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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 GOSHEN INC		D Employer identification number 35-1270709
		Doing Business As		E Telephone number (574) 537-4000
		Number and street (or P O box if mail is not delivered to street address) PO BOX 819	Room/suite	G Gross receipts \$ 32,256,590
		City or town, state or country, and ZIP + 4 GOSHEN, IN 46527		
	F Name and address of principal officer SANDRA YODER 1721 GREENCROFT BLVD GOSHEN, IN 46527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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 Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1972	M State of legal domicile IN

Part I		Summary	
Activities & Governance	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, 2010 AMOUNTED TO \$4,476,791	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 _____
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 _____
	5	Total number of employees (Part V, line 2a)	5 _____ 64
	6	Total number of volunteers (estimate if necessary)	6 _____ 39
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____ 152,74
	b	Net unrelated business taxable income from Form 990-T, line 34	7b _____ -11,25
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 232,636 Current Year 225,638
	9	Program service revenue (Part VIII, line 2g)	27,922,829 27,074,283
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	412,666 -93,525
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	718,465 608,865
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,286,596 27,815,261
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
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)	14,716,083 14,627,599
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,438,194 12,854,590
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28,322,457 27,653,206
19		Revenue less expenses Subtract line 18 from line 12	964,139 162,055
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	69,985,465 68,554,761
	22	Net assets or fund balances Subtract line 21 from line 20	-8,705,937 -8,749,276

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		2011-05-12 Date		
	DALE SHENK TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903			EIN Phone no (312) 899-7000	

Part III Statement of Program Service Accomplishments

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 (CONTINUED IN SCHEDULE O)

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 \$ 14,247,726 including grants of \$ 0) (Revenue \$ 17,975,431)
	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 RESIDENTS WHO DO NOT MISUSE THEIR ASSETS MAY BE ELIGIBLE FOR SUPPORT FROM GREENCROFT COMMUNITIES FOUNDATION IF THEIR ASSETS RUN OUT DURING THE YEAR ENDED JUNE 30, 2010, OVER 16% OF TOTAL REVENUES WERE USED TO PROVIDE COMMUNITY BENEFITS, WHICH INCLUDES THE FOLLOWING AMOUNTS INDIGENT CARE/CHARITY CARE - \$3,365,277 REDUCED/FREE CARE/USE OF FACILITIES - \$403,439 MEDICARE WRITE-OFFS - \$545,061 THIRD-PARTY INSURANCE WRITE-OFFS - \$163,014 VOLUNTEERS - 49,300 HOURS (VALUED AT \$433,818)

4b	(Code) (Expenses \$ 6,842,850 including grants of \$ 0) (Revenue \$ 7,497,394)
	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 GREENCROFT GOSHEN PROVIDES CCRC SERVICES INCLUDING INDEPENDENT LIVING, ASSISTED LIVING, SKILLED NURSING, ADULT DAY PROGRAMS, SENIOR CENTER PROGRAMS, AND HOME CARE SERVICES 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 GG IS AFFILIATED WITH THREE HUD HOUSING ORGANIZATIONS ON ITS CAMPUS THAT ARE INTEGRATED INTO GG'S SERVICES THESE ORGANIZATIONS SERVE 250 RESIDENTS

4c	(Code) (Expenses \$ 2,097,192 including grants of \$ 2,837) (Revenue \$ 126,226)
	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 \$ 928,321)

4e	Total program service expenses \$ 23,355,948
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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 similar funds or 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	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional						
13	Is the organization a school 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 United States?	14a	No				
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes				
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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34	Yes	
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>	35		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a642		
	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)			
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	9	
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		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	
9	Is there any officer, director, 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	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	Yes	
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	
	If "Yes" to line a or b, 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		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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 Report compensation for the calendar year ending with or within the organization’s tax year 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 all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, 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 current or former 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			
BYRON SHETLER CHAIR	1	X		X				0	0	0
JIM ALVAREZ VICE CHAIR	1	X		X				0	0	0
DAVID OGLE BOARD MEMBER - PARTIAL YEAR	1	X						0	0	0
JUDY BEECHY BOARD MEMBER - PARTIAL YEAR	1	X						0	0	0
REX HOCHSTEDLER BOARD MEMBER	1	X						0	0	0
RITA GINGRICH BOARD MEMBER	1	X						0	0	0
VICKY KIRKTON BOARD MEMBER	1	X						0	0	0
FRAN WENGER BOARD MEMBER	1	X						0	0	0
LUKE BIRKY BOARD MEMBER	1	X						0	0	0
RAY HELMUTH BOARD MEMBER	1	X						0	0	0
JEFF FRANTZ BOARD MEMBER	1	X						0	0	0
SANDRA YODER PRESIDENT	40			X				0	113,373	30,431
PATRICIA FORD SECRETARY	1			X				0	47,813	12,596
DALE SHENK TREASURER	1			X				0	94,037	27,948

1b Total	0	255,223	70,975
---------------------------	---	---------	--------

2 Total number of individuals (including but not limited to those listed above) 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? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 & CORPORATE SERVICES	2,318,342
HEALTHCARE THERAPY SERVICES 1411 W COUNTY LINE RD SUITE A GREENWOOD, IN 46142	THERAPY SERVICES	1,351,634

2 Total number of independent contractors (including but not limited to those listed above) 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 sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	161,843				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	63,795				
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f			225,638			
Program Service Revenue	2a	NURSING SERVICES	Business Code	17,975,431	17,975,431	0	0	
	b	RESIDENT SERVICES		7,497,394	7,497,394	0	0	
	c	AFFILIATE SUPPORT SERVICES		928,321	928,321	0	0	
	d	DIETARY SERVICES		673,137	126,226	137,189	409,722	
	e			0	0	0	0	
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			27,074,283			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		722,819	0	0	722,819
4		Income from investment of tax-exempt bond proceeds . . .		0	0	0	0	
5		Royalties		0	0	0	0	
6a		(i) Real		(ii) Personal				
		Gross Rents						
		Less rental expenses						
		Rental income or (loss)						
d		Net rental income or (loss)		73,260	0	15,552	57,708	
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		Less cost or other basis and sales expenses						
		Gain or (loss)						
d		Net gain or (loss)		-816,344	0	0	-816,344	
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18						
		a		0				
		b Less direct expenses		0				
c		Net income or (loss) from fundraising events . . .		0	0	0	0	
9a		Gross income from gaming activities See Part IV, line 19						
		a		0				
		b Less direct expenses		0				
c	Net income or (loss) from gaming activities . . .		0	0	0	0		
10a	Gross sales of inventory, less returns and allowances							
	a		0					
	b Less cost of goods sold		0					
c	Net income or (loss) from sales of inventory . . .		0	0	0	0		
Miscellaneous Revenue			Business Code					
11a	MAINTENANCE/HOUSEKEEPING/RESIDENT SERVICE FEES INCOME			165,087	0	0	165,087	
b	BEAUTY/BARBER SHOP INCOME			133,967	0	0	133,967	
c	TV/PHONE/DSL/TRANSPORTATION INCOME			112,333	0	0	112,333	
d	All other revenue			124,218	0	0	124,218	
e	Total. Add lines 11a-11d			535,605				
12	Total revenue. See Instructions			27,815,261	26,527,372	152,741	909,510	

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	171,017	171,017		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	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	0	0	0
7	Other salaries and wages	10,804,436	9,708,599	1,095,837	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	428,667	385,190	43,477	0
9	Other employee benefits	2,562,056	2,302,200	259,856	0
10	Payroll taxes	832,440	748,010	84,430	0
11	Fees for services (non-employees)				
a	Management	1,383,676	0	1,383,676	0
b	Legal	67,720	0	67,720	0
c	Accounting	84,740	0	84,740	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	2,364,026	1,433,174	930,852	0
12	Advertising and promotion	20,646	16,658	3,988	0
13	Office expenses	1,651,067	1,523,496	127,571	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,325,274	1,325,274	0	0
17	Travel	29,001	22,067	6,934	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	1,931,665	1,931,665	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,390,932	2,390,932	0	0
23	Insurance	217,630	217,630	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	DIETARY EXPENSES	1,008,462	1,008,462	0	0
b	OTHER RESIDENT & NURSING EXPENSES	49,956	49,956	0	0
c	DUES, LICENSES, & SUBSCRIPTIONS	49,401	4,905	44,496	0
d	BAD DEBT EXPENSE	44,924	44,924	0	0
e	PROFESSIONAL DEVELOPMENT & EDUCATION	34,222	23,537	10,685	0
f	All other expenses	201,248	48,252	152,996	0
25	Total functional expenses. Add lines 1 through 24f	27,653,206	23,355,948	4,297,258	0
26	Joint costs. Check here <input checked="" 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	0	0	0	0

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				2,555	1	2,580
	2	Savings and temporary cash investments				3,208,709	2	3,135,836
	3	Pledges and grants receivable, net				0	3	0
	4	Accounts receivable, net				1,978,126	4	1,781,471
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				0	5	0
	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				0	6	0
	7	Notes and loans receivable, net				0	7	0
	8	Inventories for sale or use				117,905	8	120,690
	9	Prepaid expenses and deferred charges				219,066	9	225,166
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	70,820,118				
	b	Less accumulated depreciation	10b	36,132,527	35,887,039	10c	34,687,591	
	11	Investments—publicly traded securities			11,493,359	11	11,676,457	
	12	Investments—other securities. See Part IV, line 11			4,046,077	12	3,939,097	
	13	Investments—program-related. See Part IV, line 11			28,060	13	30,933	
	14	Intangible assets			0	14	0	
	15	Other assets. See Part IV, line 11			4,298,632	15	4,205,664	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			61,279,528	16	59,805,485	
Liabilities	17	Accounts payable and accrued expenses			1,805,529	17	1,916,927	
	18	Grants payable			0	18	0	
	19	Deferred revenue			7,315,879	19	7,364,528	
	20	Tax-exempt bond liabilities			42,614,771	20	41,595,012	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0	
	25	Other liabilities. Complete Part X of Schedule D			18,249,286	25	17,678,294	
	26	Total liabilities. Add lines 17 through 25			69,985,465	26	68,554,761	
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			-8,705,937	27	-8,749,276	
	28	Temporarily restricted net assets			0	28	0	
	29	Permanently restricted net assets			0	29	0	
	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			0	30	0	
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0	
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0	
	33	Total net assets or fund balances			-8,705,937	33	-8,749,276	
	34	Total liabilities and net assets/fund balances			61,279,528	34	59,805,485	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRENCROFT GOSHEN INC

Employer identification number
35-1270709

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 (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **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).**

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).**

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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	163,563	339,576	283,485	232,636	225,638	1,244,898
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,234,914	25,168,067	26,700,107	27,761,764	26,527,372	118,392,224
3Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	565,393	499,098	895,566	1,960,057
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6Total. Add lines 1 through 5	12,398,477	25,507,643	27,548,985	28,493,498	27,648,576	121,597,179
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public Support (Subtract line 7c from line 6)						121,597,179

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	12,398,477	25,507,643	27,548,985	28,493,498	27,648,576	121,597,179
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,554,285	1,136,446	1,067,223	986,618	896,041	5,640,613
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
cAdd lines 10a and 10b	1,554,285	1,136,446	1,067,223	986,618	896,041	5,640,613
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	48,328	746,880	332,847	150,710	49,761	1,328,526
13Total support (Add lines 9, 10c, 11 and 12)	14,001,090	27,390,969	28,949,055	29,630,826	28,594,378	128,566,318
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	94 579 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	92 26 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	4 387 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	5 3 %
19a33 1/3% support tests—2009. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. 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

-
-
C
C
-
-
-

Additional Data

Software ID:

Software Version:

EIN: 35-1270709

Name: GREENCROFT GOSHEN INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NURSING SERVICES		17,975,431	17,975,431	0	0
RESIDENT SERVICES		7,497,394	7,497,394	0	0
AFFILIATE SUPPORT SERVICES		928,321	928,321	0	0
DIETARY SERVICES	722,320	673,137	126,226	137,189	409,722
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DIETARY EXPENSES	1,008,462	1,008,462	0	0
OTHER RESIDENT & NURSING EXPENSES	49,956	49,956	0	0
DUES, LICENSES, & SUBSCRIPTIONS	49,401	4,905	44,496	0
BAD DEBT EXPENSE	44,924	44,924	0	0
PROFESSIONAL DEVELOPMENT & EDUCATION	34,222	23,537	10,685	0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GREENCROFT GOSHEN INC	Employer identification number 35-1270709
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	5,614,673	6,616,432			
b Contributions	45,840	285,623			
c Investment earnings or losses	332,789	-1,128,086			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	69,762	159,296			
f Administrative expenses	0	0			
g End of year balance	5,923,540	5,614,673			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 61.86 %

b

Permanent endowment ▶ 37.25 %

c

Term endowment ▶ 0.89 %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

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) Accumulated depreciation	(d) Book value
1a Land	0	1,605,921		1,605,921
b Buildings	0	56,328,421	26,128,689	30,199,732
c Leasehold improvements	0	3,791,799	2,837,789	954,010
d Equipment	0	8,852,164	7,166,049	1,686,115
e Other	0	241,813	0	241,813
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) ▶				34,687,591

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,815,261
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,653,206
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	162,055
4	Net unrealized gains (losses) on investments	4	1,178,608
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,384,988
9	Total adjustments (net) Add lines 4 - 8	9	-206,380
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-44,325

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	29,093,831
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,178,608
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	99,962
e	Add lines 2a through 2d	2e	1,278,570
3	Subtract line 2e from line 1	3	27,815,261
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	27,815,261

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	29,138,156
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	1,484,950
e	Add lines 2a through 2d	2e	1,484,950
3	Subtract line 2e from line 1	3	27,653,206
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,653,206

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE HELF BY GREENCROFT COMMUNITIES FOUNDATION, INC. FOR THE BENEFIT OF GREENCROFT RETIREMENT COMMUNITIES, INC. AND ITS AFFILIATED ORGANIZATIONS. GREENCROFT COMMUNITIES FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PERPETUAL SOURCE OF SUPPORT TO PROGRAMS SUPPORTED BY ITS ENDOWMENTS WHILE SEEKING TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS.
FIN 48 footnote	Schedule D, Part X, Line 2	U.S. GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL INCOME TAX OR STATE INCOME TAX. THE ORGANIZATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF INDIANA FOR THE LAST THREE YEARS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2010 AND 2009.
Other changes in net assets	Schedule D, Part XI, Line 8	TRANSFER TO AFFILIATE (GREENCROFT RETIREMENT COMMUNITIES) - -1384988, OTHER - 0, TOTAL - -1384988
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	RENTAL EXPENSES - 99962, OTHER - 0, TOTAL - 99962
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	TRANSFER TO AFFILIATE (GREENCROFT RETIREMENT COMMUNITIES) - 1384988, RENTAL EXPENSES - 99962, OTHER - 0, TOTAL - 1484950

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GREENCROFT GOSHEN INC

Employer identification number

35-1270709

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS		
Totals ►					

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GREENCROFT GOSHEN INC

Employer identification number
35-1270709

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
EVERENCE FINANCIAL	JIM ALVAREZ, A CURRENT BOARD MEMBER, IS THE SENIOR VICE PRESIDENT OF EVERENCE FINANCIAL	3,786,155	INSURANCE AND OTHER SERVICES PROVIDED BY EVERENCE FINANCIAL TO GREENCROFT GOSHEN		No

Additional Data

Software ID:
Software Version:
EIN: 35-1270709
Name: GREENCROFT GOSHEN INC

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization GREENCROFT GOSHEN INC	Employer identification number 35-1270709
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Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	THE ORGANIZATION PROVIDES MAINTENANCE, TELEPHONE, HOUSEKEEPING, RENTAL, AND DIETARY SERVICES TO ITS VARIOUS AFFILIATED ORGANIZATIONS

Identifier	Return Reference	Explanation
Delegation of management duties	Form 990, Part VI, Section A, Line 3	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.

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	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.

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, IS PRESENTED BY OUR TAX ADVISORS TO THE ORGANIZATION'S AUDIT COMMITTEE AT A REGULARLY SCHEDULED MEETING. A COPY OF THE FINAL DRAFT IS THEN PROVIDED TO EACH BOARD MEMBER 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.

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	BOARD MEMBERS AND OFFICERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTERESTS THEY MAY HAVE WITH THE ORGANIZATION. THE TREASURER 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.

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY GREENCROFT RETIREMENT COMMUNITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION. 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 REVIEWS 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 CONSULTANT DEVELOPED A SYSTEM WITH WAGE SCALES THAT USE THE MARKETPLACE AVERAGE FOR KEY POSITIONS AS THE BASE POINT FOR THE SCALES. THE WAGE 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 RETIREMENT COMMUNITIES (GRC) BOARD OF DIRECTORS. THE GREENCROFT GOSHEN (GG) BOARD REVIEWS THE COMPENSATION POLICIES ANNUALLY. THE GRC 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 2010, THIS POSITION WAS AT THE 61ST PERCENTILE OF THE RANGE FOR THIS POSITION IN BASE COMPENSATION AND AT THE 40TH PERCENTILE OF THE MARKET FOR THE VARIABLE PAY. COMPENSATION.

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SEE NARRATIVE FOR PART VI, SECTION B, LINE 15A

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	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
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES	FORM 990, PART VII, SECTION A	PATRICIA FORD, SECRETARY, DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION. SHE ALSO DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE FOLLOWING RELATED ORGANIZATIONS: GREENCROFT COMMUNITIES FOUNDATION, INC.; GREENCROFT CENTRAL MANOR, INC.; GREENCROFT MANOR II, INC.; GREENCROFT MANOR III, INC.; GREENCROFT MIDDLEBURY, INC.; GREENCROFT HOME HEALTH SERVICES, INC.; GREENCROFT MANAGEMENT, INC.; DALE SHENK, TREASURER, DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION. HE ALSO DEVOTES ONE HOUR PER WEEK TO THE FOLLOWING RELATED ORGANIZATIONS: GREENCROFT COMMUNITIES FOUNDATION, INC.; GREENCROFT CENTRAL MANOR, INC.; GREENCROFT MANOR II, INC.; GREENCROFT MANOR III, INC.; GREENCROFT MIDDLEBURY, INC.; GREENCROFT HOME HEALTH SERVICES, INC.; SOUTHFIELD VILLAGE, INC.; HAVEN HUBBARD HOMES, INC.; D/B/A HAMILTON GROVE WALNUT HILLS RETIREMENT COMMUNITIES, INC.; OAK GROVE CHRISTIAN RETIREMENT VILLAGE, INC.; GREENCROFT MANAGEMENT, INC.; SANDRA YODER, PRESIDENT, DEVOTES APPROXIMATELY TWO HOURS PER WEEK TO THE FOLLOWING RELATED TAX-EXEMPT ORGANIZATIONS: GREENCROFT RETIREMENT COMMUNITIES, INC.; GREENCROFT CENTRAL MANOR, INC.; GREENCROFT MANOR II, INC.; GREENCROFT MANOR III, INC.; VARIOUS BOARD MEMBERS ALSO CONTRIBUTE TIME TO OTHER RELATED ORGANIZATIONS REPORTED IN SCHEDULE R.

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) 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 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, - INDIGENT CARE - SERVICES TO THE VERY POOR NOT REIMBURSED BY OTHER SOURCES, AND - UNREIMBURSED SERVICES FROM THIRD PARTY PAYERS, SUCH AS MEDICARE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GREENCROFT GOSHEN INC

Employer identification number
35-1270709

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
GREENCROFT MANAGEMENT INC PO BOX 819 GOSHEN, IN46527 27-0259652	MANAGEMENT	IN	GREENCROFT RETIREMENT COMMUNITIES INC	C CORPORATION	0	0	0 %

Part V

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

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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

Yes

No

No

Yes

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	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

Software ID: 09000329

Software Version: v2009.2.0

EIN: 35-1270709

Name: GREENCROFT GOSHEN INC

Form 990, Schedule R, 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 501(c)(3))	(f) Direct Controlling Entity
GREENCROFT RETIREMENT COMMUNITIES INC PO BOX 819 GOSHEN, IN46527 30-0036587	MANAGEMENT	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT CENTRAL MANOR INC PO BOX 819 GOSHEN, IN46527 35-6047318	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MANOR II INC PO BOX 819 GOSHEN, IN46527 35-1377430	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MANOR III INC PO BOX 819 GOSHEN, IN46527 35-1431475	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MIDDLEBURY INC PO BOX 819 GOSHEN, IN46527 30-0036865	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT COMMUNITIES FOUNDATION INC PO BOX 819 GOSHEN, IN46527 23-7126990	FUNDRAISING	IN	501(C)(3)	7	GREENCROFT RETIREMENT COMMUNITIES INC
HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-0870110	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
OAK GROVE CHRISTIAN RETIREMENT VILLAGE INC 221 WEST DIVISION ROAD DEMOTTE, IN46310 35-1986767	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
SOUTHFIELD VILLAGE INC 6450 MIAMI CIRCLE SOUTH BEND, IN46614 35-1866553	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
WALNUT HILLS RETIREMENT COMMUNITIES INC PO BOX 129 WALNUT CREEK, OH44687 35-1317338	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT HOME HEALTH SERVICE INC PO BOX 819 GOSHEN, IN46527 35-1606010	HOME HEALTH	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
HAMILTON FOUNDATION INC 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-1764275	FUNDRAISING	IN	501(C)(3)	11 - Type I	HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE