (2023)

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.023)	MOUNT	PLEASA	NT Н	OME,	INC	
Balance Sheet						
Check if Schedule	O contains a	response or	note to	any line ir	n this	Part X

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,359,047.	1	1,508,546.
	2	Savings and temporary cash investments			655,521.	2	780,205.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			331,885.	4	1,003,456.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	-				
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9				12,373.	9	38,756.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,179,710.			
	b	basis. Complete Part VI of Schedule D	10b	6,571,859.	14,028,528.	10c	13,607,851. 1,307,245.
	11	Investments - publicly traded securities			1,053,662.	11	1,307,245.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			118,081.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			17,559,097.	16	18,246,059.
	17	Accounts payable and accrued expenses			286,803.	17	240,779.
	18	Grants payable				18	
	19	Deferred revenue			/	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
Liat	00	controlled entity or family member of any of these			8,886,182.	22	8,704,392.
_	23	Secured mortgages and notes payable to unrelat			0,000,102.	23 24	0,704,392.
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		of Schedule D			36,302.	25	29,302.
	26	Total liabilities. Add lines 17 through 25			9,209,287.	26	8,974,473.
		Organizations that follow FASB ASC 958, check			, ,		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,349,810.	27	9,271,586.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 95					
Ŀ		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
Net	32	Total net assets or fund balances			8,349,810.	32	9,271,586.
	33	Total liabilities and net assets/fund balances			17,559,097.	33	18,246,059.
							Form 990 (2023)

Form 990 (2023)
Part X Balan

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Form	990 (2023) MOUNT PLEASANT HOME, INC.	04	-2103822	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,499		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,754		
3	Revenue less expenses. Subtract line 2 from line 1	3	745		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,349	<u> </u>	
5	Net unrealized gains (losses) on investments	5	176	5,71	27.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,271	.,5	86.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		
				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 (Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).		
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?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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

Т

Name of the organization

Name	ame of the organization Employer identification number								
-	MOUNT PLEASANT HOME, INC. 04-2103822						4-2103822		
Par		I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
. F	rgani	zation is not a private found	-		-				
1		A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in secti							
3 [A hospital or a cooperative					-		
4 [A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
_ r		city, and state:							
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
c [section 170(b)(1)(A)(iv). (C					(.).		
6 [-7 [A federal, state, or local gov	-						u de le suite sel in
7 [An organization that normal	-	itial part of its support in	om a gove	ernmental	unit or from tr	ie general p	Sublic described in
8		section 170(b)(1)(A)(vi). (Contraction of the section of the secti		1/A/wi) (Complete Der	• II)				
9		An agricultural research org				ad in coniu	inction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	faint boliege of agric			iamo, ony	, und state of	the conege	
10	Х	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s membersh	ip fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor				· ·	, ,		
11 [An organization organized a		vely to test for public sat	ety. See	section 50)9(a)(4).		
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	-				-		-
		control or management or			ame persoi	ns that co	ntrol or manao	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally	• · ·					°,	
		that is not functionally inter- requirement (see instructi			•		-	anallenin	reness
•		Check this box if the orga		•					
е	L	functionally integrated, or					турет, турет	n, rype m	
f	Ente	er the number of supported of			ig organizi				
		ride the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

	(Complete only if you checke fails to qualify under the tests			•	n failed to qualify	under Part III. If the	organization
Sec	tion A. Public Support	,1	•	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			(0) = 0 = 1	(4) = 0 = =		(1) 1 0 101
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
		(-) 0010	(1-) 0000	(-) 0001	(1) 0000	(-) 0000	(0) Takal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Gross income from interest,				2		
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			Š			
Ŭ	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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	rst, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2023 (I		•	(7)		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	: VI how the organiz	ation
	meets the facts-and-circumstances te	-				 = ·	
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the				•		
40	organization meets the facts-and-circ						
IÖ	Private foundation. If the organization	The rot check a		a, 100, 17a, or 170	D, CHECK (HIS DOX 2		<u> </u>

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 Schedule A (Form 990) 2023
 MOUNT PLEASANT HOME, INC.
 04-2103

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

MOUNT PLEASANT HOME, INC.

(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

Cale	ndar 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.")	48,940.	604,647.	431,038.	170,701.	535,278.	1790604.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	3013946.	311/101	3410181.	1230027	4746677	18524852.
~	organization's tax-exempt purpose	3013940.	5114121.	5410101.	4239927.	4/400//.	10524052.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	3062886.	3718768.	3841219.	4410628.	5281955.	20315456.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						20315456.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	3062886.	3718768.	3841219.	4410628.	5281955.	20315456.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	220 025	204 214	270.000	211 660	252 216	1658050
	and income from similar sources	320,935.	294,314.	378,820.	311,668.	352,216.	1657953.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	320,935.	294,314.	378,820.	311,668.	352,216.	1657953.
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.)					4,153.	4,153.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3383821.	4013082.	4220039.	4722296.	5638324.	21977562.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8. column (f). d	ivided by line 13. c	olumn (f))		15	92.44 %
	Public support percentage from 2022					16	91.48 %
	tion D. Computation of Inves		1				
	Investment income percentage for 20			ne 13. column (f))		17	7.54 %
	Investment income percentage from 2					18	8.52 %
	33 1/3% support tests - 2023. If the					• • • • • • • • • • • • • • • • • • •	
	more than 33 1/3%, check this box ar						V
h	33 1/3% support tests - 2022. If the						
u	line 18 is not more than 33 1/3%, che						
20				•		•	
JJ202	3 12-21-23					Schedule A	x (i=01111 990) 2023

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MOUNT PLEASANT HOME, INC.

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Yes No

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

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.*
- **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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).
- 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).*
- **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.**
- **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.**
- 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.
- **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.*
- **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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

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Sche	edule A (Form 990) 2023		PLEASANT	HOME,	INC.	04-21	10382	2 Pa	age 5
Pa	rt IV Supporting Orga	anizations _{(co}	ntinued)						
			,					Yes	No
11	Has the organization accept	ed a gift or contri	bution from any of	f the followir	ng persons?				
а	A person who directly or ind	irectly controls, e	ither alone or toge	ther with pe	ersons described	on lines 11b and			
	11c below, the governing bo	ody of a supported	d organization?				11a		
b	A family member of a persor	n described on lin	e 11a above?				11b		
с	A 35% controlled entity of a	person described	on line 11a or 11	b above? If	"Yes" to line 11a	, 11b, or 11c, provide			
	detail in Part VI.					-	11c		
Sec	tion B. Type I Support	ing Organizat	ions						
								Yes	No
1	more supported organization directors, or trustees at all ti effectively operated, supervi	ns have the powe mes during the ta sed, or controlled	r to regularly appo x year? If "No," d the organization's	oint or elect a escribe in P activities. If	at least a majority art VI how the su the organization	city, or membership of one or y of the organization's officers, upported organization(s) had more than one supported es were allocated among the			

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,

supported organizations and what conditions or restrictions if any applied to such powers during the tax year

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Sec	Section D. All Type III Supporting Organizations					
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. Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental	entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	---------	-------------------------	-----------------	---------------------	-----------------------------

- 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.
- 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.
- 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.

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

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2

3

2a

2b

3a

Yes No

Yes No

		-		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sect	ion 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 i	integra	ted Type III supporting orga	nization (see

 Schedule A (Form 990) 2023
 MOUNT
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

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instructions).

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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, \$ 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 8 Breakdown of line 7: a Excess from 2019

(i)

Excess Distributions

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

1 Amounts paid to supported organizations to accomplish exempt purposes

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

Distributable amount for 2023 from Section C, line 6

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2023

Section D - Distributions

2

3

4

6

7

8

9

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line 7:

and 4c.

b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive

OUNT	PLEASANT	HOME,	INC.
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04-2103822 Page 7

Current Year

(iii)

Distributable

Amount for 2023

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8 9

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(ii)

Underdistributions

Pre-2023

Schedule A (Form 990) 2023

21		ANT HOME, INC.	04-2103822 Page 8
Ine 1; Fart M. Section D. Ines 2 and 3; Fart M. Section E. Jines 1; 2a, 2b, 3a, and 3b; Part V. Ine 1; Part V. Section B. Ine 1: Part V. Section B. Ine 2: Part V. Section B.	Part VI Supplemental Information. Provide the	explanations required by Part II, line 10; Part I	I, line 17a or 17b; Part III, line 12;
Steadule A, PART III LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME CONSISTS OF ADMINISTRATION CHARGES FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.	line 1; Part IV, Section D, lines 2 and 3; Part IV, S	ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V,	line 1; Part V, Section B, line 1e; Part V,
MISCELLANEOUS INCOME CONSISTS OF ADMINISTRATION CHARGES FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.	Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	E, lines 2, 5, and 6. Also complete this part for	any additional information.
MISCELLANEOUS INCOME CONSISTS OF ADMINISTRATION CHARGES FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.		עסד. אוא איז הער איז	
PROVIDED FOR THE CONVENIENCE OF THE TENANTS.	SCREDULE A, PART III LINE 12, E	AFLANATION FOR OTHER IN	
1002 12.12 21 Schule A (form 990 2023	MISCELLANEOUS INCOME CONSISTS O	F ADMINISTRATION CHARGE	S FOR SERVICES
21	PROVIDED FOR THE CONVENIENCE OF	THE TENANTS.	
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~~		Supplement	al Financial Statements		OMB No. 1545-0047		
	SCHEDULE D (Form 990) Complete if the organization answered "Yes" on Form 990,						
(Forn	Form 990) 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. Department of the Treasury Attach to Form 990.						
	ment of the Treasury Revenue Service	Open to Public Inspection					
-	e of the organizati	ployer identification number					
		MOUNT PLEASANT HOM			04-2103822		
Par		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	Accour	its. Complete if the		
	organizatio	(h) [nds and other accounts				
	-		(a) Donor advised funds	(D) Fur	los and other accounts		
1		nd of year					
2 3		f contributions to (during year) f grants from (during year)					
4		t end of year					
5		-	writing that the assets held in donor advised fu	nds			
-	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring			
	impermissible priv	ate benefit?			Yes No		
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7			
1		servation easements held by the organization					
		n of land for public use (for example, recrea	, <u> </u>		important land area		
		f natural habitat	Preservation of a ce	rtified hi	storic structure		
-		n of open space					
2			ied conservation contribution in the form of a c	conserva			
	day of the tax year				Held at the End of the Tax Year		
a							
b	-						
ر اہ		vation easements on a certified historic stru		2c			
d		vation easements included on line 2c acqui		0.4			
3			eased, extinguished, or terminated by the orga		during the tax		
5	year	valion easements mounied, transiened, rei	eased, extinguished, or terminated by the orga	Inzation	during the tax		
4		 where property subject to conservation eas	ement is located				
5		tion have a written policy regarding the per					
	-	orcement of the conservation easements it			Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easemen	ts during the year		
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E)(i)			
9		•	on easements in its revenue and expense state				
			ote to the organization's financial statements	hat desc	cribes the		
Par		ounting for conservation easements.	Art, Historical Treasures, or Other	Simila	r Assats		
ı aı		f the organization answered "Yes" on Form		Simila	1 A35613.		
					haat warka		
Ia			 not to report in its revenue statement and b plic exhibition, education, or research in further 				
			ncial statements that describes these items.	ance or	public		
b	· •		8, to report in its revenue statement and balan	ce sheet	works of		
	-		exhibition, education, or research in furtheran				
		ing amounts relating to these items.					
	-				\$		
					\$		
2			asures, or other similar assets for financial gair		э		
		unts required to be reported under FASB A		•			
а					\$		
b					\$		
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2023		
332051	09-28-23						

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~	~	-	~	

2023.05000 MOUNT PLEASANT HOME, INC. ABH01371

Sche		LEASANT HON				2103822 Page 2			
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Ot	her Similar As	sets (continued)			
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that mak	e significant use of	its			
	collection items (check all that apply).								
а	Public exhibition	d		change program					
b	Scholarly research	e	• Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	-	-		Part XIII.			
5	During the year, did the organization solicit of								
Dee	to be sold to raise funds rather than to be ma		<u>u</u>			Yes No			
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Yes"	on Form 990, Part	IV, line 9, or			
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X?					Yes No			
d	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			Amount			
-	Designing belongs				10	Amount			
	Beginning balance								
	Additions during the year								
f	Distributions during the year								
	Ending balance Did the organization include an amount on F					Yes No			
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				
Par									
	·	(a) Current year	(b) Prior year	(c) Two years bad		ack (e) Four years back			
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses			>					
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held	and administered fo	or the				
	organization by:					Yes No			
	(i) Unrelated organizations?					3a(i)			
b	If "Yes" on line 3a(ii), are the related organiza			?		3b			
	Describe in Part XIII the intended uses of the		wment funds.						
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere) Part IV line 11a	Soo Form 000 Par	t X lino 10				
	· · ·								
	Description of property	(a) Cost or o basis (investr	• • •	st or other (s (other)	c) Accumulated depreciation	(d) Book value			
4 -	Land	600	,			683,601.			
	Land				5,006,657.	12,782,129.			
	Buildings		,	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12,102,123.			
	Leasehold improvements		098.		565,202.	131,896.			
	Equipment	10			505,202.	10,225.			
	Other			n (D))		13,607,851.			
TULA	. Aud miles la through le. (Column (a) must e	iqual Form 990, Part /	<u>, iine i uc, coium</u>	<u>() (D))</u>		1 10,007,001.			

Schedule D (Form 990) 2023

	e if the organization answered "Yes"			
	rity or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
	es			
	y interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(F) (G)				
(H)				
	al Form 990, Part X, line 12, col. (B))			
Part VIII Investr	nents - Program Related.			
	e if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
	cription of investment	(b) Book value		st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX Other	e if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 1	5. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X Other	st equal Form 990, Part X, line 15, col Liabilities			
_	e if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X,	
l	(a) Description of liability			(b) Book value
(1) Federal incom		סדופש		20.202
	DEPOSITS HELD IN TH	RUST		29,302
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(8)				
(3)				
otal (Column (b) mu	<u>st equal Form 990, Part X, line 25, col</u>	(B))		

MOUNT PLEASANT HOME, INC.

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 MOUNT PLEASANT HOME, INC.			04-2	2103822 Page 4				
Par	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	5,809,295.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	176,727.						
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	133,450.						
е	Add lines 2a through 2d			2e	310,177.				
3	Subtract line 2e from line 1			3	5,499,118.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	c Add lines 4a and 4b								
5									
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	ו				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements			1	4,887,519.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
с	Other losses	2c							
d	Other (Describe in Part XIII.)	2d	133,450.						
е	Add lines 2a through 2d			2e	133,450.				
3	Subtract line 2e from line 1			3	4,754,069.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	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	4,754,069.				
Pa	t 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:

THE CORPORATION 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 AN OTHER THAN 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.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES APPLIED AGAINST INCOME

332054 09-28-23

Schedule D (Form 990) 2023

	(Form 990) 2023		PLEASANT	HOME,	INC.
Part XIII	Supplemental Info	rmation (co	ontinued)		

PART XII, LINE 2D - OTHER ADJU	USTMENTS:
--------------------------------	-----------

INCOME REDUCED BY RENTAL EXPENSES

PART XI, LINE 2D

RENTAL EXPENSES APPLIED AGAINST INCOME

PART XII, LINE 2D

INCOME REDUCED BY RENTAL EXPENSES

Schedule D (Form 990) 2023

332055 09-28-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2)	
		2023 For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)			
Depa	partment of the Treasury Attach to Form 990. Open to Public						
	rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						
Nam	e of the organization	1		identificatio		mber	
		MOUNT PLEASANT HOME, INC.	04-2	210382	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
~							
3	,	ny, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
		ther organizations Approval by the board or compensation of	ommittee				
4	During the year dia	any person listed on Form 000. Part VII. Section A line 1s, with respect to the filing					
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?		41		X	
				4.		X	
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r						
а	•			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;				
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?	<u></u>	9			
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

04-2103822

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHLEEN SEAMAN	(i)	132,966.	47,609.	0.	5,883.	11,710.	198,168.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.



04-2103822

Name of the organization MOUNT PLEASANT HOME,

INC.

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

EMPHASIS ON SERVING A DIVERSE POPULATION AND GIVING PRIORITY TO THOSE

WITH LIMITED FINANCIAL RESOURCES AND INADEQUATE SUPPORT SYSTEMS.

FORM 990, PART VI, SECTION A, LINE 6:

PLEASANT SPRING COMMUNITIES IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

PLEASANT SPRING COMMUNITIES APPOINTS THE BOARD OF DIRECTORS OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

PARENT ENTITY PLEASANT SPRING COMMUNITIES MUST APPROVE ACTIVITIES OF THE

FILING ORGANIZATION.

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

THE FORM 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS

FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

REVIEW ANNUALLY AT BOARD MEMBER ELECTION MEETING

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

ANNUAL BOARD REVIEW OF MANAGEMENT PERFORMANCE.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

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MOUNT PLEASANT HOME, INC.	04-2103822
BY REQUEST AND VIA WWW.GUIDESTAR.ORG	
EFFECTIVE FEBRUARY 1, 2024, HUMANGOOD CORNERSTONE (COF	RNERSTONE), A
CALIFORNIA NONPROFIT PUBLIC BENEFIT TAX-EXEMPT CORPORA	ATION, AFFILIATED WITH
PLEASANT SPRING COMMUNITIES, THE PARENT ENTITY OF SPRI	INGHOUSE AND MOUNT
PLEASANT HOME. UPON THE EFFECTIVE DATE OF THE AFFILIAT	TION, PLEASANT SPRING
COMMUNITIES, MOUNT PLEASANT HOME AND SPRINGHOUSE BECAN	4E SISTER ENTITIES
WITH CORNERSTONE ACTING AS PARENT ENTITY AND SOLE MEME	BER OF EACH AND
EXERCISING ITS DIRECTION AND CONTROL THROUGH THE APPOI	
BOARDS OF DIRECTORS.	
	7
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DINING SERVICES:	
PROGRAM SERVICE EXPENSES	743,107.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	743,107.
BUILDING SERVICES:	
PROGRAM SERVICE EXPENSES	146,639.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146 620
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	55,025.
MANAGEMENT AND GENERAL EXPENSES	11,056.
FUNDRAISING EXPENSES	0.
332212 11-14-23 35	Schedule O (Form 990) 202
	EASANT HOME, INC. ABHO

Schedule O (Form 990) 2023

Name of the organization

09

Employer identification number

Schedule O (Form 990) 2023 Name of the organization MOUNT PLEASAN	F HOME, INC.	Page Employer identification number 04-2103822
TOTAL EXPENSES		66,081.
TOTAL OTHER FEES ON FORM 990), PART IX, LINE 11G, COI	A 955,827.
332212 11-14-23	36	Schedule O (Form 990) 202

332161 09-28-23 LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

Department of the Treasury Internal Revenue Service

Name of the organization

MOUNT PLEASANT HOME, INC.

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

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
PLEASANT SPRING COMMUNITIES INC - 04-3279977							
301 SOUTH HUNTINGTON AVENUE							
JAMAICA PLAIN, MA 02130	PARENT ORGANIZATION	MASSACHUSETTS	501(C)(3)	LINE 12B, II	N/A		х
SPRINGHOUSE INC 04-3152499							
44 ALLANDALE STREET					PLEASANT SPRING		
BOSTON, MA 02130	LIFE PLAN COMMUNITY	MASSACHUSETTS	501(C)(3)	LINE 10	COMMUNITIES		х

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

Open to Public Inspection

Employer identification number

04-2103822

Schedule R (Form 990) 2023



MOUNT PLEASANT HOME, INC. Schedule R (Form 990) 2023

04 - 2103822Page 2

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. Part III

		,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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. Part IV

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	(i Sect 512(b contro enti	olled
		foreign country)		or trust)		assets			
		country)						Yes	No

Schedule R (Form 990) 2023 MOUNT PLEASANT HOME, INC.

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

Not	e: 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	s with one or more re	elated organizations listed in	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g					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		Х
Т	Performance of services or membership or fundraising solicitations for related organ				11		X
m	Performance of services or membership or fundraising solicitations by related organ				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w	V		elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	volved		
		type (a-s)					
<u>(1)</u>							
(
(2)		1					

(2		
(3		
(4		
_		
<u>(5</u>		
(6		

Schedule R (Form 990) 2023 MOUNT PLEASANT HOME, INC.

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)		(e Are partne 501(i org Yes		(f) Share of total income	(g) Share of end-of-year assets	(r Disprotion allocat Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging er?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	
												_	
												+	
												_	

Schedule R (Form 990) 2023

Provide additional information for respon	ses to questions on Schedule R. See instructions.
32165 09-28-23	Schedule R (Form 990) 202
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