

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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 the 2018 calendar year, or tax year beginning 2018, and ending 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization GREENCASTLE OF ALLERTON
C/O EMBRACE LIVING COMMUNITIES
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1900 SPRING ROAD STE 300
 City or town, state or province, country, and ZIP or foreign postal code
OAK BROOK, IL 60523-1480

D Employer identification number 27-1954463

E Telephone number (630) 521-8701

F Name and address of principal officer ANNE M. OLIVA
1900 SPRING ROAD STE 300, OAK BROOK, IL 60523-1480

G Gross receipts \$ 226,986.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

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

J Website: WWW.EMBRACELIVING.ORG

K Form of organization Corporation Trust Association Other 1

L Year of formation 2011 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE, WELCOMING HOMES IN COMMUNITIES THAT EMBRACE LIVING.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>7.</u>	
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>6.</u>	
5 Total number of individuals employed in calendar year (Part VII, line 2a)	<u>5</u>	<u>0.</u>	
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>3.</u>	
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>	
7b Net unrelated business taxable income from Form 990-T, line 28	<u>7b</u>	<u>0.</u>	
8 Contributions and grants (Part VIII, line 1h)	<u>0.</u>	<u>0.</u>	
9 Program service revenue (Part VIII, line 2g)	<u>213,301.</u>	<u>223,400.</u>	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>198.</u>	<u>198.</u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,737.</u>	<u>3,388.</u>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>216,236.</u>	<u>226,986.</u>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>	<u>0.</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>111,087.</u>	<u>126,722.</u>	
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>	
b Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>200,952.</u>	<u>199,356.</u>	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>312,039.</u>	<u>326,078.</u>	
19 Revenue less expenses Subtract line 18 from line 12	<u>-95,803.</u>	<u>-99,092.</u>	
20 Total assets (Part X, line 16)	Beginning of Current Year	<u>2,504,641.</u>	<u>2,408,089.</u>
	21 Total liabilities (Part X, line 26)	<u>17,777.</u>	<u>20,317.</u>
	22 Net assets or fund balances Subtract line 21 from line 20	<u>2,486,864.</u>	<u>2,387,772.</u>

Part II Signature Block

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

Sign Here

Signature of officer: Anne M. Oliva Date: 4/10/19

Type or print name and title: ANNE M. OLIVA, EXP/CFO

Paid Preparer Use Only

Print/Type preparer's name: KAREN A SCHAEFER Preparer's signature: Karen A Schaefer Date: 4/15/19 Check if self-employed PTIN: P00545171

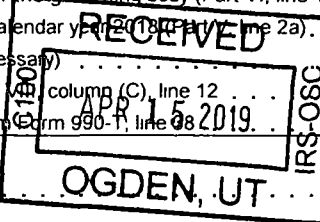
Firm's name: HARAN & ASSOCIATES LTD Firm's EIN: 36-3097692

Firm's address: 3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091 Phone no: 847-853-1234

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

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Part 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 278,424. including grants of \$ _____) (Revenue \$ 226,986.)
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 \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 278,424.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 rows of questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records

EMBRACE LIVING COMMUNITIES 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523 630-521-8701

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. BONNIE CONDON CHAIRMAN	.20 0.	X						0.	0.	0.
(2) TODD J. THORSON DIRECTOR	.20 0.	X						0.	0.	0.
(3) REV. JESSE KNOX DIRECTOR	.20 0.	X						0.	0.	0.
(4) NICHOLE EDMONDS DIRECTOR	.20 0.	X						0.	0.	0.
(5) NATHAN BRIGGS DIRECTOR	.20 0.	X						0.	0.	0.
(6) MARK ENTWISTLE DIRECTOR	.20 0.	X						0.	0.	0.
(7) SUSAN A. SINDERSON EXECUTIVE VP & SECRETARY	.20 0.			X				0.	212,719.	20,885.
(8) ANNE M. OLIVA EXECUTIVE VP & CFO	.20 0.			X				0.	177,772.	12,313.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0.

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

Yes/No grid for questions 3, 4, and 5. Question 3: No (X). Question 4: Yes (X). Question 5: No (X).

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(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	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		0.			
Program Service Revenue	2a	LOW INCOME HOUSING	Business Code 531110	223,400.	223,400.		
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		223,400.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		198.	198.		
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
d	Net gain or (loss)		0.				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0.				
b	Less direct expenses	b	0.				
c	Net income or (loss) from fundraising events		0.				
9a	Gross income from gaming activities See Part IV, line 19	a	0.				
b	Less direct expenses	b	0.				
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a	0.				
b	Less cost of goods sold	b	0.				
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	531110	102.	102.			
b	LAUNDRY AND VENDING	531110	3,286.	3,286.			
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		3,388.				
12	Total revenue. See instructions		226,986.	226,986			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	83,751.	83,751.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	34,919.	34,919.		
10 Payroll taxes	8,052.	8,052.		
11 Fees for services (non-employees)				
a Management	17,520.		17,520.	
b Legal	7,500.		7,500.	
c Accounting	3,897.		3,897.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f 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	242.		242.	
13 Office expenses	13,752.		13,752.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	29,627.	29,627.		
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,296.		2,296.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	90,338.	90,338.		
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISC. EXPENSES	2,447.		2,447.	
b REPAIRS & MAINTENANCE	31,508.	31,508.		
c OTHER RENTING EXPENSE	229.	229.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	326,078.	278,424.	47,654.	
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8,485.	1 2,606.
	2	Savings and temporary cash investments	0.	2 0.
	3	Pledges and grants receivable, net	0.	3 0.
	4	Accounts receivable, net	0.	4 0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5 0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6 0.
	7	Notes and loans receivable, net	0.	7 0.
	8	Inventories for sale or use	0.	8 0.
	9	Prepaid expenses and deferred charges	4,708.	9 4,937.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,935,468.	10a
	b	Less accumulated depreciation	731,029.	10b
	11	Investments - publicly traded securities	0.	11 0.
	12	Investments - other securities See Part IV, line 11	0.	12 0.
	13	Investments - program-related See Part IV, line 11	0.	13 0.
	14	Intangible assets	0.	14 0.
	15	Other assets See Part IV, line 11	196,671.	15 196,107.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,504,641.	16 2,408,089.	
Liabilities	17	Accounts payable and accrued expenses	10,882.	17 14,012.
	18	Grants payable	0.	18 0.
	19	Deferred revenue	0.	19 0.
	20	Tax-exempt bond liabilities	0.	20 0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21 0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22 0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23 0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24 0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,895.	25 6,305.
	26	Total liabilities. Add lines 17 through 25	17,777.	26 20,317.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,486,864.	27 2,387,772.
	28	Temporarily restricted net assets	0.	28 0.
	29	Permanently restricted net assets	0.	29 0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	2,486,864.	33 2,387,772.	
34	Total liabilities and net assets/fund balances	2,504,641.	34 2,408,089.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	226,986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	326,078.
3	Revenue less expenses Subtract line 2 from line 1	3	-99,092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,486,864.
5	Net unrealized gains (losses) on investments	5	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 33, column (B))	10	2,387,772.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
27-1954463

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations

09

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0.	0.	0	0	0.	0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	192,346.	199,557	202,097.	213,301.	223,400.	1,030,701.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	192,346.	199,557.	202,097.	213,301.	223,400.	1,030,701.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6)						1,030,701.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	192,346	199,557.	202,097.	213,301.	223,400.	1,030,701.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	207.	205.	206.	198.	198.	1,014.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	207.	205.	206.	198	198.	1,014.
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 loss from the sale of capital assets (Explain in Part VI) <u>ATCH 1</u>	232.	10	44.	2,737.	3,388.	6,411.
13 Total support. (Add lines 9, 10c, 11, and 12)	192,785	199,772.	202,347.	216,236	226,986	1,038,126.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.28%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.59%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.10%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.11%

- 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV 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. All Supporting Organizations

		Yes	No
1	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.		
2	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.		
3b	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.		
3c	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.		
4b	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.		
4c	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.		
5a	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).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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 (as 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).		
9a	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 .		
9b	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 .		
9c	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 .		
10a	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.		
10b	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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see 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 factors (explain in detail in Part VI)			
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISC. INCOME	232.	10	44.	525	102.	913.
LAUNDRY AND VENDING				2,212.	3,286.	5,498.
TOTALS	<u>232.</u>	<u>10.</u>	<u>44.</u>	<u>2,737.</u>	<u>3,388.</u>	<u>6,411</u>

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 27-1954463

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and donor advisement questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment fund metrics

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

- (i) unrelated organizations, (ii) related organizations

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	6,610.
(2) REPAIR & REPLACEMENT RESERVE	179,903.
(3) TAX & INSURANCE RESERVE	6,505.
(4) RESIDUAL RECEIPTS RESERVE	3,089.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	196,107.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	6,305.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	6,305.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e). Line 1: 226,986. Line 3: 226,986. Line 5: 226,986.

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

Table with 5 main rows and sub-rows (a-e). Line 1: 326,078. Line 3: 326,078. Line 5: 326,078.

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

Multiple horizontal lines for supplemental information input.

Part XIII Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **GREENCASLE OF ALLERTON**

Employer identification number

C/O EMBRACE LIVING COMMUNITIES

27-1954463

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b 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 explain.

2 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 1a?

3 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** 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.

5 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 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 in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported 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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN A. SINDERSON EXECUTIVE VP & SECRETARY	(i)	0.	0.				
	(ii)	212,719.	0.		20,885.	233,604.	
2 ANNE M. OLIVA EXECUTIVE VP & CFO	(i)	0.	0.				
	(ii)	177,772.	0.		12,313.	190,085.	
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

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Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
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:

1. 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.
3. 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.

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

Employer identification number
 27-1954463

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 APPEARANCE 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. *RESOLUTION OF THE

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

Employer identification number
27-1954463

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 INTEREST 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, REFERRAL FOR CRIMINAL PROSECUTION, AND REIMBURSEMENT 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 FAIRNESS 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**
G/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. 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.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	4,937.
TOTALS	<u>4,937.</u>

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

Employer identification number
27-1954463

OMB No 1545-0047
2018

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

(1)	(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	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	APOSTLES VILLAGE 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 42-2100763	AFFDBLE HSING	FL	501(C)(3)	509(A)	N/A		X
(2)	BAYONET POINT AREA HOUSING, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3696590	AFFDBLE HSING	FL	501(C)(3)	509(A)	N/A		X
(3)	EMBRACE LIVING CHARITIES 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-2166970	FUNDRAISING	IL	501(C)(3)	509(A)	N/A		X
(4)	BETHEL AREA HOUSING SOUTH, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3973915	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	BETHEL AREA HOUSING, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3696581	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(6)	CONSECRA HOUSING NETWORK 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 27-3663119	PROPERTY MNGT	IL	501(C)(3)	509(A)	N/A		X
(7)	ELMHURST AREA HOUSING, INCORPORATED 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3246979	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

GREENCASTLE OF ALLERTON

C/O EMBRACE LIVING COMMUNITIES

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

Employer identification number

27-1954463

OMB No. 1545-0047

2018

Open to Public
Inspection

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

(1)	(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	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ENGLEWOOD HOUSING INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3696607	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(2)	GLENVIEW ELDERLY HOUSING, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3569408	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(3)	GREENCASTLE OF BARRINGTON, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3267264	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(4)	GREENCASTLE OF GARFIELD, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3631071	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(5)	GREENCASTLE OF PALATINE, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3895200	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(6)	GREENCASTLE OF WOODLAWN, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3724265	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X
(7)	IMMANUEL RESIDENCE, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3724265	AFFDBLE HSING IL	IL	501 (C) (3)	509 (A)	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREENCASTLE OF ALLERTON

C/O EMBRACE LIVING COMMUNITIES

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Employer identification number

27-1954463

Open to Public Inspection

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

(1)	(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	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	KENWOOD AREA HOUSING, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3696608	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(2)	EMBRACE LIVING DEVELOPMENT 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3729609	PROPERTY MGMT	IL	501(C)(3)	509(A)	N/A		X
(3)	EMBRACE LIVING COMMUNITIES 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3487477	PROPERTY MGMT	IL	501(C)(3)	509(A)	N/A		X
(4)	LIFELINK HOUSING CORPORATION 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-2915770	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	LIFELINK MISSION FUND 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3305046	FUNDRAISING	IL	501(C)(3)	509(A)	N/A		X
(6)	MEMORIAL DRIVE COMMUNITY, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 45-2652514	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(7)	MORGAN PARK AND BEVERLY AREA HOUSING, INC 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3359653	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

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

**Open to Public
Inspection**

Employer identification number
27-1954463

OMB No. 1545-0047
2018

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

(1)	(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	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MORGAN PARK AND BEVERLY HANDICAPPED 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3515819	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(2)	NORTH ORCHARD PLACE, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3244216	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(3)	PEACE MEMORIAL MANOR, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-2980778	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(4)	SARASOTA AREA HOUSING, INC. 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3696610	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	GREENCASCADE OF NORTH AURORA 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 37-1421479	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(6)	GREENCASCADE OF STERLING 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-4209258	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X
(7)	GREENCASCADE OF BIENTERRA 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-4126791	AFFDBLE HSING	IL	501(C)(3)	509(A)	N/A		X

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2018

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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

▶ Attach to Form 990.

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

Name of the organization **GREENCASTLE OF ALLERTON**

Employer identification number
27-1954463

C/O **EMBRACE LIVING COMMUNITIES**

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

	(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	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	GREENCASTLE OF LOVES PARK 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-4352754	AFFDBLE HSING IL	IL	501(C)(3)	509(A)	N/A		X
(2)	GREENCASTLE OF MULFORD 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 36-3038261	AFRDBLE HSING IL	IL	501(C)(3)	509(A)	N/A		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ANCHOR SENIOR LIVING 74-315319 1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR IL N/A											X	
(2) GREENWOOD SENIOR LIVING 74-315 1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR IL N/A											X	
(3) GROVE SENIOR LIVING, L P. 74-3 1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR IL N/A											X	
(4) OASIS SENIOR LIVING 74-3153203 1900 SPRING ROAD, SUITE 300 OA RENTAL SENIOR IL N/A											X	
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LC AVALON II 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480 RENTAL SENIOR 36-4765705 IL N/A C CORP									X
(2) BENSENVILLE HOUSING DEVELOPMENT NFP 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480 RENTAL SENIOR 32-0163558 IL N/A C CORP									X
(3) CASTLE HOUSING DEVELOPMENT NFP 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480 RENTAL SENIOR 32-0163559 IL N/A C CORP									X
(4) TERRACE HOUSING DEVELOPMENT, NFP 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480 RENTAL SENIOR 32-0163555 IL N/A C CORP									X
(5) TOWER HOUSING DEVELOPMENT I NFP 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523-1480 RENTAL SENIOR 32-0163560 IL N/A C CORP									X
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a
b Gift, grant, or capital contribution to related organization(s).		1b
c Gift, grant, or capital contribution from related organization(s).		1c
d Loans or loan guarantees to or for related organization(s).		1d
e Loans or loan guarantees by related organization(s).		1e
f Dividends from related organization(s).		1f
g Sale of assets to related organization(s).		1g
h Purchase of assets from related organization(s).		1h
i Exchange of assets with related organization(s).		1i
j Lease of facilities, equipment, or other assets to related organization(s).		1j
k Lease of facilities, equipment, or other assets from related organization(s).		1k
l Performance of services or membership or fundraising solicitations for related organization(s).		1l
m Performance of services or membership or fundraising solicitations by related organization(s).		1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n
o Sharing of paid employees with related organization(s).		1o
p Reimbursement paid to related organization(s) for expenses.		1p
q Reimbursement paid by related organization(s) for expenses.		1q
r Other transfer of cash or property to related organization(s).		1r
s Other transfer of cash or property from related organization(s).		1s

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	EMBRACE LIVING COMMUNITIES	O & P	184,646.	AMOUNT BILLED
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions
