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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Greencroft Goshen Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 819

City or town, state or country, and ZIP + 4
Goshen, IN 46527

D Employer identification number
35-1270709

E Telephone number
(574) 537-4000

G Gross receipts $ 33,755,808

F Name and address of Principal Officer
Sandra Yoder
1721 Greencroft Blvd
Goshen, IN 46527

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www greencroft org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1972

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

GREENCROFT GOSHEN PROVIDES ACTIVE, AFFORDABLE RETIREMENT LIVING WITH SUPPORTIVE SERVICES, ASSISTED LIVING, & SKILLED NURSING CARE CHARITY CARE FOR FYE JUNE 30, 2009 AMOUNTED TO $4,369,596

2 Check this box ☐ 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)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	706
6	Total number of volunteers (estimate if necessary)	**6**	509
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	161,065
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-28,127

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	283,485	232,636
9	Program service revenue (Part VIII, line 2g)	27,440,994	27,922,829
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,027,651	412,666
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	332,847	718,465
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,084,977	29,286,596
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	194,040	168,180
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,150,580	14,716,083
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,517,104	13,438,194
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	27,861,724	28,322,457
19	Revenue less expenses Subtract line 18 from line 12	1,223,253	964,139
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	68,043,036	61,279,528
21	Total liabilities (Part X, line 26)	72,283,147	69,985,465
22	Net assets or fund balances Subtract line 21 from line 20	-4,240,111	-8,705,937

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-01-19
Signature of officer | Date

Dale Shenk Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
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 466240007		EIN ▶ Phone no ▶ (574) 232-3992

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 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 $ 14,691,700 including grants of $ 0) (Revenue $ 18,073,358)

Nursing Services - Greencroft Goshen's health facilities provide state-of-the-art health care techniques and technology in an inviting and supportive residential environment Our setting is appropriate for individuals who are recovering from surgery or illness, need rehabilitation, or require ongoing long-term nursing care Our restorative care philosophy reinforces the healing and rehabilitation process and promotes independence A full range of activities, chaplaincy, and social services are provided We provide outpatient physical, occupational, and speech/language therapies for all ages We emphasize education and communication with you, your family, and referring physician During the year ended June 30, 2009, over 15% of total revenues were used to provide community benefits, which includes the following amounts Indigent care/Charity care $2,780,533 Reduced/free care/use of facilities 355,934 Medicare Write-offs 331,038 Affordable Housing Savings 760,950 Third-party insurance write-offs 141,141 Volunteers 45,000 hours

4b (Code) (Expenses $ 6,951,355 including grants of $ 0) (Revenue $ 8,142,531)

Resident Services - Greencroft Goshen (GG) is a non-profit community benefit corporation that provides continuing care retirement community (CCRC) services to 950 residents on a 167-acre campus GG is affiliated with three HUD housing organizations on its campus that are integrated into GG's services These organizations serve 250 residents Greencroft Goshen provides CCRC services including independent living, assisted living, skilled nursing, adult day programs, Senior Center programs, and home care services The 57 independent living apartment homes join Greencroft Goshens community of 1,200 residents with the services you expect from senior livings premier community Juniper Place, situated on five acres, provides open views and outdoor amenities, while promoting a strong sense of neighborhood Evergreen Place provides Greencroft Goshen residents with a vital option in the continuum of care if and when they should need assistive services Assisted living vacancies not filled by Greencroft Goshen residents are available to older adults in the wider community We partner with residents, their families, and others to create a community where older adults enjoy life Such partnership is essential to appropriately meet the needs of a rapidly growing older adult population Residents who do not misuse their assets are eligible for support from the Greencroft Foundation if their assets run out Greencroft Goshen is an active participant in a partnership with Goshen College to provide lifelong learning opportunities to people over the age of 55 in Elkhart County Additionally GG provides numerous programs and activities for seniors on and off our campus

4c (Code) (Expenses $ 2,479,963 including grants of $ 0) (Revenue $ 628,710)

Dietary and Other Services - The organization provides dietary and other miscellaneous program services to its residents

4d Other program services (Describe in Schedule O)
(Expenses $ 168,180 including grants of $ 168,180) (Revenue $ 998,937)

4e Total program service expenses $ 24,291,198 *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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		No
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		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		No
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		No
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		No
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		No
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		No
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		No

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)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

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	34		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	706		
b	If at least one is reported in 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.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country CJ 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 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			No
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 $75 or more?	7a			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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			

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

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 9		
b	Enter the number of voting members that are independent . .	1b 9		
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		No
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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	Yes	
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		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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 Form 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 See Additional Data Table

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 46526
(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) and key employees 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, or 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-2/1099MISC)	(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			
JIM ALVAREZ , BOARD MEMBER	1 0	X						0	0	0
JUDY BEECHY , BOARD MEMBER	1 0	X						0	0	0
LUKE BIRKY , BOARD MEMBER	1 0	X						0	0	0
JEFF FRANTZ , BOARD MEMBER	1 0	X						0	0	0
RAY HELMUTH , BOARD MEMBER	1 0	X						0	0	0
REX HOCHSTEDLER , BOARD MEMBER	1 0	X						0	0	0
VICKY KIRKTON , BOARD MEMBER	1 0	X						0	0	0
DAVID OGLE , CHAIRMAN	1 0	X		X				0	0	0
BYRON SHETLER , VICE CHAIRMAN	1 0	X		X				0	0	0
PATRICIA FORD , SECRETARY	1 0			X				0	46,137	10,863
DALE SHENK , TREASURER	1 0			X				0	87,592	25,646
SANDRA YODER , PRESIDENT	30 0			X				0	108,610	26,864

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total . . . . . ▶								0	242,339	63,373

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Greencroft Retirement Communities PO Box 819 GOSHEN, IN 46527	Management services	2,301,300
Healthcare Therapy Services Inc 5214 South East Street INDIANAPOLIS, IN 46227	therapy services	1,400,837

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 2

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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 232,636				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	232,636			
Program Service Revenue		Business Code				
	2a	NURSING SERVICES	18,073,358	18,073,358	0	0
	b	RESIDENT SERVICES	8,142,531	8,142,531	0	0
	c	AFFILIATE SUPPORT SERVICES	998,937	998,937	0	0
	d	DIETARY SERVICES 722,320	708,003	546,938	161,065	0
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 27,922,829				
	3	Investment income (including dividends, interest other similar amounts)	881,801	0	0	881,801
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 104,817				
	b	Less rental expenses 117,932				
	c	Rental income or (loss) -13,115				
	d	Net rental income or (loss)	-13,115	0	0	-13,115
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 3,864,145 / 18,000				
	b	Less cost or other basis and sales expenses 4,350,974 / 306				
	c	Gain or (loss) -486,829 / 17,694				
	d	Net gain or (loss)	-469,135	0	0	-469,135
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	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	0			
		Miscellaneous Revenue / Business Code				
	11a	TELEPHONE/TV/RESIDENT SERVICE FEES	243,694	0	0	243,694
	b	COMPANION INCOME	144,041	0	0	144,041
	c	BEAUTY/BARBER SHOP	111,363	0	0	111,363
	d	All other revenue _____	232,482	81,772	0	150,710
	e	**Total. Add lines 11a-11d** $ 731,580				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	29,286,596	27,843,536	161,065	1,049,359

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	168,180	168,180		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	11,106,507	10,245,116		0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	429,196	394,860	34,336	0
9 Other employee benefits	2,367,049	2,177,685	189,364	0
10 Payroll taxes	813,331	748,265	65,066	0
11 Fees for services (non-employees)				
a Management	1,407,325	0	1,407,325	0
b Legal	29,590	0	29,590	0
c Accounting	73,672	0	73,672	0
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	2,585,327	1,665,094	920,233	0
12 Advertising and promotion	38,379	10,350	28,029	0
13 Office expenses	1,622,795	1,540,601	82,194	0
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,288,240	1,288,240	0	0
17 Travel	32,665	24,820	7,845	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	3,836	0	3,836	0
20 Interest	2,107,964	2,107,964	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,443,590	2,443,590	0	0
23 Insurance	227,563	227,563	0	0
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 RESIDENT/DIETARY/NURSING	1,156,669	1,156,669	0	0
b Miscellaneous	284,806	13,706	271,100	0
c Dues/Licenses/Subscriptions	64,578	10,078	54,500	0
d BAD DEBT EXPENSE	26,695	26,695	0	0
e MEDICAL DIRECTOR EXPENSE	24,000	24,000	0	0
f All other expenses	20,500	17,722	2,778	0
25 **Total functional expenses.** Add lines 1 through 24f	28,322,457	24,291,198	4,031,259	0
26 **Joint Costs.** Check ☐ 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	2,480	1	2,555
	2	Savings and temporary cash investments	4,390,265	2	3,208,709
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,708,061	4	1,978,126
	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	2,000,000	7	2,000,000
	8	Inventories for sale or use	111,427	8	117,905
	9	Prepaid expenses and deferred charges	215,290	9	219,066
	10a	Land, buildings, and equipment cost basis — 10a: 69,293,306			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 34,191,714	36,400,858	10c	35,101,592
	11	Investments—publicly traded securities	17,734,450	11	14,191,289
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,987,553	12	1,348,147
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	392,430	13	28,060
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	3,100,222	15	3,084,079
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	68,043,036	16	61,279,528
Liabilities	17	Accounts payable and accrued expenses	2,354,089	17	2,428,193
	18	Grants payable		18	
	19	Deferred revenue	7,268,326	19	7,315,879
	20	Tax-exempt bond liabilities	43,577,088	20	42,614,771
	21	Escrow account liability *Complete Part IV of Schedule D*	59,230	21	51,235
	22	Payable 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*	19,024,414	25	17,575,387
	26	**Total liabilities.** *Add lines 17 through 25*	72,283,147	26	69,985,465
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-3,961,134	27	-8,436,446
	28	Temporarily restricted net assets	-278,977	28	-269,491
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	-4,240,111	33	-8,705,937
	34	Total liabilities and net assets/fund balances	68,043,036	34	61,279,528

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
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	Yes	
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		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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 Goshen Inc

Employer identification number
35-1270709

Part I Reason for Public Charity Status (to be completed by all organizations) (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 331/3% 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 331/3% 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

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** ▶

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 for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% 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 ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 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 "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 ▶

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 ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 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 ")	698,080	163,563	339,576	283,485	232,636	1,717,340
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	8,884,863	12,234,914	25,365,634	27,265,500	27,761,764	101,512,675
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	9,582,943	12,398,477	25,705,210	27,548,985	27,994,400	103,230,015
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0	0	0	0	0	0
c Total of lines 7a and 7b	0	0	0	0	0	0
8 **Public Support** (Substract line 7c from line 6)						103,230,015

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	9,582,943	12,398,477	25,705,210	27,548,985	27,994,400	103,230,015
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,236,364	1,554,285	1,091,054	1,067,223	986,618	5,935,544
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,236,364	1,554,285	1,091,054	1,067,223	986,618	5,935,544
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	175,494	161,065	336,559
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,272,843	48,328	0	332,847	731,580	2,385,598
13 **Total Support** (Add lines 9, 10c, 11 and 12)						111,887,716

14 **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** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	92 262 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	88 068 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	5 305 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	8 425 %

19a **33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Greencroft Goshen Inc

Employer identification number
35-1270709

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ 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 the 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 why 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 the 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		757,848		757,848
b Buildings		59,418,149	27,105,843	32,312,306
c Leasehold improvements		0	0	0
d Equipment		8,898,297	7,085,871	1,812,426
e Other		219,012	0	219,012
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				35,101,592

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

(a) Description of security or cateory (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 HEDGE FUNDS	895,821	F
Other REAL ESTATE FUNDS	452,326	F
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
PCRRG	0	F
SAMARITAN ALLIANCE	28,060	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFIL - FOUNDATION	0
DUE FROM AFFIL - CENTRAL MANOR	679,224
DUE FROM AFFIL - MANOR II	12,361
DUE FROM AFFIL - MANOR III	207,237
DUE FROM AFFIL - MIDDLEBURY	33,112
LAND HELD FOR DEVELOPMENT	785,447
DEFERRED FINANCING COSTS	892,057
OF SETTLEMENT	474,641
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,084,079

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATE - GRC	210,480
LIFE LEASE NOTES PAYABLE	17,364,907
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	17,575,387

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 XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,286,596
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,322,457
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	964,139
4	Net unrealized gains (losses) on investments	4	-3,177,313
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,262,138
9	Total adjustments (net) Add lines 4 - 8	9	-5,439,451
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,475,312

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	23,965,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,177,313		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,144,206		
e	Add lines **2a** through **2d**			2e	-5,321,519
3	Subtract line **2e** from line **1**			3	29,286,596
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	29,286,596

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	28,440,389
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	117,932		
e	Add lines **2a** through **2d**			2e	117,932
3	Subtract line **2e** from line **1**			3	28,322,457
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	28,322,457

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Schedule D, IV, Line 2b	Trust, Escrow, and Custodial Arrangements	The organization requires security deposits from each resident for the use of garage space and for having pets live with them The funds are deposited into the organization's account, which earns interest throughout the year Funds are designated for recovery of damages caused by the residents Schedule D, Part XI, Line 8 Other Change in Net Assets transfer to affiliate (GRC) - $2,262,138 Schedule D, Part XII, Line 2d Other Revenue Not Included on Form 990, Part VIII transfer to affiliate (GRC) ($2,262,138) rental expenses 117,932 Schedule D, Part XIII, Line 2d Other Expenses Not Included on Form 990, Part IX rental expenses 117,932

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Greencroft Goshen Inc

Employer identification number
35-1270709

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 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 I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENCROFT FOUNDATION INCPO BOX 819 GOSHEN,IN 46527	23-7126990	501(C)(3)	168,180	0	N/A	N/A	SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

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.

See Additional Data Table

Identifier	Return Reference	Explanation
Schedule I, Part I, Line 2	Procedures for Monitoring the use of grant funds	CONTRIBUTIONS MADE ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE DONEE ORGANIZATION SEES FIT TO FURTHER ITS TAX EXEMPT PURPOSE

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Greencroft Goshen Inc

Employer identification number
35-1270709

Identifier	Return Reference	Explanation
Form 990, part III, Page 2, Line 4d	Other Program services	The organization provides maintenance, telephone, housekeeping, rental, and dietary services to residents of its various affiliated organizations 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 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, 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 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

Identifier	Return Reference	Explanation
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 Greencroft 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 Greencroft Goshen Greencroft 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 Greencroft 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 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 The GG Board has reviewed the base wage and the variable pay for the President of Greencroft Goshen In the Fiscal Year 2009 this position was at the 50th percentile of the range for this position in base compensation and at the 25th percentile of the market for the variable pay compensation 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

Identifier	Return Reference	Explanation
Form 990, Part VII	Compensation of Officers, Directors, Trustees, Key Employees, and Highest	Highest Compensated Employees Dale Shenk, Treasurer, devotes approximately 40 hours per week to Greencroft Retirement Communities and 1 hour per week to Greencroft Middlebury, Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Patricia Ford, Secretary, devotes approximately 40 hours per week to Greencroft Retirement Communities and 1 hour per week to Greencroft Middlebury, Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Sandra Yoder, President, devotes approximately 5 hours per week to Greencroft Retirement Communities, 5 hours per week to Greencroft Manor II, 5 hours per week to Greencroft Manor III, and one hour per week to Greencroft Central Manor, all of which are related tax-exempt entities Jim Alvarez, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Judy Beechy, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Luke Birky, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Jeff Frantz, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Ray Helmuth, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Rex Hochstedler, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Vicky Kirkton, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities David Ogle, director, devotes approximately 1 hour per week to Greencroft Retirement Communities, Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities Byron Shetler, director, devotes approximately 1 hour per week to Greencroft Manor II, Greencroft Manor III, and Greencroft Central Manor, all of which are related tax-exempt entities 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Greencroft Goshen Inc

Employer identification number
35-1270709

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Greencroft Retirement Communities Inc PO Box 819 Goshen, IN46527 30-0036587	management	IN	501(C)(3)	9	NA
Greencroft Central manor Inc PO Box 819 Goshen, IN46527 35-6047318	housing	IN	501(c)(3)	9	na
Greencroft Manor II Inc PO Box 819 Goshen, IN46527 35-1377430	housing	IN	501(c)(3)	9	na
Greencroft Manor III Inc PO Box 819 Goshen, IN46527 35-1431475	housing	IN	501(c)(3)	9	na
Greencroft Middlebury Inc PO Box 819 Goshen, IN46527 30-0036865	housing	IN	501(c)(3)	9	na

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**Yes**	
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 35-1270709
Name: Greencroft Goshen Inc

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE MISSION OF GREENCROFT GOSHEN IS TO PROVIDE ACTIVE, AFFORDABLE RETIREMENT LIVING IN HOMES WITH SUPPORTIVE SERVICES, ASSISTED LIVING, AND SKILLED NURSING CARE. 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. THE BOARD HAS BEEN INTENTIONAL ABOUT UNDERSTANDING "COMMUNITY BENEFIT." THESE ARE AMONG THE COMPONENTS OF WHAT WE INCLUDE AS COMMUNITY BENEFIT: -FREE OR REDUCED COST SERVICES WHEN A RESIDENT IS NOT ABLE TO PAY FOR THE FULL COST OF SERVICES PROVIDED; -UNREIMBURSED SERVICES FROM THIRD PARTY PAYERS, SUCH AS MEDICARE AND MEDICAID.