Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

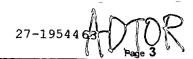
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For ti	ne 2017		and ending		, 20
_			C Name of organization GREENCAST'LE OF ALLERTON		D Employer identific	cation number
В	Check if	appācabie	C/O EMBRACE LIVING COMMUNITIES		27-19544	63
Г	Add	ress	Doing business as		7	
	7	ne change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Inite	alreturn .	1900 SPRING ROAD	STE 300	(630) 521-	8701
	Fina	l return/	City or town, state or province, country, and ZIP or foreign postal code		1	
	Ame	nded	OAK BROOK, IL 60523-1480		G Gross receipts \$	216,236.
-		lication	F Name and address of principal officer ANNE M. OLIVA		H(a) is this a group ref	
L.	pen	ding .	1900 SPRING ROAD STE 300 OAK BROOK, IL 605	23-1480	cubardinator?	F-1 F-1
	Tay	xempt sta			, -	a list (see instructions)
÷			atus X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) WWW.EMBRACELIVING.ORG	or 1 125%)	-{	
<u>-</u> -				-1	H(c) Group exemption	
ì				L Year of forma	ation 2011 M State	e of legal domicile 111
F	art I		mmary mo ppe	NITON ACMIN	DIV ACTNC AF	ATT MO
	1		describe the organization's mission or most significant activities TO PRO			OULTS
Governance		AF F	ORDABLE, WELCOMING HOMES IN COMMUNITIES THAT	EMBRACE LI	VING.	
'n	1					
, se	2		this box If the organization discontinued its operations or dispose			
		Numbe	er of voting members of the governing body (Part VI, line 1a)	ECEMEN	3	7.
Activities &	4	Numbe	er of independent voting members of the governing body (Part V), line 1b) $\frac{\sqrt{1}}{2}$		4	6.
itie	5	Total r	number of individuals employed in calendar year 2017 (Part V, line 2a)		. 9	0.
훓	6	Total r	number of volunteers (estimate if necessary)	PR \$.0 2018.	. 9	3.
ď	7a	Total u	inrelated business revenue from Part VIII, column (C), line 12		. 05 7a	0.
	b	Net un	related business taxable income from Form 990-T, line 34	DEN UT	7b	
					Prior Year	Current Year
63	8	Contril	outions and grants (Part VIII, line 1h)		0.	0.
Revenue	9		m service revenue (Part VIII, line 2g)		204,359.	213,301.
Š	10		nent income (Part VIII, column (A), lines 3, 4, and 7d).		-1,144.	198.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44.	2,737.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		203,259.	216,236.
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		is paid to or for members (Part IX, column (A), line 4)	,———	0.	0.
(0			s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,201.	111,087.
Expenses	162		sional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	, o		undraising expenses (Part IX, column (D), line 25) ▶		* * 1	, 443年至10年
ŭ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		333,628.	200,952.
	i		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		401,829.	312,039.
	140		ue less expenses. Subtract line 18 from line 12.	• • • • • • • • • • • • • • • • • • • •	-198,570.	-95,803.
58	19	Nevent	te less expenses. Subtract mile to from the 12	Begin	ning of Current Year	End of Year
arc	20 21 22	Total	poets (Dod V. line 46)	1-03	2,624,357.	2,504,641.
Bal	24		ssets (Part X, line 16)	• • • • • • • • • • • • • • • • • • • •	41,690.	17,777.
를	22		abilities (Part X, line 26)	· · · · · ·	2,582,667.	2,486,864.
21	rt II		sets or fund balances. Subtract line 21 from line 20		2,302,007.	2,400,004.
			perjury, I declare that I have examined this return, including accompanying scheduling	as and statements a	and to the best of my	conductor and hallof it is
true	, corre	ct, and c	omplete Declaration of preparer (other than officer) is based on all information of which	h preparer has any ki	nowledge	(nowledge and pelier, it is
		١.	C 1100°		11/2/1/	10
Sig	n	š	ignature of officer		Date	'0
Hei			ANNE M. BLIVA ENPICES	1	Daic	
		7	ype or print name and title	<i></i>		
		<u> </u>	ype preparer's name Preparer's signature/	Date/		PTIN
Paid	ı	1	N A SCHAEFER KOAA (School)	3/35/100	[Cueck [] "]	n
Pres	oarer	 		13/15/10	self-employed	P00545171
Use	Only	Firm's i			Firm's EIN ► 36-3	
Mar	, the		address >3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091		Phone no 847-	853-1234
			ccuss this return with the preparer shown above? (see instructions).		 	. X Yes No
or	rapei	work R	eduction Act Notice, see the separate instructions.			Form 990 (2017)
3SA						443
7E10	10 1 00	n				.)

GREENCASTLE OF ALLERTON

or	m 990 ₉ 2017) Page
P	art III Statement of Program Service Accomplishments
	Check If Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE, WELCOMING HOMES IN
	COMMUNITIES THAT EMBRACE LIVING.
	COMMONITIES THAT ELECTION
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE, WELCOMING HOMES IN
	COMMUNITIES THAT EMBRACE LIVING.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1.1	Other program services (Describe in Schedule O)
	Expenses \$ including grants of \$) (Revenue \$)
	Fotal program service expenses ► 259,416.
SA	000
£10	101000 Form 990 (2017 3190MO 2873 3/21/2018 9:41:03 AM V 17-3.4F 13802 PAGE
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Par	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,"	1.	,,	.
_	complete Schedule A		<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		j	, v
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1.	1	,,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	 	X
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,	1_	1	
	Part III.	5	 	↓ —
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors]	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_	1	
-	"Yes," complete Schedule D, Part I	6	┼	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	├	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
9	Complete Schedule D, Part III	8	 	├ ^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	{	1	1
	debt negotiation services? If "Yes," complete Schedule D, Part IV		}	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	 	^
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	140	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	The second	Mig g Cole
• •	VII, VIII, IX, or X as applicable.		4.5	
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	PERM	74-3644	HANG .
-	complete Schedule D, Part VI	11a	X	1
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	х
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		х
	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	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional.	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}	}	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		j	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	j		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-	ļ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	v
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
		Form 9	9 90 (2017)

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	[ľ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		ļ
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	}		
	employees? If "Yes," complete Schedule J	23	Х	}
24 a	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			
		24a	l	х
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	- {	х
b				
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ŀ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		j	Х
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any]	j	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	ł	Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	_	į.	х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3K, 2		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		·	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		j	Х
	Schedule L, Part IV.	28b	\dashv	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	[- 1	х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	\dashv	$\frac{\Lambda}{X}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- {	v
•	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_	1	х
	Part I	31		_^_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		j	v
	complete Schedule N, Part II	32	}	<u>_x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	_X	
35 a	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- 1	- 1	
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	{		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		O	90 /2	0471

Page 5

	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·	···	. :
			Yes	\downarrow
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1/2		1
			١	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10	┼	+
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	18		1
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	^{(*}	x	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	1
2 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	' l .		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	· }	1	1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		
b	If "Yes," enter the name of the foreign country ▶	15 1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	31,00		į
	(FBAR)	3		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
3	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
3	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 as charitable contributions?	6a		•
0	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
;	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822	7c		
ı	required to file Form 8282?			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3 6	,s	ı
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	1.72	٠ <u>٩</u> ١	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
)	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	\$ 持。	٠,	
	Initiation fees and capital contributions included on Part VIII, line 12	1 in	7, 3	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7.7%	•	
	Section 501(c)(12) organizations. Enter	10 F 3	17	
	Gross income from members or shareholders) 'E'	, ,	
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	12a	· · ′	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	= \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		•
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	3 ** 1	•
	Note. See the instructions for additional information the organization must report on Schedule O		·	
	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		٠.	
	Enter the amount of reserves on hand	, , , , , ,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	T	
_	199, Habit med a Form 120 to report these payments: If 140, provide an explanation in Schedule O		990 (۰

_e Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C) See i	nstruc	ctions
	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	···	X
Sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year	7	103	+
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	-f' .:'	ŀ	
	if the governing body delegated broad authority to an executive committee or similar		ľ	1
	committee, explain in Schedule O	4	1	
_	Enter the humber of voting members modeled in line rat, above, who are independent	- [1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
	any other officer, director, trustee, or key employee?	2	+	 ^- -
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	$ _{\mathbf{x}}$
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	╁	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	├	$\frac{1}{X}$
6	Did the organization have members or stockholders?	6	├	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1	J
	one or more members of the governing body?	7a	 	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1 .		
	the year by the following	1		1
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
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	<u>ـــــ</u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		- No
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	:		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		1,7	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	r	}	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	·	v
a	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-	.' I	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		. }	v
_	with a taxable entity during the year?	16a		<u>x</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1:	1	
inc4i	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL,			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public users at an applicable provided the second and section and section and section and section and section are section as a section and section are section and section and section and section and section and section are section and section and section are section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain in Schedule O)			
	formal board board of the state			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest p	olicy,	and
_	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record EMBRACE LIVING COMMUNITIES 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523 630-521-8701	is 🕨		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

Check this box it fleither the digamization	1	1					-	T T T T T T T T T T T T T T T T T T T	T	
(A)	(B)	}	(C) Position					(D)	(E)	(F)
Name and Title	Average	(do i	not c	heck	c mor	e than d	one	Reportable	Reportable	Estimated
	hours per	(is both		compensation	compensation from	amount of
	week (list any	office	erano		,	tor/trus		from	related	other
	hours for related organizations below dotted line)	1 14 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)REV. BONNIE CONDON	.20									
CHAIRMAN		X						0.	0.	0.
(2)TODD J. THORSON	.20				1					
DIRECTOR		Х			<u> </u>			0.	0.	0.
(3)REV. JESSE KNOX	.20									
DIRECTOR		Х						0.	0.	0.
(4)NICHOLE EDMONDS	.20				[
DIRECTOR		Х						0.	0.	0.
(5)NATHAN BRIGGS	.20									
DIRECTOR		X						0.	0.	0.
(6)MARK ENTWISTLE	.20									
DIRECTOR		Х						0.	0.	0.
(7)SUSAN A. SINDERSON	.20	- 1								
EXECUTIVE VP & SECRETARY				X	Х			0.	175,172.	55,217.
(8)ANNE M. OLIVA	.20	- 1	1			.			·	•
EXECUTIVE VP & CFO			_	Х	X			0.	164,252.	38,882.
(9)										
(10)			7							
(11)			\dashv							
(12)			\dashv	-			-			
(13)			_	_			_			
(14)										
	· · · · · · · · · · · · · · · · · · ·									

Ρ	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	npic	oye	es,	and	Hig	hest Compensat	ed Empl	oyees (continued)
	(A)	(B)			(C)			(D)	(E	•	(F)
	Name and title	Average	}		_	sition			Reportable	Repo		Estimated
		hours per week (list any	1 '				e than o		compensation	compensa rela		amount of other
		hours for	office	er an			tor/trus	tee)	the	organiz		compensation
		related	Individual trustee or director	ins	Officer	S S	当ま	Forme	organization	(W-2/109		from the
		organizations below dotted	dividual t	1	Ē	en en	bloy	T T T	(W-2/1099-MISC)	l		organization and related
		line)	학교	Institutional	į .	Key employee	Highest compensated employee		1			organizations
		1	- ist	2		8	npe			}		
		}	ď	trustee		}	nsat]	}	}		
				_	<u> </u>	_	8	L				
			1	}	1	Į	1	1	į			
			<u> </u>	_	<u> </u>			_				
]	}			}	}	}			•
			<u> </u>					<u> </u>				
					l	1	1	ĺ			į	
				_	<u> </u>	<u> </u>						
					}	}	}] i	Ì	
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			L				L					
											}	
												
											1	
]	
											l	
											}	
			}	}							}	
]	l								
1b	Sub-total							>	0.	339	,424.	94,099.
C	: Total from continuation sheets to Part VII, Se							▶[0.		0.	0.
0	Total (add lines 1b and 1c)			<u></u>		· · ·		▶	0.	339	,424.	94,099.
	Total number of individuals (including but not li	imited to th	iose l	ste	d at			rec	ceived more than \$	100,000	of	
	reportable compensation from the organization	•	0.									
												Yes No
3	Did the organization list any former office	er, director	r, or	tru	stee	e, k	ey e	mpl	oyee, or highest	compens	sated	
	employee on line 1a? If "Yes," complete Schedu.	le J for suc	h indi	vidu	ıal .			٠.				3 X
4	For any individual listed on line 1a, is the s	um of repo	ortabl	e c	omr	ens	sation	າລກ	d other compens	ation from	the	
•	organization and related organizations gre											
	ındıvıdual											4 X
5	Did any person listed on line 1a receive or a	accrue con	npens	atio	on fi	rom	any	unre	elated organizatio	n or indiv	idual	
	for services rendered to the organization? If "Yes	s," complete	Sch	edul	le J	for :	such p	oers	on			5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest comp	ensated in	depe	nde	nt c	onti	actor	s th	at received more	than \$10	0,000 of	;
	compensation from the organization Report co	mpensatio	n for	the	cal	enda	ar yea	ar er	nding with or with	n the org	anızatıon	's tax
	year.											
	(A)								(B)			(C)
	Name and business addr	ess							Description of ser	vices	Co	ompensation
2	Total number of independent contractors (ind	cluding but	not	lım	ited	to	those	e lis	ted above) who	received		
	more than \$100,000 in compensation from the	organizatio	on 🕨			0.	•					

⁵Pa	rt Vî							
	,	Check if Schedule O o	ontains a respo	nse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	b Membership dues						
Service Revenue	2a b	LOW INCOME HOUSING		Business Code 531110	213,301.	213,301.		
Program Servic	d e f	All other program service rev	venue		212 201			RECEIVANT AND
<u>å</u>	3 4 5	Investment income (in and other similar amounts). Income from investment of Royalties	cluding divider ATTACHMENT tax-exempt bond	rds, interest,	213,301. 198. 0.	198.		Barrana y v
	6a b c	Gross rents			0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(II) Other				
Other Revenue	d 8a	Net gain or (loss)	lising		0.			
Othe	b c 9a	Less. direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	bndraising events. activities		0.			
	ь с 10а	Less direct expenses Net income or (loss) from gi Gross sales of inventor returns and allowances	aming activities. pry, lessa		0.			
	b c	Less: cost of goods sold Net income or (loss) from sal Miscellaneous Revenue	es of inventory	Business Code	0.			
	11a b c	LAUNDRY AND VENDING All other revenue		531110	525. 2,212.	525. 2,212.		
JSA	e 12	Total Add lines 11a-11d Total revenue. See instruction	. .		2,737. 216,236.	216,236.		990 (2017)

Part IX² Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)						
	section 501(c)(3) and 501(c)(4) (organizations must com	plete all columns. <i>I</i>	All other organizations i	must complete colum	n (A)

<u>Se</u>	Ction 501(c)(3) and 501(c)(4) digatizations the				
	Check if Schedule O contains a res		ne in this Part IX	,	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Association of the second	Expenses
	and domestic governments. See Part IV, line 21	0.		A SECTION DESTRUCTION	
2	Grants and other assistance to domestic				
-	Individuals See Part IV, line 22	0.		A COLOR	
,	Grants and other assistance to foreign		 	N. M. S. L. N. Y	14.E. (14.6) Sept. 11. 11.
,	organizations, foreign governments, and foreign	}			
	individuals See Part IV, lines 15 and 16	0.			
4		0.		CAN THE VERY COMME	
			 	7.5	7 1 239 12 1 2 1 2 1 2 1 2 1 2
3	Compensation of current officers, directors,	0.			
	trustees, and key employees	ļ·		 	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				}
	persons described in section 4958(c)(3)(B)	0.	40.000	26 070	
	Other salaries and wages	76,182.	49,203.	26,979	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.	45.42.		ļ
9	Other employee benefits	26,575.	17,164.	9,411.	
10	Payroll taxes	8,330.	5,380.	2,950.	
11	Fees for services (non-employees)	}			
а	Management	17,520.	17,520.		
b	Legal	0.			
C	Accounting	13,276.	5,026.	8,250.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.		the second contract of the	
1	Investment management fees	0.	·	! !	
g	Other (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	585.	585.		
13	Office expenses	7,251.	5,538.	1,713.	
14	Information technology	5,765.	3,723.	2,042.	
15	Royalties	0.			
16	Occupancy	52,791.	52,791.		
17	Travel	989.	710.	279.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,716.	1,108.	608.	
20	Interest	3.	3.		
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	99,956.	99,956.		
23	Insurance	0.			
24	Other expenses Itemize expenses not covered	1 . 科	10 x 1	2. 金沙森北京	是高端度200mm
	above (List miscellaneous expenses in line 24e If	r. [新疆的是一种
	line 24e amount exceeds 10% of line 25, column				经验的
	(A) amount, list line 24e expenses on Schedule ()			14.16.2000 (1995)	表现 独立的主
	MISC. EXPENSES	527.	340.	187.	
	MISC. TAXES	227.	146.	81.	
c	OTHER RENTING EXPENSE	346.	223.	123.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	312,039.	259,416.	52,623.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				
ISA	10/10/1/11g GOT 30-2 (AGC 336-720)	0.			

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Ρ	art X	Balance Sheet				
		Check if Schedule O contains a response of	or note to any line in this F	Part X		X
	··			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		7,241	. 1	8,485.
	2	Savings and temporary cash investments		0	-	0.
	3	Pledges and grants receivable, net		0	1	0.
	4	Accounts receivable, net		0		0.
	5	Loans and other receivables from current and	former officers, directors,			
	1	trustees, key employees, and highest co			1	第二个 (本語·第二十二
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, . , , . , . ,	0	5	0.
(0	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	0.			
ë	7	Notes and loans receivable, net			7_	0.
Assets	8	Inventories for sale or use		0.	1	0.
•	9	Inventories for sale or use	ATCH 2	4,291.	9	4,708.
	10a	Land, buildings, and equipment cost or	1 1	a to the same	3.67	ALL T. 图像发展
			10a 2,935,468.		1	第一位,在"是"
	b	Less accumulated depreciation		2,386,733.		
	11	Investments - publicly traded securities			<u> </u>	0.
	12	Investments - other securities See Part IV, line 11				0.
	13	Investments - program-related See Part IV, line 11		1.5	0.	
	14	Intangible assets	0.	, , ,	0.	
	15	Other assets See Part IV, line 11		226,092. 2,624,357.		196,671. 2,504,641.
	16	Total assets. Add lines 1 through 15 (must equal		35,072.		10,882.
	17	Accounts payable and accrued expenses			0.	
	18 19	Grants payable			<u> </u>	0.
	20	Deferred revenue		0.	20	0.
	21	Facrow or custodial account hability. Complete Pa	bond liabilities			
G	22	Loans and other payables to current and for		0. 75.85.85.85.85.85.85.85.85.85.85.85.85.85	21	0.
Liabilities		trustees, key employees, highest compens	· •			
abil		disqualified persons. Complete Part II of Schedule		0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate		0.	23	0.
	24	Unsecured notes and loans payable to unrelated t		0.	24	0.
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lines	17-24) Complete Part X			
		of Schedule D				6,895.
	26	Total liabilities. Add lines 17 through 25		41,690.	26	17,777.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check here ▶ X and 34.			
lan		Unrestricted net assets		2,582,667.	27	2,486,864.
Ba	28	Temporarily restricted net assets		0.	28	0.
pur		Permanently restricted net assets		0.	29	0.
5		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.			3.3	
ets		Capital stock or trust principal, or current funds			30	
SS		Paid-in or capital surplus, or land, building, or equi			31	
Net Assets	32	Retained earnings, endowment, accumulated inco			32	
ž		Total net assets or fund balances		2,582,667.	33	2,486,864.
	34	Total liabilities and net assets/fund balances	<u></u>	2,624,357.	34	2,504,641.

GREENCASTLE OF ALLERTON

Form 9	90 (2017)				F	age 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			216,	236.
2	Total expenses (must equal Part IX, column (A), line 25)	2				039.
3	Revenue less expenses Subtract line 2 from line 1	3	<u></u>			803.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	582,	667.
5	Net unrealized gains (losses) on investments	5	Ĺ			0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		ŀ			
	33, column (B))	10		2,	486,	864.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
	L. L. L.		,		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				1	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	ın		1	, ·
	Schedule O		- 1		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	•		'
	reviewed on a separate basis, consolidated basis, or both			-	ļ	3,
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
þ	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a	•		ı.
	separate basis, consolidated basis, or both					Į.
	X Separate basis Consolidated basis Both consolidated and separate basis			,		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					x
	of the audit, review, or compilation of its financial statements and selection of an independent according			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	φlaın	in		٠,	r
_	Schedule O.		- 1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	ın	2-	х	
L	the Single Audit Act and OMB Circular A-133?		<u> </u> -	3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		1	3b	х	
	required about or about, explain why in ocheobic o and describe any steps taken to undergo such abo	113				(2017)
				1 01111	J J J	(2011)

JSA

SCHEDULE A (Form 990 or 990-EZ)

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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREENCASTLE OF ALLERTON

Employer identification number

C/O EMBRACE LIVING COMMUNITIES

27-1954463

Đ.	art I	Reason for Public Ch	arity Status (All	organizations must	comple	te this r	part) See instruction	e
		anization is not a private fo					 	<u>s.</u>
1		A church, convention of cl		<u>-</u>	•		•	
2		A school described in sec						
3	-	A hospital or a cooperative			•		• •	
4	-	A medical research organ		_		-		Will Enter the
7	<u> </u>	hospital's name, city, and		r conjunction with a ne	ospitai u	escribed	in section 170(b)(1)(A	y(m). Enter the
5		An organization operated		a college of univers	the Own	od or or	porated by a governm	antal unit described in
٠	L	section 170(b)(1)(A)(iv). (a conege of univers	ity Own	יט טו טו	berated by a governing	entar unit described in
6		A federal, state, or local g	•	arnmental unit docorib	ad in aa	stion 470	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
7	-	An organization that norm	_					om the general sublic
•		described in section 170(b			apport :	ioni a y	overnmentar unit or n	on the general public
8		A community trust describ		•	o Dort II	,		
9	\vdash	An agricultural research or					ed en nonconnation with a	land grant college
3	لـــا	or university or a non-land						
		•	-grant conege or a	griculture (see instruc	auns). c	inter the	mame, city, and state t	of the college of
10	X	An organization that norma	ally receives: (1) m	ore than 334/2 % of its	CURRO	t from a	antributions mamban	hin food and arose
,,	1	receipts from activities rela	ated to its exempt	functions - subject to	certain	exceptio	ns, and (2) no more tha	an 331/3 % of its
		support from gross investr	nent เกcome and เ	unrelated business tax	cable inc	ome (les	ss section 511 tax) from	n businesses
11		acquired by the organization An organization organized						
12	\vdash	An organization organized						corn, out the numbers
. ~	لـــا	of one or more publicly su						
		Check the box in lines 12a	• •				, ,, ,	
а		Type I A supporting org	=			-	•	
a	ــــا	the supported organization						
		_ supporting organization.				iajonty o	i the directors of truste	ees of the
h		Type II. A supporting org	-			n 14114h 141	a comparted executati	en(a) by baying
D	L	control or management						
		organization(s). You mus			me san	ie perso	ns that control of mar	lage the supported
•		Type III functionally inte	-		atad in a	onnoctic	on with and functions	the integrated with
٠	٠	_ its supported organization						ny integrated with,
d		Type III non-functionally		•		-	• •	tod organization(s)
•	<u> </u>	that is not functionally into						
		_ requirement (see instruct	-		•		•	an attentiveness
е		Check this box if the orga						I Type III
	L	functionally integrated, or						i, i jpc iii
f	Ent	er the number of supported	organizations				<i></i>	
g	Рго	vide the following information	on about the suppo	orted organization(s).				
	(i) Na	ime of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing	• • • • • •	other support (see
				anove (see manachoris))	Yes	Ment?	instructions)	instructions)
۸۱								
A)								
D۱								
B)					}			
C)								
~) 								
D)								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 2 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) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total contributions. grants. membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3..... The portion of total contributions by (other than person unit publicly governmental supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (c) 2015 (e) 2017 (f) Total Amounts from line 4. Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from Net income from unrelated business activities, whether or not the business, is regularly carried on Other income Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10 . . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here................... Section C. Computation of Public Support Percentage 14 15 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2017

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	0.	. o.		. o	. 0.	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		j	1			
	furnished in any activity that is related to the		}	,		1	
	organization's tax-exempt purpose	188,539.	192,346.	199,557.	202,097.	213,301.	995,840
3	Gross receipts from activities that are not an					 	
_	unrelated trade or business under section 513 .	2,864.	2,946.	2,736.	2,262.]	10,808
4	Tax revenues levied for the	 	2,210		3,202	 	20,000
•	organization's benefit and either paid to		1		:]]	
	or expended on its behalf				ļ	}	0
5	The value of services or facilities			 		 	
•	furnished by a governmental unit to the	}			1	}	
	organization without charge				į	1	
_	Total. Add lines 1 through 5	191,403.	105 202		204 250	212 221	1 225 542
6		191,403.	195,292.	202,293.	204,359.	213,301.	1,006,648
/ a	Amounts included on lines 1, 2, and 3					}	•
b	received from disqualified persons Amounts included on lines 2 and 3						0
	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
	Add lines 7a and 7b	U. 1 978	M. Salta C. Salta C.	7			0
8	Public support. (Subtract line 7c from					*	
			Colored for the second	Haring Language			1,006,648
	tion B. Total Support	(2) 2012	(b) 2014	(1) 2045	44) 2040	(1) 2047	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	191,403.	195,292.	202,293.	204,359.	213,301.	1,006,648
TU a	Gross income from interest, dividends,	}				}	
	rents, royalties, and income from similar		į			1	
_	sources	286.	207.	205.	206.	198.	1,102
þ	Unrelated business taxable income (less		}			Ì	
	section 511 taxes) from businesses		ł	į		1	
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	286.	207.	205.	206.	198.	1,102
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on						0.
12	Other income Do not include gain or	į		}	ł	[
	loss from the sale of capital assets	1		}	1		
	(Explain in Part VI) ATCH 1	60.	232.	10.	44.	2,737.	3,083.
13	Total support. (Add lines 9, 10c, 11,	}	1	}	{	İ	
	and 12)	191,749.	195,731.	202,508.	204,609.	216,236.	1,010,833.
14	First five years. If the Form 990 is for	or the organizati	ion's first, secor	d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3)
	organization, check this box and stop here.				<u> </u>	<u></u>	<u></u> ▶
Sect	ion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,					15	99.59%
16	Public support percentage from 2016 Sche			<u></u>	<u> </u>	16	99.96%
Sect	ion D. Computation of Investment	Income Perce	entage				
17	Investment income percentage for 2017 (lin	ie 10c, column (f)) divided by line 13	3, column (f))		17	.11%
18	Investment income percentage from 2016 S	Schedule A, Part II	II, line 17		[18	.03%
19 a	331/3% support tests - 2017. If the org	anization did not	t check the box	on line 14, and	line 15 is more	than 331/3 %, an	d line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly s	upported organiza	ation . ➤ X
	331/3% support tests - 2016. If the organ						
	line 18 is not more than 331/3 %, check						
	Private foundation. If the organization of						
SA	1 000			<u> </u>		hedule A (Form 990	
	3190MO 2873 3/21/2018 9:	:41:03 AM	V 17-3.4F	13	3802		PAGE 1
							_

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.					

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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0	10b	*	7,7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		· ·
' instructions. All other Type III non-functionally integrated supporting organi	ızatıor	is must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		ļ	(Optional)
1 Net short-term capital gain	1	 	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		}
4 Add lines 1 through 3	4		ļ
5 Depreciation and depletion	5	ļ	
6 Portion of operating expenses paid or incurred for production or	- 1		
collection of gross income or for management, conservation, or	- 1		
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u></u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	7.18		Principle and the
instructions for short tax year or assets held for part of year)			· · · · · · · · · · · · · · · · · · ·
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	 	
d Total (add lines 1a, 1b, and 1c)	1d	 	
e Discount claimed for blockage or other	1.55	· 154.00 (44.00)	题。这个大学,
factors (explain in detail in Part VI)	1 %		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	-		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	这种企业	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE REAL PROPERTY.	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	CONTRACTOR AND AND ADDRESS OF A PARTY OF A PARTY OF A PARTY OF A PARTY.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	The state of the s	
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting o	rganization (see
instructions)		, , , , , , , , , , , , , , , , , , ,	. ,

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		rted	
	organizations, in excess of income from activity	. , .		
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			†
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	<u> </u>
_	(provide details in Part VI) See instructions		,	
9	Distributable amount for 2017 from Section C, line 6	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2017	· · · · · · · · · · · · · · · · · · ·		原外 經顧 小門
	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2017	The state of the s	Carried Carry	E. R. 1934 S. 1935
a			Carrier States	ENG LIGHT NE
b	From 2013			
C	From 2014			经数 不过 。
d	From 2015	3000	National Property of the Control of	Marian San - 2 3
e	From 2016			
f	Total of lines 3a through e	1	P. Marian State Revenue	
g	Applied to underdistributions of prior years	10 10 5 11 11 11 11 11 11 11 11 11 11 11 11 1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Marie I de la Company
h	Applied to 2017 distributable amount	A Land	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>;</u>	Carryover from 2012 not applied (see instructions)			
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	发展的 全线证券	The State of the
4	Distributions for 2017 from	100 - 1 9 30 - 5 B		
•	Section D, line 7 \$			
а	Applied to underdistributions of prior years		Care March Colonia Col	· · · · · · · · · · · · · · · · · · ·
<u>b</u>	Applied to 2017 distributable amount		THE AND VINCES	<u>, 11 6 17 </u>
	Remainder Subtract lines 4a and 4b from 4	4/ /1 /1 /1	THE RESERVE	高端 4.24 23.1
5	Remaining underdistributions for years prior to 2017, if	18 1 18 1 19 5 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1	K. A. BALL TO SEE SALES	Charles Carpeter St. 1867
•	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h		Market Service Service	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3	CARL TO COST TOTAL	FE MANUSTANS	\$ 3.22 m 5 m 2 p 4 1 h
•	and 4c			
8	Breakdown of line 7	A PER STEERING TO	を は 大学 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	A STATE OF THE STA
a	Excess from 2013			WARLS IN THE STATE OF THE STATE
<u>b</u>	Excess from 2014			
c	Excess from 2015			800 F 3 2 3 1
d	Excess from 2016	1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ticker i
e	Excess from 2017		or and the second	1/2-10 1/1-1
<u>-</u> _	ENGOGE HOLD EGILL CO.	legendaria de la companya della companya della companya de la companya della comp		A (Form 990 or 990-EZ) 2017

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

				AT	rachment 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISC. INCOME	60.	232.	10.	44.	525.	871.
LAUNDRY AND VENDING					2,212.	2,212.
TOTALS	60.	232.	10.		2,737.	3,083.

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization GREENCASTLE OF ALLERTON

Employer identification number

OMB No 1545-0047

Open to Public

Inspection

27-1954463 C/O EMBRACE LIVING COMMUNITIES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (dunng year) . . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Nο Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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Schedule D (Form 990) 2017

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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' Sche	edule D (Form 990) 2017									Page 2
	rt III Organizations Maintaining Col	lections of	Art, His	storical 1	reasur	es, or	Other Sim	ilar Asse	ets (con	
3	Using the organization's acquisition, acc									
	collection items (check all that apply).									
а	Public exhibition		d	Loan	or excha	nge pro	grams			
b	Scholarly research		e	Other			.,.,,,			
C	Preservation for future generations								-	
4	Provide a description of the organization	's collections	and exp	lain how	they furt	ther the	e organizatio	n's exemp	t purposi	e in Part
	XIII									
5	During the year, did the organization solici									
	assets to be sold to raise funds rather than		ained as p	art of the	organiza	tion's c	ollection?	<u></u>	Yes	No
Pa	rt IV Escrow and Custodial Arranger			000 0		•			4	
	Complete if the organization ans	swerea "Yes	s" on For	m 990, P	art IV, II	ne 9, o	r reported a	ın amoun	t on For	n
	990, Part X, line 21.									
1 a	Is the organization an agent, trustee, cust							_		
_	Included on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·						Ł	Yes	∐ No
D	ir res, explain the arrangement in Part A	dii and comp	nete the to	bliowing tac	oie r			Amount		
_	Pogunana halanaa				 -			Amount		
ا	Beginning balance				-					
u	Additions during the year					1d				
f	Ending balance					1e	 			
2a	Did the organization include an amount on						tial account h	ability?	Yes	No
	If "Yes," explain the arrangement in Part X							• •		H'''
	t V Endowment Funds.									<u>'</u>
	Complete if the organization and	wered "Yes	on Forr	n 990, Pa	art IV, lir	ne 10.				
	(a) C	urrent year	(b) Pri	or year	(c) Two	years bad	ck (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions								_	
C	Net investment earnings, gains,									
	and losses							1		
d	Grants or scholarships									
e	Other expenditures for facilities	ì						ļ		
	and programs									
f	Administrative expenses									
g	End of year balance							l		
2	Provide the estimated percentage of the c		nd balanc	e (line 1g,	column (a)) held	as			
a	Board designated or quasi-endowment		_%							
b	Permanent endowment > %									
С	Temporarily restricted endowment		000/							
32	The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the poss	•		tion that a	aro hold	and ad	munictared for	tho		
Ja	organization by	session or the	e organiza	ilion mat e	are neio	anu au	ministered for	ue	Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended uses of t		-						L	
Par	VI Land, Buildings, and Equipment.									
	Complete if the organization and									
	Description of property	(a) Cost or or (investing			her)	ď	Accumulated epreciation	(d)	Book value	
	Land				90,000					,000.
þ	Buildings			2,4	80,391	-	431,022		2,049	,369.
	Leasehold improvements									
	Equipment				47,145		35,785			,360.
	Other				17,932	. 1	173,884			,048.
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form	990, Part	X, column	(B), line	10c.)	▶		2,294	,777.

	GREENCASTLE O	F ALLERTON		27-195	4463
	Form 990) 2017				Page (
Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0, Par	rt IV, line 11b. See Form 990, Par	t 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 valuation	ue
(1) Financia	al derivatives				
(2) Closely	-held equity interests				
(3) Other_			 		
(A)		\	 		
(B)			┼		
(C)		 	┼		
(D) (E)			 		
(F)			+		
(G)			+		
(H)			+		
	n (b) must equal Form 990, Part X, col (B) line 12)		 	The state of the s	Ar Fred South
Part VIII				The state of the s	AND A LOCAL CONTRACTOR OF THE PROPERTY OF THE
	Complete if the organization answered	l "Yes" on Form 990), Par	t IV, line 11c. See Form 990, Part	X, line 13
	(a) Description of investment	(b) Book value		(c) Method of valuation Cost or end-of-year market valu	
(1)			 		
(2)	 		 		
(3)			 		
(4)			<u> </u>		
(5)					
(6)			 		
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 13)		<u> </u>		行而開始的自然
Part IX	Other Assets.	W			V 11 45
	Complete if the organization answered		, Part		
(A) CECIII	(a) Des	scription		(t	b) Book value
(1) SECUR	IR & REPLACEMENT RESERVE				7,428. 179,459.
	INSURANCE RESERVE				6,696.
	DUAL RECEIPTS RESERVE				3,088.
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) li	ne 15)	 -		196,671.
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" on Form 990,	, Part	IV, line 11e or 11f. See Form 990), Part X,
	line 25.				
· · · · · · · · · · · · · · · · · · ·	(a) Description of liability	(b) Book value	<u>e</u>	The state of the s	
	al income taxes		اليد	المراقب المراق المراقب المراقب المراق المراقب المراقب	建 建设分。
(2) SECUR	RITY DEPOSITS	6,8	895.		

1. (a) Description of liability	(b) Book value		The state of the s
(1) Federal income taxes		in the second	
(2) SECURITY DEPOSITS	6,895.	<i>M</i> ₂	
(3)			
(4)		,	
(5)			では、 1967年 -
(6)		•	
(7)	 	۳ ۰	The state of the s
(8)		÷ 4-	The state of the s
(9)	<u> </u>	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,895.		

^{2.} Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

JSA 7E1270 1 000

*Schedule D (Form 990) 2017 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 216,236. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 . 2e 216,236. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4c 216,236. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 312,039. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 2b 2c 2e 312,039. Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 312,039. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2017 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

C/O EMBRACE LIVING COMMUNITIES

GREENCASTLE OF ALLERTON

Employer identification number 27-1954463

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х a Receive a severance payment or change-of-control payment?..... 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan?............ 4b X Participate in, or receive payment from, an equity-based compensation arrangement?..... 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х X 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a X If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

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Schedule J (Form 990) 2017

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

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

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

		(R) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation				
		Timopuna (a)		o compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
SINDERSON	E	0	0	0				
EXECUTIVE VP & SECRETARY	E	175,172.		0		55,217.	230,389.	
4	ε	0		0				
ZEXECUTIVE VP & CFO	E	164,252.	.0	0		38,882.	203,134.	
	ε							
3	E							
	8							
4	(E)							
	ω							
5	(II)							
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4	€							
	8							
80	<u>(E)</u>							
	(9)							
6	E							
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10	(ii)							
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11	(ii)							
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Schedule J (Form 980) 2017

Part III Supplemental Information

Page 3

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

Schedule J (Form 990) 2017

PAGE 28

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GREENCASTLE OF ALLERTON

Employer identification number

C/O EMBRACE LIVING COMMUNITIES

27-1954463

FORM 990, PART VI, SECTION B, LINE 11B PRIOR TO ITS SUBMISSION, FORM 990 IS REVIEWED AND APPROVED BY THE CONTROLLER AND EXECUTIVE VICE PRESIDENT & CFO. IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C THE CORPORATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. TO ENSURE COMPLIANCE WITH THIS , THE CORPORATION REQUIRES THE FOLLOWING:

- ON AN ANNUAL BASIS, ALL MEMBERS OF THE BOARD OF DIRECTORS, THE CEO, MEMBERS OF SENIOR MANAGEMENT, AND EMPLOYEES WITH PURCHASING AND/OR HIRING RESPONSIBILITIES OR AUTHORITY SHALL INFORM, IN WRITING, THE CEO AND THE CHAIR OF THE FINANCE/AUDIT COMMITTEE, OF ALL REPORTABLE CONFLICTS.
- 2. PRIOR TO THE PREPARATION OF THE DISCLOSURE STATEMENTS, THE FINANCE DEPARTMENT SHALL DISTRIBUTE A LIST OF ALL VENDORS WITH WHOM THE ORGANIZATION HAS TRANSACTED BUSINESS AT ANY TIME DURING THE PRECEDING YEAR, ALONG WITH A COPY OF THE DISCLOSURE STATEMENT.
- THE CEO SHALL REVIEW ALL FORMS COMPLETED BY EMPLOYEES, AND THE FINANCE/AUDIT COMMITTEE SHALL REVIEW ALL FORMS COMPLETED BY DIRECTORS AND THE CEO, AND DETERMINE APPROPRIATE RESOLUTION IN ACCORDANCE WITH THE NEXT SECTION OF THIS POLICY.

- 4. IF A CONFLICT ARISES DURING THE YEAR, THE EMPLOYEE OR BOARD MEMBER
 WILL IMMEDIATELY NOTIFY THE CEO WHO WILL DETERMINE APPROPRIATE
 RESOLUTION. ALL REAL OR APPARENT CONFLICTS OF INTEREST SHALL BE DISCLOSED
 TO THE FINANCE/AUDIT COMMITTEE AND THE CEO OF THE ORGANIZATION.
- 5. THE FINANCE/AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING DIRECTORS, THE CEO AND OTHER MEMBERS OF SENIOR MANAGEMENT.
- 6. THE CHAIR OF THE COMMITTEE SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING FINANCE/AUDIT COMMITTEE MEMBERS.
- 7. THE CHAIR OF THE BOARD SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF THE CONFLICTS INVOLVING THE CHAIR OF THE FINANCE/AUDIT COMMITTEE.
- 8. THE CEO SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING
 RESOLUTIONS OF CONFLICTS INVOLVING EMPLOYEES BELOW THE SENIOR MANAGEMENT
 LEVEL, SUBJECT TO THE APPROVAL OF THE FINANCE/AUDIT COMMITTEE. AN
 EMPLOYEE OR DIRECTOR MAY APPEAL THE DECISION THAT A CONFLICT, OR
 APPERANCE OF CONFLICT, EXISTS AS FOLLOWS:
- *AN APPEAL MUST BE DIRECTED TO THE CHAIR OF THE BOARD. *APPEALS MUST BE MADE WITHIN 30 DAYS OF THE INITIAL DETERMINATION. *RESOLTUION OF THE

13802

APPEAL SHALL BE MADE BY VOTE OF THE FULL BOARD OF DIRECTORS. *BOARD MEMBERS WHO ARE THE SUBJECT OF THE APPEAL, OR WHO HAVE A CONFLICT OF INTERST WITH RESPECT TO THE SUBJECT OF THE APPEAL, SHALL ABSTAIN FROM PARTICIPATING IN, DISCUSSING, OR VOTING ON THE RESOLUTION, UNLESS THEIR DISCUSSION IS REQUESTED BY THE REMAINING MEMBERS OF THE BOARD. FAILURE TO COMPLY WITH THE STANDARDS CONTAINED IN THIS POLICY WILL RESULT IN DISCIPLINARY ACTION THAT MAY INCLUDE TERMINATION, REERRAL FOR CRIMINAL PROSECTUION, AND REIMBURSMENT TO THE ORGANIZATION OR TO THE GOVERNMENT FOR ANY LOSS OR DAMAGE RESULTING FROM THE VIOLATION. AS WITH ALL MATTERS INVOLVING DISCIPLINARY ACTION, PRINCIPLES OF FIARNESS WILL APPLY. ANY EMPLOYEE CHARGED WITH A VIOLATION OF THIS POLICY WILL BE AFFORDED AN OPPORTUNITY TO EXPLAIN HIS/HER ACTIONS BEFORE DISCIPLINARY ACTION IS TAKEN.

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

THE GOVERNING DOCUMENTS AND THE FINANCIAL STATEMENTS OF THE ORGANIZATION

ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS AND THE

FINANCIAL STATEMENTS OF THE ORGANIZATION ALSO CAN BE FOUND ON THE

INTERNET IN WEBSITES FOR NOT-FOR-PROFIT ORGANIZATIONS LIKE

WWW.GUIDESTAR.COM.

FORM 990, PART I, LINE 5 EMPLOYEES

ALL EMPLOYEES ARE CO-EMPLOYED BY A PEO (PROFESSIONAL EMPLOYMENT

ORGANIZATION), SYNERGY PEO LLC AND EMBRACE LIVING COMMUNITIES. ALL FORMS,

INCLUDING W-2'S AND REPORTS, ARE ISSUED UNDER THE EIN OF SYNERGY PEO LLC

76-0721382. THE REPORTING ORGANIZATION REIMBURSES EMBRACE LIVING

Name of the organization GREENCASTLE OF ALLERTON C/O EMBRACE LIVING COMMUNITIES

Employer identification number 27-1954463

COMMUNITIES FOR ALL EMPLOYEE COMPENSATION EXPENSES.

MANAGEMENT

EMBRACE LIVING COMMUNITIES, A NOT-FOR-PROFIT CORPORATION, IS THE MANAGING AGENT AND RECEIVES MANAGEMENT FEES AS A PERCENTAGE OF THE GROSS RENTS, INCLUDING RENTAL SUBSIDIES AND OTHER INCOME UNDER TERMS OF A MANAGEMENT AGREEMENT APPROVED BY HUD. THE MANAGING AGENT IS RESPONSIBLE FOR THE DAY TO DAY ACTIVITIES OF THE ORGANIZATION SUCH AS MAINTAINING THE BUILDING, RESIDENT SUPPORT, HIRING AND SUPERVISING THE EMPLOYEES. IT ALSO PROVIDES ALL THE NECESSARY BOOKKEEPING AND ACCOUNTING SERVICES AND SUBMITS ALL THE REQUIRED FINANCIAL REPORTS. ALL DECISIONS AND REPORTS ARE PRESENTED AND DISCUSSED WITH THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD OF DIRECTORS AND REPORTS. ALL DECISIONS AND REPORTS. ALL DECISIONS AND REPORTS ARE PRESENTED AND DISCUSSED WITH THE BOARD OF DIRECTORS.

APPROVED BY THE BOARD OF DIRECTORS.				
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	19	8. 198.		
TOTALS	19	198.		

Schedule 0 (Form 990 or 990-EZ) 2017	Page
Name of the organization GREENCASTLE OF ALLERTON	Employer identification number
C/O EMBRACE LIVING COMMUNITIES	27-1954463
	ATTACHMENT 2
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID INSURANCE	4,708.
TOTALS	4,708.

Name of the organization Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Attach to Form 990.

Open to Publ

OMB No 1545-0047

Employer identification number

27-1954463

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 GREENCASTLE OF ALLERTON C/O EMBRACE LIVING COMMUNITIES

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)			or toreign country)			entity
(2)						
(3)						
(4)						
(5)						
9						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	ered "Yes" on For	m 990, Part IV,	line 34, because	it had

(a) Name, address, and EIN of related organization	afed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
(4) APOSTLES VILLAGE	(7,0010,01						Yes	ž
7.1	59/0017-75							
1900 SPRING ROAD, STE 300	CAK BROOK, IL 60523	AFFDBLE HSING	FI	501(0)(3)	167002	£ 7		;
(2) BAYONET POINT AREA HOUSING, INC.	36-3696290			(0) (0) +00	141.000	N/A		×
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	FL	501 (C) (3)	(4)604	K/ X		;
(3) EMBRACE LIVING CHARITIES	36-2166970			/21/21	(4) (6)	N/ 73		X
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	PITNIDATOTNO	<u>+</u>					,
BETHEL AREA HOUSTNG SOUTH THE		FONDERTING	7.77	201 (C) (3)	509(A)	N/A		×
(4)	36-3973915							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING IL	II	501 (C) (3)	509741	K / W		;
(5) BETHEL AREA HOUSING, INC.	36-3696581			/21/21=22	(A)	N/N		×
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING IL	II	501(0)(3)	(4)004	£/1X		;
(6) CONSECRA HOUSING NETWORK	27-3663119			(2) (2) = 22	(A) (A)	N/N		×
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	PROPERTY MNGT	IL	501(0)(3)	(4) 605	K / IV		;
(7) ELMHURST AREA HOUSING, INCORPORATED	36-3246979			(2) (2) = 22	(A) (A)	N/A		×
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSTNG II.	11 .	501 (0) (3)	, k	,		
The December of the Control of the C	***************************************	242	7.7	101 101	202 (A)	N/A		×

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

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

GREENCASTLE OF ALLERTON

C/O EMBRACE LIVING COMMUNITIES

Department of the Treasury Internal Revenue Service Name of the organization

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	Attach to Form 990
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OMB No 1545-0047 Open to Public

Employer identification number

27-1954463

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct controlling
E			8			in the second
(2)						
(3)						
(4)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	vered "Yes" on Fo	rm 990, Part IV,	line 34, because	it had

		is an Joan.						
(a) Name, address, and EIN of related organization	ń related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
							Yea	Q.
(1) ENGLEWOOD HOUSING INC.	36-3696607							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING IL	IL	501(C)(3)	509 (A)	A/N		×
(2) GLENVIEW ELDERLY HOUSING, INC.	36-3569408							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509 (A)	A/N		×
(3) GREENCASTLE OF BARRINGTON, INC	36-3267264							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509 (A)	N/A		×
(4) GREENCASTLE OF GARFIELD, INC.	36-3631071							:
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		×
(5) GREENCASTLE OF PALATINE, INC.	36-3895200							:
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509 (A)	N/A		×
(6) GREENCASTLE OF WOODLAWN, INC.	36-3724265							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509 (A)	N/A		×
(7) IMMANUEL RESIDENCE, INC.	36-3724265							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING IL	IL	501(C)(3)	509(A)	N/A		×

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

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for Instructions and the latest information. ► Attach to Form 990.

GREENCASTLE OF ALLERTON

Department of the Treasury internal Revenue Service Name of the organization

OMB No 1545-0047 20

Open to Public Employer identification number Inspection

27-1954463

(f) Direct controlling (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity C/O EMBRACE LIVING COMMUNITIES Part 1

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Part II	Identification of Related one or more related tax-	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.	Complete if the organe tax year.	anization answer	ed "Yes" on Fo	ırm 990, Part IV,	line 34, because i	it had	
	(a) Name, address, and EIN of related organization	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
OMNEA	KENWOOD ABED HOUSING TWO							Yes	2
(1)	or man mooring, inc.	36-3696608							
1900 :	1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	II	501(C)(3)	100 (a)	K / N		:
(2) EMBRAC	EMBRACE LIVING DEVELOPMENT	36-3729609			(0) (0)	(5) (5)	W/N		×
1900	1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	PROPERTY MGMT	ļ.	501(0)(3)	(4/00%	· / /		į
(3) EMBRAC	EMBRACE LIVING COMMUNITIES	7677012	_		101 101 100	303(A)	N/A		×
1	1900 SPRING ROAD, STE 300	OAK BROOK, 11, 60523		i					
	TAY UNITETAIN GORDONALES		FROFERTY MGMT	7.7	501(C)(3)	509(A)	N/A		×
(4) LIFEL	LIFELINA HOUSING CORPORATION	36-2915770							
1900 ;	1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	II	501(0)(3)	2007	K / N		;
(S) LIFELI	LIFELINK MISSION FUND	36-3305046			101/01/00	202(4)	W/W		×
1900 8	1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	FUNDRAISING	II	501(0)(3)	(6) 0 (7	· \		;
(6) MEMORI	MEMORIAL DRIVE COMMUNITY, INC.	45-2652514			(2) (2) = 22	(9) (0)	W/W		×
1900	1900 SPRING ROAD, STE 300	BROOK,	AFFDBLE HSING	II	501 (C) (3)	509(2)	4 / W		>
(7) MORGAN	MORGAN PARK AND BEVERLY AREA HOUSING, INC	ING, INC 36-3359653			/2/ /2/	/::\	W/ B		۲
1900 8	1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	II	501(C)(3)	509721	5		>
1					·) · () · +))			_	<

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Related Organizations and Unrelated Partnerships

► Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

GREENCASTLE OF ALLERTON

Internal Revenue Service Name of the organization Department of the Treasury

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(4)

Open to Public 20

OMB No 1545-0047

Employer identification number 27-1954463

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity C/O EMBRACE LIVING COMMUNITIES Part I Part ||

(9)

(5)

	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chamty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes
36-3215819		-				
1	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/8	
	AFFDBLE HSING	IL	501(C)(3)	509(A)	4/N	
	AFFDBLE HSING	IL	501(C)(3)	509(A)	4/2	
			())		11/ 12	
	AFFDBLE HSING	IL	501(C)(3)	509 (A)	A/N	
1	AFFDBLE HSING	IL	501(C)(3)	509 (A)	\ Z	
	AFFDBLE HSING	II	501(C)(3)	509(A)	4/N	
i i					:: /::	
1	AFFDBLE HSING	IL	501(C)(3)	509 (A)	N/A	

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

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. GREENCASTLE OF ALLERTON C/O EMBRACE LIVING COMMUNITIES

Employer identification number Inspection

(f) Direct controlling entity 27-1954463 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. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part I 2 ල 9 9 曰 <u>4</u>

(a) Name, address, and EIN of related organization	of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13)) 12(b)(13)
			or foreign countity)			entity	contro	olled N2
							Yes	ટ્ટ
(1) GREENCASTLE OF LOVES PARK	36-4352754							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		×
(2) GREENCASTLE OF MULFORD	36-3038261							
1900 SPRING ROAD, STE 300	OAK BROOK, IL 60523	AFROBLE HSING	ır	501(C)(3)	509(A)	N/A		×
(3)								
(4)								
(5)								
(9)								
(2)								
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Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the tax year.	ited Organization: more related org	s Taxabl anizatior	e as a Partnershis treated as a po	Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	organization a	nswered "Yes"	on Forn	1 990, Part IV,	line 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(9) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportorate allocationan	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or menaging partner?	Percentage ownership
				•			Yes		Vec No	_
(1) ANCHOR SENIOR LIVING 74-315319										
1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR	RENTAL SENIOR	H	N/A							
(2) GREENWOOD SENIOR LIVING 74-315									<	-
1900 SPRING ROAD, SUITE 300 OR RENTAL SENIOR	RENTAL SENIOR	11	N/A							
(3) GROVE SENIOR LIVING, L.P. 74-3									<u> </u>	
1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR	RENTAL SENIOR	II	N/A							
(4) OASIS SENIOR LIVING 74-3153203							-		<u> </u>	-
1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR	RENTAL SENIOR	11	N/A							
(5)									-	
								-		
(9)									+	
(7)									+	

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

	and a second of the second of		יון פו וומאר ממניי	וא וווב ושץ אבשו.				
(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	Percentage Section 512(b)(13) controlled	(i) Section 12(b)(13) controlled
								entity?
(1) LC AVALON II 36-4765705				-				Yes
1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480	RENTAL SENIOR	ï	N/A	C CORP				
(2) BENSENVILLE HOUSING DEVELOPMENT NFP 32-0163558								+
1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480	RENTAL SENIOR	ㅂ	N/A	C CORP				
(3) CASTLE HOUSING DEVELOPMENT NFP 32-0163559								4
1900 SPRING ROAD, SUITE 300 OAK BROOK, 11 60523-1480	RENTAL SENIOR	H	K/N	G 202 D				;
(4) TERRACE HOUSING DEVELOPMENT, NFP								×
1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480	RENTAL SENIOR	H	N/A	CORP				
(5) TOWER HOUSING DEVELOPMENT I NFP								×
1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480	RENTAL SENIOR	11	N/A	C CORP				
(9)								4
	,					,		
(7)								+
	.							
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	' on Form 990, Parl	i IV, line 34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations list	ed in Parts II-IV?	
			- T-
b Giff, grant, of capital contribution to related organization(s)			10 12
			14
			2 4
h Purchase of assets from related organization(s),			
i Exchange of assets with related organization(s)			11
			,
k Lease of facilities, equipment, or other assets from related organization(s)			
I Performance of services or membership or fundraising solicitations for related organization(s)			= .
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
p Reimbursement paid to related organization(s) for expenses.			1p X
q Reimbursement paid by related organization(s) for expenses			BL :
Other transfer of cash or property to related organization(s)			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	complete this line, including covered	red relationships and transaction thresholds	ction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONSECRA HOUSING NETWORK	O&P	82,606.	AMOUNT BILLED
(2) EMBRACE LIVING COMMUNITIES	رة 19	143,691.	AMOUNT BILLED
(3)			
(4)			
(5)			
(9)			
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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

Name, address, and EiN of entity Share of Sitate or foreign income (related, section country) Country) (d) (e) (h) Share of Sitate or foreign income encome country) Country) from tax under organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	ı	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(l) General or managing partner?	(k) Percentage ownership
(1)			sections 512-514)	Yes No			Yes	Ŷ.		Yes	ž	
(2)												
(3)								-				
(4)								+				
(5)												
(9)								-				
(7)								+-				
(8)								-				
(6)								-				
(10)								-				
(11)												
(12)										<u> </u>		
(13)												
(14)								-				
(15)												
(16)												
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.