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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 $ 30,029,712

F Name and address of principal officer
SANDRA YODER
1721 GREENCROFT BLVD
GOSHEN,IN 46526

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GREENCROFT ORG

K Form 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, AND SKILLED NURSING CARE CHARITY CARE FOR FYE JUNE 30, 2011 AMOUNTED TO $3,723,709

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	645
6	Total number of volunteers (estimate if necessary)	**6**	238
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	110,760
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-17,692

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	225,638	520,666
9	Program service revenue (Part VIII, line 2g)	27,074,283	26,385,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-93,525	414,716
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	608,865	1,980,291
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,815,261	29,301,126

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	171,017	580,181
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)	14,627,599	14,619,639
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)	12,854,590	12,542,494
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,653,206	27,742,314
19	Revenue less expenses Subtract line 18 from line 12	162,055	1,558,812

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	59,805,485	61,159,079
21	Total liabilities (Part X, line 26)	68,554,761	66,969,624
22	Net assets or fund balances Subtract line 21 from line 20	-8,749,276	-5,810,545

Part II Signature Block

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

Sign Here

****** | 2012-05-02
Signature of officer | Date

DALE SHENK TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ PLANTE & MORAN PLLC				Firm's EIN ▶
Firm's address ▶ PO BOX 307 SOUTHFIELD, MI 480370307				Phone no ▶ (248) 352-2500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 THE ORGANIZATION PROVIDES MAINTENANCE, TELEPHONE, HOUSEKEEPING, RENTAL AND DIETARY SERVICES TO ITS VARIOUS AFFILIATED ORGANZATIONS

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 $ 13,974,166 including grants of $) (Revenue $ 17,695,791)

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 PHYSICIANS 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, 2011 OVER 13% OF TOTAL REVENUES WERE USED TO PROVIDE COMMUNITY BENEFITS, WHICH INCLUDES THE FOLLOWING AMOUNTS, INDIGENT CARE/CHARITY CARE - $3,559,310, REDUCED/FREE CARE/USE OF FACILITIES - $84,708, MEDICARE WRITE-OFFS - $79,691, AND VOLUNTEERS HOURS (VALUED AT $118,004)

4b (Code) (Expenses $ 6,992,652 including grants of $) (Revenue $ 7,156,102)

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 PROVIDES CCRC SERVICES INCLUDING INDEPENDENT LIVING, ASSISTED LIVING, SKILLED NURSING, ADULT DAY PROGRAMS, SENIOR CENTER PROGRAMS, AND HOME CARE SERVICES EVERGREEN PLACE PROVIDES GG RESIDENTS WITH A VITAL OPTION IN THE CONTINUUM OF CARE IF AND WHEN THEY SHOULD NEED ASSISTANCE SERVICES ASSISTED LIVING VACANCIES NOT FILLED BY GG 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 THEGREENCROFT COMMUNITY FOUNDATION IF THEIR ASSETS RUN OUT GG IS IN AN ACTIVE 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 $ 932,921 including grants of $ 0) (Revenue $ 431,289)

DIETARY AND OTHER SERVICES - THE ORGANIZATION PROVIDES DIETARY AND OTHER MISCELLANEOUS PROGRAM SERVICES TO ITS RESIDENTS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,328,567 including grants of $ 580,181) (Revenue $ 995,667)

4e **Total program service expenses** ▶ $ 23,228,306

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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
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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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 sections 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
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**	
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**	645		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

☐ 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BYRON SHETLER CHAIR	1 00	X		X				0	0	0
(2) JIM ALVAREZ VICE CHAIR	1 00	X		X				0	0	0
(3) FRAN WENGER BOARD MEMBER	1 00	X						0	0	0
(4) REX HOCHSTEDLER BOARD MEMBER	1 00	X						0	0	0
(5) JEFF FRANTZ BOARD MEMBER	1 00	X						0	0	0
(6) LUKE BIRKY BOARD MEMBER	1 00	X						0	0	0
(7) VICKY KIRKTON BOARD MEMBER	1 00	X						0	0	0
(8) STEVE PETTIT BOARD MEMBER	1 00	X						0	0	0
(9) RAY HELMUTH BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
(10) RITA GINGRICH BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
(11) DALE SHENK TREASURER	1 00			X				0	106,750	27,761
(12) SANDRA YODER PRESIDENT	40 00			X				0	118,941	33,642
(13) PATRICIA FORD SECRETARY	1 00			X				0	48,692	12,027

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	274,383	73,430

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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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	MANAGMENT AND CORPORATE SERVICES	2,360,807
HEALTHCARE THERAPY SERVICES 1411 W COUNTY LINE RD SUITE A GREENWOOD, IN 46142	THERAPY SERVICES	1,284,690

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					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	517,409				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,257				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		520,666			
Program Service Revenue		Business Code				
	2a NURSING SERVICES	623000	17,695,791	17,695,791		
	b RESIDENT SERVICES	623000	7,156,102	7,156,102		
	c AFFILIATE SUPPORT	623000	995,667	995,667		
	d DIETARY SERVICES	722320	537,893	431,289	106,604	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		26,385,453			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		645,523			645,523
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	157,168				
	b Less rental expenses	97,779				
	c Rental income or (loss)	59,389				
	d Net rental income or (loss) . . . . . ▶		59,389		4,156	55,233
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	400,000				
	b Less cost or other basis and sales expenses	471,732	159,075			
	c Gain or (loss)	-71,732	-159,075			
	d Net gain or (loss) . . . . . ▶		-230,807			-230,807
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	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 . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MEDICAL INSURANCE	623000	1,154,247			1,154,247
	b HOUSEKEEPING	812900	177,219			177,219
	c TENANT CHARGES	812900	130,213			130,213
	d All other revenue		459,223			459,223
	e **Total.** Add lines 11a–11d . . . . . ▶		1,920,902			
	12 **Total revenue.** See Instructions . . . ▶		29,301,126	26,278,849	110,760	2,390,851

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	580,181	580,181		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,777,514	9,576,086	1,201,428	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	418,161	371,546	46,615	
9 Other employee benefits	2,622,904	2,330,515	292,389	
10 Payroll taxes	801,060	711,761	89,299	
a Fees for services (non-employees) Management	1,382,806		1,382,806	
b Legal	28,011		28,011	
c Accounting	55,658		55,658	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	2,370,666	1,373,729	996,937	
12 Advertising and promotion	10,737	8,590	2,147	
13 Office expenses	1,557,603	1,432,995	124,608	
14 Information technology				
15 Royalties				
16 Occupancy	1,387,652	1,387,652		
17 Travel	17,549	13,337	4,212	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,987,345	1,987,345		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,306,392	2,306,392		
23 Insurance	110,766	110,766		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DIETARY EXPENSES	934,796	934,796		
b TOURS EXPENSE	99,944		99,944	
c DUES & SUBSCRIPTIONS	56,402	5,640	50,762	
d PROF DEVELOPMENT	42,801	29,533	13,268	
e BAD DEBT EXPENSE	8,016	8,016		
f All other expenses	185,350	59,426	125,924	
25 **Total functional expenses.** Add lines 1 through 24f	27,742,314	23,228,306	4,514,008	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		2,580	1	2,800
	2	Savings and temporary cash investments		3,135,836	2	2,405,469
	3	Pledges and grants receivable, net		0	3	
	4	Accounts receivable, net		1,781,471	4	1,767,444
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		120,690	8	127,562
	9	Prepaid expenses and deferred charges		225,166	9	208,013
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 71,879,922			
	b	Less accumulated depreciation	10b 38,015,045	34,687,591	10c	33,864,877
	11	Investments—publicly traded securities		11,676,457	11	14,502,907
	12	Investments—other securities See Part IV, line 11		3,939,097	12	3,979,021
	13	Investments—program-related See Part IV, line 11		30,933	13	35,054
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,205,664	15	4,265,932
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		59,805,485	16	61,159,079
Liabilities	17	Accounts payable and accrued expenses		1,916,927	17	1,899,227
	18	Grants payable		0	18	
	19	Deferred revenue		7,364,528	19	7,936,915
	20	Tax-exempt bond liabilities		41,595,012	20	40,520,948
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		17,678,294	25	16,612,534
	26	**Total liabilities.** Add lines 17 through 25		68,554,761	26	66,969,624
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		-8,480,771	27	-5,554,657
	28	Temporarily restricted net assets		-268,505	28	-255,888
	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		-8,749,276	33	-5,810,545
	34	Total liabilities and net assets/fund balances		59,805,485	34	61,159,079

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	29,301,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,742,314
3	Revenue less expenses Subtract line 2 from line 1	3	1,558,812
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-8,749,276
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,379,919
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-5,810,545

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ 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?	3a		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 . .	3b		

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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

2010

Open to Public Inspection

Name of the organization
GREENCROFT 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 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).**

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?

	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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	339,576	283,485	232,636	225,638	520,666	1,602,001
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	25,168,067	26,700,107	27,761,764	26,527,372	26,385,453	132,542,763
3 Gross receipts from activities that are not an unrelated trade or business under section 513		565,393	499,098	895,566	1,461,679	3,421,736
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 through 5	25,507,643	27,548,985	28,493,498	27,648,576	28,367,798	137,566,500
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						137,566,500

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,507,643	27,548,985	28,493,498	27,648,576	28,367,798	137,566,500
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,136,446	1,067,223	986,618	896,041	798,535	4,884,863
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					110,760	110,760
c Add lines 10a and 10b	1,136,446	1,067,223	986,618	896,041	909,295	4,995,623
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	746,880	332,847	150,710	49,761	459,223	1,739,421
13 **Total support** (Add lines 9, 10c, 11 and 12)	27,390,969	28,949,055	29,630,826	28,594,378	29,736,316	144,301,544

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	95 330 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	94 580 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	3 460 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	4 390 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,328,567 including grants of $ 580,181) (Revenue $ 995,667)

THE ORGANIZATION PROVIDES MAINTENANCE, TELEPHONE, HOUSEKEEPING, RENTAL, AND DIETARY SERVICES TO VARIOUS AFFILIATED ORGANIZATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ 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 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

		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	5,858,445	5,560,658	6,553,674		
b	Contributions	226,740	37,368	285,623		
c	Investment earnings or losses	982,985	330,181	-1,119,343		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	99,184	69,762	159,296		
f	Administrative expenses					
g	End of year balance	6,968,986	5,858,445	5,560,658		

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

- a Board designated or quasi-endowment ▶ 63 620 %
- b Permanent endowment ▶ 32 220 %
- c Term endowment ▶ 4 160 %

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)		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		1,605,921		1,605,921
b Buildings		56,134,215	27,732,184	28,402,031
c Leasehold improvements		3,844,974	2,945,868	899,106
d Equipment		8,849,553	7,336,993	1,512,560
e Other		1,445,259		1,445,259
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				33,864,877

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	836,606	F
(B) FIXED INCOME (GIC) FUNDS	3,142,415	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,979,021	

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,265,932

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES - GREENCROFT RETIREMENT COMMUNITIES	155,845
DUE TO AFFILIATES - GREENCROFT COMMUNITIES FOUNDATION	3,165
DUE TO AFFILIATES - GREENCROFT MANOR II	44
DUE TO AFFILIATES - GREENCROFT MANOR III	60
ACCRUED INTEREST PAYABLE	634,451
LIFE LEASE NOTES PAYABLE	15,818,969
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	16,612,534

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	29,301,126
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,742,314
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,558,812
4	Net unrealized gains (losses) on investments	4	1,379,919
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,379,919
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,938,731

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	30,778,824
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,379,919		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	97,779		
e	Add lines **2a** through **2d**			2e	1,477,698
3	Subtract line **2e** from line **1**			3	29,301,126
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	29,301,126

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

1	Total expenses and losses per audited financial statements			1	27,840,093
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	97,779		
e	Add lines **2a** through **2d**			2e	97,779
3	Subtract line **2e** from line **1**			3	27,742,314
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	27,742,314

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 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE HELD BY GREENCROFT COMMUNITIES FOUNDATION INC FOR THE BENEFIT OF GREENCROFT GOSHEN THE FUNDS MAY ALSO BENEFIT RELATED ORGANIZATIONS MANOR II, MANOR III AND CENTRAL MANOR, BUT THERE IS NOT A DIRECT OBLIGATION TO THESE THREE ORGANIZATIONS SO THE FUNDS ARE NOT CONSIDERED AS HELD FOR THEIR BENEFIT
PART XII, LINE 2D - OTHER ADJUSTMENTS		LESS RENTAL EXPENSES REPORTED ON LINE 6B 97,779
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LESS RENTAL EXPENSES REPORTED ON LINE 6B 97,779

Additional Data

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
DUE FROM AFFILIATE - GREENCROFT MIDDLEBURY (LONG-TERM)	2,000,000
DUE FROM AFFILIATE - GREENCROFT CENTRAL MANOR (LONG-TERM)	603,452
DUE FROM AFFILIATE - GREENCROFT MANOR II	6,545
DUE FROM AFFILIATE - GREENCROFT MANOR III	205,340
DUE FROM AFFILIATE - GREENCROFT MANAGEMENT INC	1,420
DUE FROM AFFILIATE - GREENCROFT CENTRAL MANOR	7,643
DUE FROM AFFILIATE - GREENCROFT MIDDLEBURY	351
DUE FROM AFFILIATE - GREENCROFT COMMUNITIES FOUNDATION	571
DUE FROM AFFILIATE - GREENCROFT RETIREMENT COMMUNITIES	13,595
DEFERRED FINANCING COSTS	759,760
RESIDENT CONTRACTS IN PROCESS OF SETTLEMENT	667,255

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

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 grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS		836,606
3a Sub-total	0	0			836,606
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			836,606

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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 Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

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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 United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) GREENCROFT COMMUNITIES FOUNDATION INCPO BOX 819 GOSHEN,IN 46527	23-7126990	IRC SEC 501(C)(3)	204,214		N/A	N/A	TO SUPPORT OPERATIONS
(2) GREENCROFT MIDDLEBURYINCPO BOX 819 GOSHEN,IN 46527	30-0036865	IRC SEC 501(C)(3)		349,466	COST BASIS	TRANSFER OF SENIOR CENTER	TO SUPPORT OPERATIONS

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

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

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.

(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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CONTRIBUTIONS MADE ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE DONEE ORGANIZATION SEES FIT TO FURTHER ITS TAX-EXEMPT PURPOSE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENCROFT GOSHEN INC

Employer identification number
35-1270709

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SANDRA YODER	(i)	0	0	0	0	0	0	0
	(ii)	110,734	8,145	62	22,614	11,028	152,583	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I THIS ENTITY RELIED ON A RELATED ORGANIZATION THAT USED THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR THE PRESIDENT/CEO 1 INDEPENDENT COMPENSATION CONSULTANT 2 FORM 990 OF OTHER ORGANIZATIONS 3 WRITTEN EMPLOYMENT CONTRACT 4 COMPENSATION SURVEY OR STUDY 5 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE 6 COMPENSATION COMMITTEE

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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

2010

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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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
(1) EVERENCE FINANCIAL	JIM ALVAREZ, CURRENT BOARD MEMBER, IS THE SENIOR VICE PRESIDENT OF EVERENCE	682,080	INSURANCE AND OTHER SERVICES PROVIDED BY EVERENCE FINANCIAL TO GREENCROFT GOSHEN		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENCROFT GOSHEN INC

Employer identification number
35-1270709

Identifier	Return Reference	Explanation
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 2012, AND IS RENEWABLE ANNUALLY FOR ADDITIONAL ONE YEAR PERIODS

Identifier	Return Reference	Explanation
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 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
FORM 990, PART VI, SECTION A, LINE 7A		SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		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 THE FORM

Identifier	Return Reference	Explanation
	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
	FORM 990, PART VI, SECTION B, LINE 15	GREENCROFT GOSHEN, CENTRAL MANOR, MANOR II AND MANOR III'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 2011 THIS POSITION WAS AT THE 84TH PERCENTILE OF THE RANGE FOR THIS POSITION IN BASE COMPENSATION AND AT THE 45TH PERCENTILE OF THE MARKET FOR THE VARIABLE PAY COMPENSATION THIS EXCERCISE WAS LAST PERFORMED IN FISCAL YEAR 2011

Identifier	Return Reference	Explanation
	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
	FORM 990, PART VII, SECTION A	DALE SHENK, TREASURER, DEVOTE APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES, INC , A RELATED TAX-EXEMPT ORGANIZATION HE ALSO DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE FOLLOWING RELATED ORGANIZATIONS CHICAGO TRAIL VILLAGE, INC 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 HAMILTON FOUNDATION WALNUT HILLS RETIREMENT COMMUNITIES, INC OAK GROVE CHRISTIAN RETIREMENT VILLAGE, INC GREENCROFT MANAGEMENT, INC PATRICIA FORD, SECRETARY, DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES, INC , A RELATED TAX-EXEMPT ORGANIZATION SHE ALSO DEVOTE 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 SANDRA YODER, PRESIDENT - DEVOTES APPROXIMATELY 2 HOURS PER WEEK TO THE FOLLOWING RELATED ORGANIZATIONS GREENCROFT RETIREMENT COMMUNITIES, INC GREENCROFT CENTRAL MANOR, INC GREENCROFT MANOR II, INC GREENCROFT MANORIII, INC VARIOUS BOARD MEMBERS ALSO CONTRIBUTE TIME TO OTHER RELATED ORGANIZATIONS REPORTED IN SCHEDULE R

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,379,919

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) GREENCROFT MANAGEMENT INC PO BOX 819 GOSHEN, IN46527 27-0259652	MANAGEMENT SERVICES	IN	N/A	C			

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

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**	**Yes**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
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**	**Yes**
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**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
GREENCROFT COMMUNITIES FOUNDATION INC PO BOX 819 GOSHEN, IN46527 23-7126990	FUNDRAISING	IN	501(C)(3)	LINE 7	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT MANOR III INC PO BOX 819 GOSHEN, IN46527 35-1431475	HOUSING	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT MANOR II INC PO BOX 819 GOSHEN, IN46527 35-1377430	HOUSING	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT MIDDLEBURY INC PO BOX 819 GOSHEN, IN46527 30-0036865	HOUSING	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT RETIREMENT COMMUNITIES INC PO BOX 819 GOSHEN, IN46527 30-0036587	MANAGEMENT	IN	501(C)(3)	LINE 9	N/A		No
HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-0870110	HEALTHCARE	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
OAK GROVE CHRISTIAN RETIREMENT VILLAGE INC 221 WEST DIVISION ROAD DEMOTTE, IN46310 35-1986767	HEALTHCARE	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
SOUTHFIELD VILLAGE INC 6450 MIAMI CIRCLE SOUTH BEND, IN46614 35-1866553	HEALTHCARE	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
WALNUT HILLS RETIREMENT COMMUNITIES INC PO BOX 129 WALNUT CREEK, OH44687 35-1317338	HEALTHCARE	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT HOME HEALTH SERVICES INC PO BOX 819 GOSHEN, IN46527 35-1606010	HOME HEALTH	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
GREENCROFT CENTRAL MANOR INC PO BOX 819 GOSHEN, IN46527 35-6047318	HOUSING	IN	501(C)(3)	LINE 9	GREENCROFT RETIREMENT COMMUNITIES INC	Yes	
HAMILTON FOUNDATION INC 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-1764275	FUNDRAISING	IN	501(C)(3)	LINE 11A, I	HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE	Yes	

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHICAGO TRAIL VILLAGE INC 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 31-0990629	HOUSING	IN	501(C)(3)	LINE 9	HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE	Yes	
MENNONITE HEALTH SERVICES 234 S MAIN STREET SUITE A GOSHEN, IN46526 23-1421919	HEALTHCARE	IN	501(C)(3)	LINE 9	N/A		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	GREENCROFT RETIREMENT COMMUNITIES INC	L	2,360,807	ACTUAL COSTS INCURRED
(2)	GREENCROFT MANOR II INC	K	356,620	ACTUAL COSTS INCURRED
(3)	GREENCROFT MANOR III INC	K	183,944	ACTUAL COSTS INCURRED
(4)	GREENCROFT CENTRAL MANOR INC	K	102,000	ACTUAL COSTS INCURRED
(5)	GREENCROFT MIDDLEBURY INC	K	81,872	ACTUAL COSTS INCURRED
(6)	GREENCROFT COMMUNITIES FOUNDATION INC	C	457,607	CASH VALUE
(7)	GREENCROFT COMMUNITIES FOUNDATION INC	B	204,214	CASH VALUE
(8)	GREENCROFT MIDDLEBURY INC	B	349,466	COST BASIS
(9)	GREENCROFT MIDDLEBURY INC	D	2,000,000	CASH VALUE
(10)	GREENCROFT CENTRAL MANOR INC	D	859,340	CASH VALUE
(11)	GREENCROFT MANOR III INC	D	200,000	CASH VALUE
(12)	GREENCROFT CENTRAL MANOR INC	Q	255,888	ACTUAL COSTS INCURRED