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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization GREENCROFT MIDDLEBURY, INC.		D Employer identification number
		Doing Business As		30-0036865
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		P.O. BOX 819 City or town, state or country, and ZIP + 4 GOSHEN, IN 46527		(574) 537-4000
F Name and address of principal officer DANIEL WOLFER 1721 GREENCROFT BLVD., GOSHEN, IN 46527		G Gross receipts \$ 418,333.		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website ▶ WWW.GREENCROFT.ORG		H(c) Group exemption number ▶		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1999 M State of legal domicile IN		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities GREENCROFT MIDDLEBURY PROVIDES ACTIVE, AFFORDABLE RETIREMENT LIVING IN HOMES WITH SUPPORTIVE SERVICES. SERVICES PROVIDED TO RESIDENTS AT REDUCED OR NO COST AMOUNTED TO \$150,000 FOR FYE JUNE 30, 2009.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
	5	Total number of employees (Part V, line 2a)	NONE
	6	Total number of volunteers (estimate if necessary)	24
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	NONE
	7b	Net unrelated business taxable income from Form 990-T, line 34	NONE
Revenue	8	Contribution and grants (Part VIII, line 1h)	NONE
	9	Program service revenue (Part VIII, line 2g)	419,333.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,620.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,029.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447,982.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,340.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	116,684.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	550,934.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	699,958.
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	-251,976.
	20	Total assets (Part X, line 16)	6,788,581.
	21	Total liabilities (Part X, line 26)	6,634,331.
	22	Net assets or fund balances Subtract line 21 from line 20	154,250.

Part II Signature Block

Sign Here	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	
	Signature of officer DALE E. JENK	Date 1/29/2010
Paid Preparer's Use Only	Preparer's signature Sharon Benek	Date 1/29/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE HORWATH LLP 330 E JEFFERSON BLVD, PO BOX 7 SOUTH BEND, IN 46624-0007	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 574-232-3992

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

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

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE STATEMENT 1**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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 600,437. including grants of \$ 33,636.) (Revenue \$ 404,717.)SEE STATEMENT 2**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 600,437. (Must equal Part IX, Line 25, column (B))

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?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	NONE
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 8	
b Enter the number of voting members that are independent	1b 8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3 X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► DALE SHENK, 1721 GREENCROFT BLVD., GOSHEN, IN 46527
574-537-4000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH C. BARKOW BOARD MEMBER	1.	X						NONE	NONE	NONE
JERRY BEASLEY BOARD MEMBER - PARTIAL YEAR	1.	X						NONE	NONE	NONE
WES CULVER BOARD MEMBER	1.	X						NONE	NONE	NONE
SHERMAN HANSEN BOARD MEMBER	1.	X						NONE	NONE	NONE
BOB HAWKINS BOARD MEMBER	1.	X						NONE	NONE	NONE
BERTHA RHODES BOARD MEMBER	1.	X						NONE	NONE	NONE
FAY SCHWARTZ BOARD MEMBER	1.	X						NONE	NONE	NONE
DANA SNIDER BOARD MEMBER	1.	X						NONE	NONE	NONE
HARLEY TROYER BOARD MEMBER	1.	X						NONE	NONE	NONE
CINDY LEDERMAN BOARD MEMBER - PARTIAL YEAR	1.	X						NONE	NONE	NONE
PATRICIA FORD SECRETARY	1.			X				NONE	46,137.	10,863.
DALE SHENK TREASURER	1.			X				NONE	87,592.	25,646.
DANIEL WOLFER PRESIDENT	40.			X				40,757.	NONE	16,834.

Part VIII Statement of Revenue

30-0036865

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	NONE			
	g	Noncash contributions included in lines 1a-1f \$					
Program Service Revenue	h	Total. Add lines 1a-1f		NONE			
	2a	RESIDENT SERVICES	Business Code	404,597.	404,597.	NONE	NONE
	b						
	c						
	d						
	e						
	f	All other program service revenue				NONE	NONE
g	Total. Add lines 2a-2f		404,597.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,361.	NONE	NONE	7,361.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
		(i) Real (ii) Personal					
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue		Business Code					
11a	MAINTENANCE/HOUSEKEEPING INCOME		6,255.	NONE	NONE	6,255.	
b	MISCELLANEOUS INCOME		120.	120.	NONE	NONE	
c							
d	All other revenue				NONE		
e	Total. Add lines 11a-11d		6,375.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		418,333.	404,717.	NONE	13,616.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	33,636.	33,636.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	57,591.	16,010.	41,581.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	25,604.	7,285.	18,319.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,570.	720.	1,850.	NONE
9 Other employee benefits	22,331.	8,029.	14,302.	NONE
10 Payroll taxes	6,243.	1,748.	4,495.	NONE
11 Fees for services (non-employees)				
a Management	20,549.	NONE	20,549.	NONE
b Legal	8,417.	NONE	8,417.	NONE
c Accounting	7,518.	NONE	7,518.	NONE
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	22,488.	5,357.	17,131.	NONE
12 Advertising and promotion	65,532.	65,532.	NONE	NONE
13 Office expenses	29,058.	22,910.	6,148.	NONE
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	84,345.	84,345.	NONE	NONE
17 Travel	754.	10.	744.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	151.	NONE	151.	NONE
20 Interest	100,000.	100,000.	NONE	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	160,888.	160,888.	NONE	NONE
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a GROUNDS/MAINTENANCE -----	95,903.	93,443.	2,460.	
b MISCELLANEOUS -----	2,519.	389.	2,130.	NONE
c DUES, LICENSES, FEES -----	1,695.	135.	1,560.	NONE
d -----				
e -----				
f All other expenses -----				NONE
25 Total functional expenses. Add lines 1 through 24f	747,792.	600,437.	147,355.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	175.	1	175.
	2 Savings and temporary cash investments	667,807.	2	527,299.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	136,672.	4	122,319.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	923.	9	770.
	10a Land, buildings, and equipment cost basis	10a 6,400,339.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 525,425.		
		5,983,004.	10c	5,874,914.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,788,581.	16	6,525,477.	
Liabilities	17 Accounts payable and accrued expenses	11,293.	17	67,080.
	18 Grants payable		18	
	19 Deferred revenue	2,873,188.	19	2,507,022.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,749,850.	25	4,126,584.
	26 Total liabilities. Add lines 17 through 25.	6,634,331.	26	6,700,686.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	154,250.	27	-175,209.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	154,250.	33	-175,209.
	34 Total liabilities and net assets/fund balances.	6,788,581.	34	6,525,477.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

GREENCROFT MIDDLEBURY, INC.

Employer identification number

30-0036865

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐ Yes ☐ No

(ii) A family member of a person described in (i) above? ☐ Yes ☐ No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No

h Provide the following information about the organizations the organization supports

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	NONE	25,525.	1,007,656.	NONE	NONE	1,033,181.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	151,463.	283,832.	335,731.	421,191.	404,717.	1,596,934.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	151,463.	309,357.	1,343,387.	421,191.	404,717.	2,630,115.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	25,525.	NONE	NONE	NONE	25,525.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	NONE	NONE	NONE	NONE	196,920.	196,920.
c Add lines 7a and 7b.	NONE	25,525.	NONE	NONE	196,920.	222,445.
8 Public support (Subtract line 7c from line 6)						2,407,670.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	151,463.	309,357.	1,343,387.	421,191.	404,717.	2,630,115.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,770.	6,401.	16,693.	15,620.	7,361.	51,845.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,770.	6,401.	16,693.	15,620.	7,361.	51,845.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	NONE	NONE	NONE	11,171.	6,255.	17,426.
13 Total support. (Add lines 9, 10c, 11, and 12)						2,699,386.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	89.19%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.89%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.92%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.76%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS REVENUE	NONE	NONE	NONE	11,171.	6,255.	17,426.
TOTALS	NONE	NONE	NONE	11,171.	6,255.	17,426.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

GREENCROFT MIDDLEBURY, INC.

Employer identification number

30-0036865

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		NONE		NONE
b Buildings		3,775,591.	385,932.	3,389,659.
c Leasehold improvements		2,434,827.	122,474.	2,312,353.
d Equipment		32,670.	17,019.	15,651.
e Other		157,251.	NONE	157,251.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				5,874,914.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATE - GOSHEN	2,033,113.
DUE TO AFFILIATE - GRC	178,100.
LIFE LEASE NOTES PAYABLE	1,915,371.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	4,126,584.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XIV Supplemental Information (continued)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. There are no margins, text, or other markings present.

Schedule D (Form 990) 2008

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

2008

**Open to Public
Inspection**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Name of the organization

Employer identification number

30-0036865

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed.

[illegible]

- | | | | |
|---|--|---|------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 | ▲ |
| 3 | Enter total number of other organizations | 1 | ▲ |
| | | | NONE |

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

CONTRIBUTIONS MADE ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE DONEE

ORGANIZATION SEES FIT TO FURTHER ITS EXEMPT PURPOSE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

GREENCROFT MIDDLEBURY, INC.

30-0036865

FORM 990, PART IV, PAGE 3, LINE 12 AND PART XI, PAGE 11, LINES 2B AND 2C

AUDITED FINANCIAL STATEMENTS:

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH

GAAP BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS. THE

ORGANIZATION ALSO HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT.

FORM 990, PART V, PAGE 5, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

GREENCROFT GOSHEN, INC. (EIN 35-1270709), A RELATED ORGANIZATION, IS THE

PAYMASTER FOR GREENCROFT MIDDLEBURY, INC.

FORM 990, PART V, PAGE 5, LINES 7G AND 7H

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED

INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES DURING

THE YEAR ENDED JUNE 30, 2009; THEREFORE, THESE QUESTIONS DO NOT APPLY AND

HAVE BEEN INTENTIONALLY LEFT BLANK.

FORM 990, PART VI, SECTION A, PAGE 6, LINE 3

MANAGEMENT AGREEMENT:

THE ORGANIZATION IS UNDER A MANAGEMENT/AFFILIATION CONTRACT WITH

GREENCROFT RETIREMENT COMMUNITIES, INC. ("GRC"), A RELATED TAX-EXEMPT

ORGANIZATION. ACCORDING TO THE AGREEMENT, GRC HAS THE SOLE AND EXCLUSIVE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

RIGHT TO SUPERVISE, MANAGE, AND OPERATE THE ORGANIZATION'S FACILITY ("THE FACILITY"). IN ADDITION, GRC HAS THE SOLE CONTROL AND DISCRETION WITH REGARD TO THE OPERATION AND MANAGEMENT OF THE FACILITY FOR ALL CUSTOMARY PURPOSES, AS WELL AS THE RIGHT TO DETERMINE ALL OPERATING POLICIES AFFECTING OR CONCERNING THE APPEARANCE AND MAINTENANCE STANDARDS OF OPERATION, AND ANY OTHER MATTER AFFECTING THE FACILITY OR THE OPERATION THEREOF. THE AGREEMENT TERMINATES IN JUNE 2011, AND IS RENEWABLE ANNUALLY FOR ADDITIONAL ONE YEAR PERIODS.

FORM 990, PART VI, SECTION A, PAGE 6, LINES 6, 7A, AND 7B
MEMBERS AND THEIR RIGHTS:

THE ORGANIZATION HAS ONE MEMBER, GREENCROFT RETIREMENT COMMUNITIES, INC. (GRC), WHO IS ALSO A RELATED TAX-EXEMPT ORGANIZATION. THE RESERVED POWERS OF THE SOLE MEMBER ARE AS FOLLOWS:

1. APPROVAL TO ANY CHANGES IN CORPORATE MISSION, WHICH MAY BE PROPOSED BY THE ORGANIZATION, BUT WHICH SHALL BECOME EFFECTIVE ONLY UPON APPROVAL OF GRC;
2. APPROVAL OF NOMINATED CANDIDATES TO SERVE AS DIRECTOR OF THE ORGANIZATION;
3. THE CREATION OR DISCONTINUANCE OF PROGRAMS OR SERVICES OFFERED BY THE ORGANIZATION;
4. AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION;
5. APPROVAL OR THE ADOPTION OF THE ANNUAL BUDGET;
6. APPROVAL OF NON-BUDGETED CONTRACTS AND/OR NON-BUDGETED PURCHASES OF OVER \$50,000;

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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2008

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Inspection**

Employer identification number

7. THE INCURRENCE OF INDEBTEDNESS OF OVER \$500,000;

8. THE SALE OF REAL ESTATE;

9. THE DONATION OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS;

10. ANY MERGER OR CONSOLIDATION WITH ANY OTHER ORGANIZATION, OR THE PARTIAL OR TOTAL DISSOLUTION OF THE ORGANIZATION;

11. THE CREATION OF SUBSIDIARY CORPORATIONS, LLCs, PARTNERSHIPS, OR OTHER ENTERPRISES;

12. THE ACQUISITION OF CONTROLLING INTERESTS IN ANOTHER ENTITY;

13. THE APPOINTMENT OF THE PRESIDENT/CEO, CFO, SECRETARY, AND TREASURER OF THE CORPORATION (BUT NOT THE OFFICERS OF THE BOARD OF DIRECTORS);

14. THE REMOVAL OF THE CHAIR OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE;

15. THE REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE.

NOTWITHSTANDING THESE RESERVED POWERS, THE MEMBER HAS NO FINANCIAL OBLIGATIONS OR RESPONSIBILITIES FOR ANY ACTIONS OF THE ORGANIZATION BY REASON OF SERVING AS A MEMBER.

FORM 990, PART VI, SECTION A, PAGE 6, LINE 10

BOARD REVIEW OF FORM 990:

A FINAL DRAFT OF THE FULL FORM 990,, INCLUDING ALL APPLICABLE SCHEDULES, IS PRESENTED BY OUR TAX ADVISORS TO ALL MEMBERS OF THE GOVERNING BODY DURING A BOARD MEETING PRIOR TO ITS FILING. THIS ALLOWS THE BOARD OF

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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Inspection**

Employer identification number

DIRECTORS AND MANAGEMENT TO REVIEW AND PROVIDE COMMENTS AND EXPLANATIONS

REGARDING CHANGES TO THE REDESIGNED FORM.

FORM 990, PART VI, SECTION B, PAGE 6, LINE 12C

COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY

DISCLOSE ANY CONFLICTS OF INTERESTS THEY MAY HAVE WITH THE ORGANIZATION.

THE VP OF FINANCE REVIEWS EACH POLICY STATEMENT SIGNED BY THESE

INDIVIDUALS TO DETERMINE IF ANY CONFLICTS HAVE OCCURRED AND NEED TO BE

BROUGHT TO THE ATTENTION OF THE BOARD. IF A CONFLICT ARISES, THE

RESPECTIVE BOARD MEMBER WILL ABSTAIN HIM/HERSELF FROM ANY RELATED

DISCUSSION, VOTE OR SIMILAR ACTION ON THE MATTER.

FORM 990, PART VI, SECTION B, PAGE 6, LINE 14

WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY:

THE ORGANIZATION CURRENTLY FOLLOWS THE DOCUMENT RETENTION AND DESTRUCTION

POLICY OF ITS SOLE MEMBER, GREENCROFT RETIREMENT COMMUNITIES, INC. (GRC).

THE ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING ITS OWN DOCUMENT

RETENTION AND DESTRUCTION POLICY.

Name of the organization

GRENCROFT MIDDLEBURY, INC.

Employer identification number

30-0036865

FORM 990, PART VI, SECTION B, PAGE 6, LINES 15A AND 15B

PROCESS TO DETERMINE COMPENSATION OF TOP MANAGEMENT OFFICIAL AND OTHER

OFFICERS AND KEY EMPLOYEES:

COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, AS WELL AS ALL OTHER

EMPLOYEES, IS PAID BY GRENCROFT GOSHEN, A RELATED ORGANIZATION.

GRENCROFT GOSHEN'S (GG) PHILOSOPHY IS TO COMPENSATE TEAM MEMBERS IN A

FAIR MANNER FOR THE WORTH OF WORK PROVIDED WITHIN THE CURRENT MARKET

VALUE RANGE FOR EACH POSITION IN THE ORGANIZATION. GG CONDUCTS PERIODIC

REVIEW OF THE MARKET TO DEVELOP AVERAGE WAGES FOR POSITIONS WITHIN

GRENCROFT GOSHEN.

GRENCROFT GOSHEN STARTS EMPLOYEES THAT MEET THE MINIMUM REQUIREMENTS FOR

THE POSITION AT/OR NEAR THE STARTING WAGE. WE MAKE ADJUSTMENTS TO THE

STARTING WAGE BASED ON YEARS OF EXPERIENCE IN THAT SPECIFIC POSITION.

OUR COMPENSATION PHILOSOPHY FOR STAFF OF OUR ORGANIZATION IS BASED ON

VARIOUS TIERS. THE FIRST TIER IS GENERAL STAFF. WE HAVE HIRED AN

OUTSIDE CONSULTANT TO DEVELOP A COMPENSATION SYSTEM FOR ALL OF GRENCROFT

GOSHEN'S POSITIONS. THE CONSULTANTS DEVELOPED A SYSTEM WITH WAGE SCALES

THAT USE THE MARKETPLACE AVERAGE FOR KEY POSITIONS AS THE STARTING POINT

FOR THE SCALES. THE WAGES SCALES HAVE A MINIMUM, A 25TH PERCENTILE, A

50TH PERCENTILE (AVERAGE), A 75TH PERCENTILE, AND A MAXIMUM. WE STRIVE

TO KEEP OUR AVERAGE FOR POSITIONS AT THE MID-POINT OF A RANGE DEVELOPED

BY OUR CONSULTANTS.

PERIODICALLY WE HIRE A CONSULTANT TO UPDATE THE MARKETPLACE AVERAGE FOR

Name of the organization

Employer identification number

GREENCROFT MIDDLEBURY, INC.

30-0036865

SEVERAL KEY POSITIONS. THE CONSULTANT WILL USE AREA MARKETPLACE DATA,
AAHSA DATA, AND OTHER INDUSTRY DATA TO DEVELOP THE AVERAGE.

OUR COMPENSATION PHILOSOPHY FOR MANAGEMENT AND EXECUTIVE STAFF (DIRECTORS
AND VICE PRESIDENT) OF OUR ORGANIZATION IS SLIGHTLY DIFFERENT. THE
SECOND TIER IS MANAGEMENT STAFF. THE WAGE SCALE SYSTEM IS THE SAME FOR
OUR STAFF. HOWEVER, OUR POLICY STATES THAT DIRECTORS ARE LIKE OTHER
STAFF AND CAN EARN UP TO THE 100TH PERCENTILE OF THE RANGE FOR THEIR
POSITION.

OUR THIRD TIER IS VICE PRESIDENT STAFF. THE WAGE SCALE SYSTEM IS THE
SAME FOR OUR STAFF. HOWEVER, THERE IS ONE DIFFERENCE. THE POLICY STATES
THAT VICE PRESIDENTS CAN EARN UP TO THE 85TH PERCENTILE OF THE RANGE FOR
THEIR POSITION. THE RANGE USES THE MEDIAN AS THE MID-POINT NOT THE
AVERAGE. GENERALLY THE MEDIAN IS BELOW THE AVERAGE.

THE OVERALL COMPENSATION POLICY AND THE VP COMPENSATION POLICY ARE
APPROVED BY THE GREENCROFT COMMUNITIES (GC) BOARD OF DIRECTORS. THE
GREENCROFT GOSHEN (GG) BOARD REVIEWS THE COMPENSATION POLICIES. ANNUALLY
THE GC BOARD AND THE GG BOARD REVIEW THE COMPENSATION OF THEIR RESPECTIVE
EXECUTIVE TEAMS. THEY COMPARE CURRENT WAGES WITH NATIONAL DATA PROVIDED
BY AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA). THE
BOARDS REVIEW THE CURRENT WAGE, THE PERCENTILE RANKING OF THE EMPLOYEE IN
HIS/HER RESPECTIVE RANGE AND THE MEDIAN OF THE MARKETPLACE COMPARED TO
THE MID-POINT OF THE EMPLOYEE'S RANGE. THE BOARDS DOCUMENT THESE
MEETINGS AND ACTIONS TAKEN IN THEIR BOARD MINUTES.

Name of the organization

GREENCROFT MIDDLEBURY, INC.

Employer identification number

30-0036865

FORM 990, PART VI, SECTION C, PAGE 6, LINE 19

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND

CONFLICT OF INTEREST POLICY:

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST

POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE

(IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT

THIS TIME.

FORM 990, PART VII

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST

COMPENSATED EMPLOYEES:

DALE SHENK, TREASURER, AND PATRICIA FORD, SECRETARY, EACH DEVOTE

APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES AND

APPROXIMATELY ONE HOUR PER WEEK TO GREENCROFT GOSHEN, RELATED TAX-EXEMPT

ORGANIZATIONS.

SCHEDULE R, PART II

RELATED TAX-EXEMPT ORGANIZATIONS:

GREENCROFT GOSHEN OWNS 20% OF THE ASSETS ON THE GREENCROFT MIDDLEBURY

CAMPUS. DUE TO THIS RELATIONSHIP, WE ARE CONSIDERING THEM RELATED ON THE

ORGANIZATIONS' 2008 FORM 990.

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

o Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE MISSION OF GREENCROFT MIDDLEBURY IS TO PROVIDE ACTIVE, AFFORDABLE RETIREMENT LIVING IN HOMES WITH SUPPORTIVE SERVICES. EACH YEAR THE ORGANIZATION STRIVES TO BE A GOOD NEIGHBOR IN THE COMMUNITY WHERE WE SERVE. WE HAVE A HISTORY OF ADDING VALUE TO OUR RESIDENTS, TO SENIORS LIVING OUTSIDE OF OUR COMMUNITY AND TO THE BROADER COMMUNITY WE SERVE. WE STRIVE TO IMPROVE THE QUALITY OF CARE BY CELEBRATING THE LIVES OF THE SENIORS LIVING IN OUR COMMUNITY AND WORKING WITH THEM TO ENSURE THEY HAVE OPPORTUNITIES TO LIVE LIFE OUT TO THE FULLEST AND TO WORK TOGETHER TO ADDRESS THE CHALLENGES OF AGING.

FORM 990, PART III - PROGRAM SERVICES
=====4A PROGRAM SERVICE

GREENCROFT MIDDLEBURY IS A NON-PROFIT COMMUNITY BENEFIT CORPORATION THAT PROVIDES INDEPENDENT LIVING SERVICES TO 43 RESIDENTS ON A 23-ACRE CAMPUS. ASSISTED LIVING AND HEALTHCARE NURSING SERVICES ARE AVAILABLE VIA A CONTRACT BETWEEN GREENCROFT MIDDLEBURY AND GREENCROFT GOSHEN. SUPPORTIVE SERVICES FOR RESIDENTS AND OTHER AREA SENIORS ARE PROVIDED THROUGH THE GREENCROFT MIDDLEBURY SENIOR CENTER ON CAMPUS.

DURING THE YEAR ENDED JUNE 30, 2009, OVER 36% OF TOTAL REVENUES WERE USED TO PROVIDE COMMUNITY BENEFITS IN THE FORM OF REDUCED/FREE SENIOR CENTER SERVICES. IN ADDITION, RESIDENTS WHO DO NOT MISUSE THEIR ASSETS ARE ELIGIBLE FOR SUPPORT FROM THE GREENCROFT FOUNDATION IF THEIR ASSETS RUN OUT.

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	GREENCROFT MIDDLEBURY, INC.	30-0036865
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P. O. BOX 819	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	GOSHEN, IN 46527	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ GREENCROFT RETIREMENT COMM.

Telephone No. ▶ 574 537-4000

FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2008)