Department of the Treasury

Return of Organization Exempt From Income Tax

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.

→ Do not enter social security numbers and the latest information.

PAGE 1

Α	For t	he 2018 calendar year, or tax year beginning	07/01,2018	, and ending		06/30, 20 19
_		C Name of organization GREENCASTLE OF BARF	RINGTON INC		D Employer ide	ntification number
В	Check if	1 applicable C/O EMBRACE LIVING COMMUNITIES			36-326	7264
Γ		dress Inge Doing business as		·		
		Number and street (or P O box if mail is not delivered to str	eet address)	Room/suite	E Telephone nu	mber
	_	1900 SPRING ROAD	•	300	(630) 52	
┢		al return/ City or town, state or province, country, and ZIP or foreign	nostal code	300	(0307 32	1 0701
\vdash	terr	minated	oostal code			1 440 005
-	retu	Um OFIC DROOM, 11 00525 1400	TITA		G Gross receipts	
L		nding			H(a) Is this a ground subordinates	
_		1900 SPRING ROAD, OAK BROOK, I	L 60523		H(b) Are all subord	finates included? Yes N
<u> </u>		exempt status X 501(c)(3) 501(c)() (Insert	no) 4947(a)(1)	or 527	If "No," att	tach a list (see instructions)
<u>J</u>	Webs	site ► WWW.EMBRACELIVING.ORG			H(c) Group exem	ption number
K	Form	of organization X Corporation Trust Association	Other ►	L Year of fo	ormation 1984 M :	State of legal domicile II
:P	art I	Summary				
	1	Briefly describe the organization's mission or most significant	activities TO PRO	OVIDE ACT	IVELY AGING	ADULTS
á		AFFORDABLE WELCOMING HOMES IN COMMUN		EMBRACE L	IVING.	
an						· · · · · · · · · · · · · · · · · · ·
Governance	2	Check this box ▶ ☐ If the organization discontinued its of	pperations or dispose	ed of more than	25% of its net assets	
ó	3	Number of voting members of the governing body (Part VI, lin		[3] 7.		
		Number of independent voting members of the governing bo				4 6.
Activities &	5	Total number of individuals employed in calendar year 2018 (5 0.
Ξ	6	Total number of volunteers (estimate if necessary)				6
Act	72				£	
		Total unrelated business revenue from Part VIII, column (C), line				
	 '	Net unrelated business taxable income from Form 990-T, line	30	••••		7b
		Contributions and greats (Red VIII line 1h)		├	Prior Year	O. Current Year
9	8	Contributions and grants (Part VIII, line 1h)	,	· · · · · -		
Revenue	9	Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (a) Junes 3, 4 and 7d)	; / · · · · · · · · ·		1,399,83	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ģ ∖		1,59	
	11	Other revenue (Part VIII, column (A) thes 5, 60, 8c, 9c, d0c,			11,87	
	12	Total revenue - add lines 8 through 11 must equal Part VIII, o			1,413,30	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3			0. 0.	
	14	Benefits paid to or for members (Ran IX, column (A) line 4)	/	_		0. 0.
es	15	Salaries, other compensation, employee benefits (Part IX, colu			420,84	0. 393,649.
ens	16 a	Professional fundraising fees (Part IX, column (A), line 11e)				0. 0.
Expense	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨	0.	<u>. </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,139,68	5. 1,239,577.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	[_	1,560,52	5. 1,633,226.
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>	<i></i> [-147,217	7. $-192,421.$
Net Assets or Fund Balances	1			B	eginning of Current Ye	ear End of Year
sets	20	Total assets (Part X, line 16)	. 		3,370,270	0. 3,002,791.
AB	21	Total liabilities (Part X, line 26)			6,263,079	9. 6,088,021.
휥	22	Net assets or fund balances Subtract line 21 from line 20			-2,892,809	93,085,230.
Pa	rt II	Signature Block				
Unc	ler per	nalties of perjury, I declare that I have examined this return, including	accompanying schedul	es and statement	s, and to the best of r	my knowledge and belief, it is
true	e, corre	ect, and complete Declaration of preparer (other than officer) is based on	all information of which	h preparer has ar	y knowledge	/
		I wome on the			9/	12/19
Sig		Signature of officer	1		Daté	
Her	·e	NONE M. DLIUB, EU	1/140			
		Type or print name and title	- 			· · · · · · · · · · · · · · · · · · ·
		Print/Type preparer's name Preparer's signatur	e /	Date / /	Check	PTIN
Paid -		KAREN A SCHAEFER	Schlin	191911	Self-employed	·
	arer	Firm's name HARAN & ASSOCIATES LTD	- wayn		Firm's EIN ▶ 36	
Use	Only	Firm's address >3201 OLD GLENVIEW RD., STE. 250 WILMETT.	∀		0.4	7-853-1234
Mav	the l	IRS discuss this return with the preparer shown above?			Phone no 84	
		L. B. L. al. L. Marian Mariano proparer shows above.	(555 11511 0010113).	<u> </u>	<u></u>	X Yes No

JSA

GREENCASTLE OF BARRINGTON INC

c -	, , , , , , , , , , , , , , , , , , ,	GREENC	ASTLE OF BARRINGTON INC	36	5-3267264 Page 2
_		of Program Service			
_			response or note to any line in this Part	<u> </u>	X
1	Briefly describe the of ATTACHMENT				
				<u> </u>	
2	prior Form 990 or 99	0-EZ?	icant program services during the yea		he Yes X No
_	If "Yes," describe the			ow it conducts any progra	200
3	_		or make significant changes in h		1
4	Describe the organic expenses Section 5	zation's program ser 01(c)(3) and 501(c)(vice accomplishments for each of it 4) organizations are required to repo each program service reported		
	(Code)	(Expenses \$ 1,4	65,640. including grants of \$) (Revenue \$	1,440,805.)
	TO PROVIDE ACT	IVELY AGING AD	ULTS AFFORDABLE WELCOMING	HOMES IN	·
	COMMUNITIES TH	AT EMBRACE LIV	ING.		
	1				
	<u> </u>				
					
				<u> </u>	
4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
		<u> </u>			
	·····				
	· · · · · · · · · · · · · · · · · · ·				
4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
					
					
					
‡d	Other program service	-		•	
	(Expenses \$	including gra)	
le SA	Total program service	e expenses >	1,465,640.		Form 990 (2018)

JSA 8E1020 1 000 2765CF 2873 9/3/2019 3:10:28 PM V 18-6.4F

Form 990 (2018)

Checklist of Required Schedules

Part IV

Гаг	the checkist of required schedules		T V	l No.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		١	
	complete Schedule A	1	X	
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			1
	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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		х
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	l		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		Λ.
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	١ .		1
	VII, VIII, IX, or X as applicable			ر نــــــــــــــــــــــــــــــــــــ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		Ì	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		İ	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	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	116		
1		11f		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		_	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII.	12a	$\stackrel{\wedge}{\longrightarrow}$	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		v	
	"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		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		ľ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	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
16	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-+	
	If "Yes," complete Schedule G, Part III	19		х
20.0	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	+	$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	+	
	-	200	\dashv	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21]	х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1
	Part IX, column (A), line 2º 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		1	†
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	1	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	+	┼
·		1	1	l
	to defease any tax-exempt bonds?	24c		+-
	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	1	-	١,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ļ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1	İ	
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ł		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	ł	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		ł	ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ŀ	
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	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	х	
Part		I		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	j		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.			ĺ .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	Va		
D	gifts were not tax deductible?	6b		
7	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			
u	and services provided to the payor?	7a		-
b	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 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year] [
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	•
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	- 00	·- ·	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	"		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		İ	
1	Section 501(c)(12) organizations. Enter	1 `		,
	Gross income from members or shareholders	,	- 1	
	Gross income from other sources (Do not net amounts due or paid to other sources			٠ ١
	against amounts due or received from them)	_		
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.5		<u>'</u>
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		- 1	
	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			1
		14a	-+	<u>x</u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	\dashv	
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N		$\neg \vdash$	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O			
		Form	9 90 (2018)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belowersponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O						
	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			
1a	Enter the number of voting members of the governing body at the end of the tax year	7	İ	Ι,			
	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			:			
b	committee, explain in Schedule O 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	7	1	ļ. *			
_	any other officer, director, trustee, or key employee?						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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	<u> </u>	Х			
6	Did the organization have members or stockholders?	6	<u> </u>	Х			
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?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	1				
	stockholders, or persons other than the governing body?	7b	ļ	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Ϊ.	[
	the year by the following	Ι΄		. ,			
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No			
		40-	162	X			
	Did the organization have local chapters, branches, or affiliates?	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	· x ~	- ~'			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x				
	rise to conflicts?	120					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x				
40	describe in Schedule O how this was done	13	$\frac{x}{x}$				
13	Did the organization have a written whistleblower policy?	14	x				
14	Did the organization have a written document retention and destruction policy?	14					
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?			į			
_	The organization's CEO, Executive Director, or top management official	15a	X	. :			
a		15b	Х				
b	Other officers or key employees of the organization	100		<u> </u>			
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1			
ioa	with a taxable entity during the year?	16a	-	х - `			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00	\neg	Ţ			
b	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?	16ь	` ~ `				
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O)	(Sect	ion 50)1(c)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inti	erest r	olicy	and			
	financial statements available to the public during the tax year	21031 p	, o y ,	unu			
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	s ►					

36-3267264

	/										9-
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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	orga	nıza	atior	n co	mpen	sate	ed any current offic	er, director, or trus	stee
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	mor	e than o	one	Reportable	Reportable	Estimated
	hours per					ıs both		compensation	compensation from	amount of
	week (list any	office	er an		lirect	or/trust	,	from	related	other
	hours for related organizations below dotted line)	1 74 75	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									
BOARD CHAIR	0.	х						0.	0.	0.
(2)MR. TODD J. THORSON	.20									
DIRECTOR	0.	Х						0.	0.	0.
(3)REV. JESSE KNOX	.20									
DIRECTOR	0.	Х						0.	0.	0.
(4)NICHOLE EDMONDS	.20									
DIRECTOR	0.	Х						0.	0.	0.
(5)NATHAN BRIGGS	.20									
DIRECTOR	0.	Х						0.	0.	<u> </u>
(6)MARK ENTWISTLE	.20									
DIRECTOR	0.	Х						0.	0.	<u> </u>
(7)SUSAN A. SINDERSON	.20									
EXEC VICE PRESIDENT & SECR	39.80			Х				0.	212,719.	33,367.
(8)ANNE M. OLIVA	0.					İ		İ		
EXEC VICE PRESIDENT & CFO	40.00			Х				0.	177,772.	17,412.
(9)JOHN DIEHL	0.				i		j	_		
SENIOR DIRECTOR OF HSNG OPERAT	40.00			_	_	Х		0.	117,057.	25,441.
(10)IRIS BERG	0.				ļ		ŀ	_		
SR DIRECTOR OF SOCIAL SERVICES	40.00				_	Х	_	0.	105,268.	2,780.
(11)							ľ			
(12)										
(13)										
(14)										

Form 990 (2018)

Page	2

Form 990 (20									h 4 O					Page
Part VII	Sèction A. Officers, Directors, Tr		∌y ⊑n	npic		es, C)	and	HIG				<u>continu</u>	<i>ed)</i> (F)	
•	(A) Name and title	Average hours per week (list any hours for	Average (do not obek (list any hours for officer ar				is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other compensation		of
				Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org	rom th ganizat id relat anizati	tion ted
	·		{											
	U-19													
	al							A	0. 0.		,816. 0. ,816.			000. 0. 000.
2 Total nu	imber of individuals (including but not ble compensation from the organization	limited to th		iste				rec	ceived more than \$					
2 Did the	e organization list any former offic	or director		4 e	otoc		04.0	m nl	avaa ar hishaat		ata d	4.	Yes	No
employe	ee on line 1a? If "Yes," complete Schedu	ule J for suc	h ındı	vidu	al.	٠.						3		Х
organiza	r individual listed on line 1a, is the sation and related organizations great al	eater than	\$15	0,00	002	lf	"Yes,					4	X	
	person listed on line 1a receive or ices rendered to the organization? If "Ye											5		x
	Independent Contractors												_	
	te this table for your five highest comisation from the organization. Report c													
	(A) Name and business add	ress				-			(B) Description of ser	vices	C	(C) ompens	ation	
HOLTON E	ROTHERS PO BOX 86 ARLINGT	ON HEIGH	ITS,	IL	6	000	6	CC	ONTRACTOR			11	7,22	20.
	imber of independent contractors (in				ted	to 1	those	e lis	ted above) who	received				

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to a	any line in this Part	VIII .		<u> </u>
	•		AT THE	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	ta b c d e f	416	,				
	1 (1			0.		***	
Program Service Revenue		•1	Business Code				のというない
eve	2a	RENTAL REVENUE	531110	202,377.	202,377.	•	
ē.	ь	TENANT ASSISTANCE PAYMENTS	531110	1,230,278.	1,230,278.		
ξ	C		•		•		
Se	d						
ä	е						
Бo.	f ·	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	1,432,655.		<u> </u>	
	3	Investment income (including divider and other similar amounts)		2,176.	. 2,176.		
	4	Income from investment of tax-exempt bond		- 0.			
	5	Royalties		р 0.		44.	
		, (i) Real	* (ii) Personal			;	
	6a	Gross rents			50. ·		
	b	Less rental expenses	r		¥ .		
	С	Rental income or (loss)	·	1 4 4 4 4 4			
	d	Net rental income or (loss)		0.	<u> </u>		
	7a	Gross amount from sales of (i) Securities	(II) Other		N 2 - 2		
		assets other than inventory			,		
	b	Less cost or other basis			;		
		and sales expenses					T.
	С	Gain or (loss)			·		
	d	Net gain or (loss)	<u> ▶</u>	0.		- '	
ē	8a	Gross income from fundraising					7
en.		events (not including \$			ĺ	į	
Re o		of contributions reported on line 1c)					, <u>\$</u>
Other Revenue		See Part IV, line 18 a	0.				
ō	b	Less direct expenses b	0.	, ,/+,Q			
	C	Net income or (loss) from fundraising events	<u></u> . ▶	.0.			
	9a	Gross income from gaming activities					一
		See Part IV, line 19 a	0.				
	b	Less direct expenses b	0.	(C.)			
	C	Net income or (loss) from gaming activities.	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less	ļ	7			
		returns and allowances a	0.				
		Less cost of goods sold b	0.	AND AND AND AND AND AND AND AND AND AND			
	С	Net income or (loss) from sales of inventory.		, 0.			
		Miscellaneous Revenue	Business Code				8 2 - 15
	11a	LAUNDRY AND VENDING REVENUE	531110	3,714.	3,714.		
	b	GIFTS	531110	200.	200.		
	С	TENANT CHARGERS	531110	1,150.	1,150.	l.	
	d	All other revenue		910.	910.		7.7.7.2.2.8.
	e	Total. Add lines 11a-11d		5,974.			
	12	Total revenue. See instructions	<u> ▶</u>	1,440,805.	1,440,805.		

P	art IX Statement of Functional Expens	es			<u> </u>
Se	ection 501(c)(3) and 501(c)(4) organizations m	ust complete all colum	nns All other organiza	tions must complete c	olumn (A)
	, Check if Schedule O contains a res	sponse or note to any	line in this Part IX		
	o not include amounts reported on lines 6b, 7b, o, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	0			
2	and domestic governments See Part IV, line 21				
_	individuals See Part IV, line 22	<u>'</u>	•		E PROCESSES
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			224X.34X.43X	275 275
	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	270,049	270,049	•	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	98,505		·	
10	Payroll taxes	25,095.	25,095	•	
	Fees for services (non-employees)	00 353		00.350	
	a Management	89,352. 7,500.	· I — ·	89,352	
	b Legal	20,121.		7,500	· · · · · · · · · · · · · · · · · · ·
	Accounting	0.		20,121	•
	d Lobbying		IN OFFICE SECTIONS OF		7
	Professional fundraising services See Part IV, line 17. f Investment management fees			M. ALS L. MYN. J. NESS ENG. MA	+
	3 Other (If line 11g amount exceeds 10% of tine 25, column			-	-
•	(A) amount, list line 11g expenses on Schedule O)	1			
12	Advertising and promotion	1 0.74		264.	
	Office expenses	26 702		36,703.	
	Information technology	1			
	Royalties	0.			
16	Occupancy	421,298.			
	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.		0.170	
	Conferences, conventions, and meetings	8,170.		8,170.	
	Interest	0.			
	Payments to affiliates	325,059.	325,059.		
	Depreciation, depletion, and amortization	0.	323,033.		
	Insurance	50 do 10 10 10 10 10 10 10 10 10 10 10 10 10	TOTAL SENSEPT 1	Detect temperate	CANADA CANADA FASAN
••	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)				
а	MISCELLANEOUS EXPENSES	3,750.		3,750.	
b	LEASING EXPENSES	23,043.	23,043.		
_	BAD DEBT EXPENSE	1,726.		1,726.	
d	REPAIRS	268,700.	268,700.		
е	All other expenses	33,891.	33,891.		
	Total functional expenses. Add lines 1 through 24e	1,633,226.	1,465,640.	167,586.	
:6	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				

following SOP 98-2 (ASC 958-720)

Pa	art X	Balance Sheet					
		Check'if Schedule O contains a response of	r not	e to any line in this f	Part X		X
	-	,	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			220,491	. 1	19,833.
	2	Savings and temporary cash investments				. 2	0.
	3		and grants receivable, net				0.
	4	Accounts receivable, net			458		1,055.
	5	Loans and other receivables from current and former officers, directors,			国建筑建设工程		
		trustees, key employees, and highest co	mpe	nsated employees		11.	
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			1 0.	. 5	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	, and ontary	contributing employers employees' beneficiary	0	6	0.
ets	7	Notes and loans receivable, net				7	0.
Assets	8						0.
⋖	9	Inventories for sale or use		ATCH 2	5,178.		5,096.
	_	Land, buildings, and equipment cost or	i · ·		THE RESERVE		
		other basis Complete Part VI of Schedule D	10a	8,353,065.			THE PARTY OF THE
	ь	Less accumulated depreciation	10b	6,029,770.	2,531,183.	10c	2,323,295.
	11	Investments - publicly traded securities				11	0.
	12	Investments - other securities See Part IV, line 11		12	0.		
	13	Investments - program-related See Part IV, line 11	<u> </u>	13	0.		
	14	Intangible assets	. 0.	14	0.		
į	15	Other assets See Part IV, line 11				15	653,512.
	16	Total assets. Add lines 1 through 15 (must equal			3,370,270.	16	3,002,791.
	17	Accounts payable and accrued expenses			111,710.		42,003.
	18	Grants payable				18	0.
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			· 0.	20	0.
	21	Escrow or custodial account liability Complete Pa	rt IV c	of Schedule D	0.		0.
es	22	Loans and other payables to current and fo	rmer	officers, directors,			
∄		trustees, key employees, highest compens					
Liabilities		disqualified persons Complete Part II of Schedule			0.		0.
	23	Secured mortgages and notes payable to unrelate			0.	20	0.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lines			6,151,369.		6,046,018.
	•	of Schedule D			6,263,079.		6,088,021.
-	26	Total liabilities. Add lines 17 through 25				26 2200	0,000,021.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	34.				
Jan	27	Unrestricted net assets			-2,892,809.	27	-3,085,230.
m	28	Temporarily restricted net assets			0.	28	0.
핅	29	Permanently restricted net assets			CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR O	29	CHRISTIAN AND TO THE SERVICE !
ō		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	cnec	here and and			
ets	30	Capital stock or trust principal, or current funds				30	<u> </u>
SS	31	Paid-in or capital surplus, or land, building, or equi				31	
Net Assets	32	Retained earnings, endowment, accumulated inco			2 000 000	32	2.025.022
- 1	33	Total net assets or fund balances			-2,892,809.	33	-3,085,230.
	34	Total liabilities and net assets/fund balances	<u> </u>		3,370,270.	34	3,002,791.
							Form 990 (2018)

Form 9	90 (2018)				Р	age 12
Part	XI Reconciliation of Net Assets				'	
	. Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	440,	805.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	633,	226.
3	Revenue less expenses Subtract line 2 from line 1	3			192,	421.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2,	392,	809.
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		-3, (085,	<u>230.</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		,	Ш,
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ŀ.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın	•	, ,	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	ļ	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					
	Separate basis Consolidated basis Both consolidated and separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	ı a		,	İ
	separate basis, consolidated basis, or both					·
	X Separate basis Consolidated basis Both consolidated and separate basis				. ' '	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	_	' 1		v	
	of the audit, review, or compilation of its financial statements and selection of an independent according			2c	X	· 'a'
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın	,		
	Schedule O		}	~	,	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				v	
	the Single Audit Act and OMB Circular A-133?			3a	<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	he		х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	ITS		3b	Δ.	

3b X Form **990** (2018)

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREENCASTLE OF BARRINGTON INC

Employer identification number

C/	O EMBRACE LIVING COMM	UNITIES				36-3267	264
Pa	rt Reason for Public Ch	arity Status (All	organizations must	comple	te this p	part) See instruction	ıs.
The	organization is not a private fo	undation because	it is (For lines 1 thro	ugh 12, c	heck on	y 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 sec	tion 170(b)(1)(A)(i	i). (Attach Schedule E	(Form 9	990 or 99	90-EZ)) /)	/
3	A hospital or a cooperativ	e hospital service	organization described	in secti	on 170(l	b)(1)(A)(iii). U	(
4	A medical research organ	ization operated in	conjunction with a ho	ospital de	escribed	in section 170(b)(1)(/	A)(iii). Enter the
	hospital's name, city, and						
5	An organization operated	for the benefit of	a college or univers	ity owne	ed or op	erated by a governm	ental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II)					
6	A federal, state, or local g	overnment or gove	ernmental unit describ	ed in sec	tion 170)(b)(1)(A)(v).	
7	X An organization that norm	nally receives a su	ibstantial part of its s	upport f	rom a g	overnmental unit or f	rom the general public
	described in section 170(b	o)(1)(A)(vi). (Comp	olete Part II)				
8	A community trust describ	ed in section 170(b)(1)(A)(vi). (Complet	e Part II)		
9	An agricultural research of	rganization describ	ed in section 170(b)(1)(A)(ix)	operate	d in conjunction with a	a land-grant college
	or university or a non-land	-grant college of a	griculture (see instruc	ctions) E	Inter the	name, city, and state	of the college or
	university						
10	An organization that norms	ally receives (1) m	nore than 331/3 % of its	s suppor	t from c	ontributions, members	ship fees, and gross
	receipts from activities rela support from gross investr	ment income and u	inrelated business tax	cable inc	ome (les	ss section 511 tax) from	an 331/3 %of its n businesses
	acquired by the organization	on after June 30, 1	1975 See section 50 9	(a)(2). (Complet	e Part III)	
11	An organization organized	•	•			, ,, ,	
12	An organization organized	•	-			·	
	of one or more publicly su						
	Check the box in lines 12a						
а	Type I. A supporting org			-		- , ,	
	the supported organization		= :::		ajority o	of the directors or truste	ees of the
	supporting organization	•	•				
b	Type II. A supporting org					• • •	
	control or management		-	the sam	e perso	ns that control or mai	nage the supported
	organization(s) You mus						
С	Type III functionally inte						illy integrated with,
	its supported organization		•		-		
a	Type III non-functionally						• ,
	that is not functionally into						d an attentiveness
_	requirement (see instruct	•	•		-		H. T Di
е	Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	н, туре в
f	functionally integrated, or Enter the number of supported	• •		porting c	organiza	tion	
g	Provide the following information					• • • • • • • • • • • • •	
	(i) Name 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	listed in yo	ur governing	support (see	other support (see
			above (see instructions))	Yes	nent?	instructions)	instructions)
			* * *	103	- 140		
A)							
	-					-	
B)							
			"				
C) ——							
D)							
~,				1			1

(E)

Page 2

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.)

	Part III. If the organization fa	iis to quality u	nder the tests	listed below,	piease comple	ete Part III)	
Sec	ction A. Public Support						
	endar 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")		1,365,904	1,381,447	1,399,836	1,432,655.	6,932,400
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,352,558.	1,365,904.	1,381,447.	1,399,836.	1,432,655.	6,932,400
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						1
_	shown on line 11, column (f)	THE PROPERTY OF STATE	CARDAMENT STATES	\$996.36487	THE PERSONAL PROPERTY.	CONTRACTOR OF THE PARTY.	0.
6	Public support. Subtract line 5 from line 4	学研究的	BENEFIT TO BE	- 15.2 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	- Grandi	AND ESSENCE	6,932,400.
	tion B. Total Support	(-) 2044	41,0045	() 2040	4 11 0047		
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,352,558.	1,365,904.	1,381,447.	1,399,836.	1,432,655.	6,932,400.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	690.	593.	996.	1,598.	2,176.	6,053.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					4	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	9,757.	19,502.	3,771.	11,874.	5,974.	50,878.
11	Total support. Add lines 7 through 10	M. Thomas	是因為認可不可	《 斯特特别》,《新	語の場合という	2.2000年1000年1000年1000年100日	6,989,331.
12	Gross receipts from related activities, etc. (s					12	•
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (liii	ne 6. column (f)	divided by line	11, column (f)).		14	99.19%
15	Public support percentage from 2017						98.98%
	331/3% support test - 2018. If the org						neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization		· • • • • • • • •	▶ X
b	331/3% support test - 2017. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n <i></i>		▶ 🔲
17a	10%-facts-and-circumstances test - 2	018. If the org	anization did no	ot check a box	on line 13, 16a	, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	ts-and-circumst	ances" test, che	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets ti	he "facts-and-ci	rcumstances" te	est The organiz	zation qualifies	as a publicly su	pported
	organization						∴. ▶ 🔲
b	10%-facts-and-circumstances test - 2	017. If the org	anization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	inization meets	the "facts-and	-circumstances"	test, check th	is box and sto	p here.
	Explain in Part VI how the organization supported organization						publicly ▶ □
18	Private foundation. If the organization						. —
	Instructions				· · · · · · · · · · · · · · · · · · ·		▶ 📘

_	•
Page	,

Part III	Support Schedule for	r Organizations	Described in Sec	tion 509(a)(2)

• •	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
(Complete only i	if you checked the	box on line 10 of Part I or if the organization failed to qualify und	er Part II.
		der the tests listed below, please complete Part II.)	

Cale	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
1			(2) 2010	(6/2010	(4) 2017	(6) 2918	(1) 101
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	' [
2	Gross receipts from admissions, merchandise		 	 	+	 	
-	sold or services performed, or facilities						
	furnished in any activity that is related to the					/	
	, ,					<i>Y</i>	
	organization's tax-exempt purpose		<u> </u>		· /		
3	Gross receipts from activities that are not an				/	İ	
	unrelated trade or business under section 513 .		ļ.			ļ	
4	Tax revenues levied for the						
	organization's benefit and either paid to	İ					
	or expended on its behalf		ļ				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				1		
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		}		1		
b	Amounts included on lines 2 and 3						
	received from other than disqualified			/	İ	[
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1	/]	[
_	Add lines 7a and 7b			 			
8	Public support. (Subtract line 7c from		· · ·	 	(323) · 5	1477年,海海	-
	• • • • • • • • • • • • • • • • • • • •	18.7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1] / .			
Sec	tion B. Total Support	1 2 2 2 2 2 2 2 2			44.06.W.Z., 4. F.		
		(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(2) 2019	(6) Take
	ndar year (or fiscal year beginning in)	(a) 2014	(0) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Tota
9	Amounts from line 6	· <u>-</u>	 	 			
i u a	Gross income from interest, dividends, payments received on securities loans,		/				
	rents, royalties, and income from similar				_		
	sources		1				
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
c	Add lines 10a and 10b		1				
11	Net income from unrelated business				-		
	activities not included in line 10b,						
	whether or not the business is regularly carried on		/				
12	Other income Do not include gain or		1				
_	loss from the sale of capital assets		1				
	(Explain in Part VI)	N					
3	Total support. (Add lines 9, 10c, 11,						
	and 12)	/					
	First five years. If the Form 990 is for	<i></i>					
4	FIRST TIVE VESTS IT THE FORM UUID IS TO	or the organizat	ion's first, secoi				
4							▶]
	organization, check this box and stop here.	<u>/</u>		· · · · · · · · · · · · · · · · · · ·		• • • • • • • •	
•	organization, check this box and stop here . tion C. Computation of Public Supp	oort Percenta	ge				
ect	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8,	oort Percentag column (f), divide	ge ed by line 13, colur	nn (f))		15	· · · · · ·
ec1 5	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	column (f), divided	ge ed by line 13, colur e 15	nn (f))			<u> </u>
ect 5 6	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment	column (f), divided dule A, Part III, lin	ge ed by line 13, colur e 15 entage	nn (f))		15	<u> </u>
ect 5 6	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	column (f), divided dule A, Part III, lin	ge ed by line 13, colur e 15 entage	nn (f))		15	
ect 5 6	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment	column (f), divided tile A Part III, line tincome Perche 10c, column (f	ge ed by line 13, colur e 15 entage), divided by line 1	nn (f)		15 16	
ect 6 ect 7	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line Investment income percentage from 2017 Sche	column (f), divided dule A. Part III, line income Percentage 10c, column (f) Schedule A. Part I	ge ed by line 13, colur e 15 entage), divided by line 1 II, line 17	nn (f)		15 16 17 18	
ect 6 ect 7	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line Investment income percentage from 2017 S 331/3% support tests - 2018. If the org	column (f), divided the A, Part III, line tincome Percent 10c, column (f) Schedule A, Part II anization did no	ed by line 13, colure 15 entage), divided by line 1 II, line 17 t check the box	3, column (f))	line 15 is more	15 16 17 18 than 331/3 %, an	d line
ect 6 ect 7 8 9 a	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check thi	column (f), divided the A Part III, line tincome Perche 10c, column (f) conedule A, Part II anization did no soo soo and stop	ed by line 13, colure 15 entage), divided by line 1 II, line 17 t check the box here. The orga	3, column (f))	line 15 is more as a publicly s	15 16 17 18 than 331/3 %, an upported organiza	d line
6 6 6 6 7 8 9 a	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage from 2017 Sche investment income percentage from 2017 Sche 331/3% support tests - 2018. If the organization of the org	column (f), divided dule A/ Part III, lin tincome Percent foc, column (f) conedule A, Part II anization did not show and stop nization did not of	ed by line 13, colure 15entage), divided by line 1 ll, line 17t check the box here. The organized box on line 1 ll, line 1	3, column (f)) on line 14, and nization qualifies ne 14 or line 19	line 15 is more as a publicly sa, and line 16 is	15 16 17 18 than 331/3 %, an upported organiza more than 331/3 %	d line ation . ▶ [%, and
ect 6 ect 7 8 9 a	organization, check this box and stop here. tion C. Computation of Public Supplementary Public support percentage for 2018 (line 8, Public support percentage from 2017 Schettion D. Computation of Investment Investment income percentage for 2018 (line investment income percentage from 2017 Schetting investment income percentage from 2017 Schetting investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting in the investment income percentage from 2017 Schetting investment income percentage from 2018 (line 8, Public support 2018 (line s	column (f), divided dule A, Part III, lin tincome Percent 10c, column (for chedule A, Part II anization did no s box and stop nization did not othis box and stop this box and stop	ed by line 13, colure 15 entage), divided by line 1 II, line 17 t check the box here. The organicheck a box on line pere. The organicheck reconstruction of the organicheck of the organicheck and the organicheck	ann (f))	line 15 is more as a publicly s a, and line 16 is s as a publicly s	15 16 17 18 than 331/3 %, an upported organization than 331/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization the 341/3 % upported organization the 341/3 % upported organization th	d line ation . ► [
ect 6 ect 7 8 9 a	organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check thi 331/3% support tests - 2017. If the organization of	column (f), divided dule A, Part III, lin tincome Percent 10c, column (for chedule A, Part II anization did no s box and stop nization did not othis box and stop this box and stop	ed by line 13, colure 15 entage), divided by line 1 II, line 17 t check the box here. The organicheck a box on line pere. The organicheck reconstruction of the organicheck of the organicheck and the organicheck	ann (f))	line 15 is more as a publicly s a, and line 16 is s as a publicly s check this box	15 16 17 18 than 331/3 %, an upported organization than 331/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization than 341/3 % upported organization the 341/3 % upported organization the 341/3 % upported organization th	d line ation . ▶ [%, and ation ▶ [

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	rt V)		
Sect	tion 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 500(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)	2		j L
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
С	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	3c		
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	4a		
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	4b	,	
С	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	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		6		
,	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)	7		` ·
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)	8	-	
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 .	9a		
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.	9b_		
С	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.	9c		
10 a		10a		
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)	10b		

, Schodi	ule A (Form 990 or 990-EZ) 2018			Doge
	V Supporting Organizations (continued)			Page
		_	Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		1	1
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		İ	
	below, the governing body of a supported organization?	11a	1	
b	A family member of a person described in (a) above?	11b	† –	\top
	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.	11c	† –	\dagger
	ion B. Type I Supporting Organizations			
			Yes	N
	Did the dispetate trustees or membership of any or more supported assessment being the assessment		1	<u> </u>
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	.		٤ .
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.	.' `	
	controlled the organization's activities if the organization had more than one supported organization,	1	ļ	ľ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1]
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1	^	1
2	Did the organization operate for the benefit of any supported organization other than the supported			t^-
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		ľ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,].	Ì	1.
	supervised, or controlled the supporting organization	2		1
Secti	on C. Type II Supporting Organizations	1.5		
0000	on or type in dupper unity or gammations		Yes	N
	18/2	*	-	† ' ' '
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		1.	
	or management of the supporting organization was vested in the same persons that controlled or managed	,	<u> </u>	ļ
	the supported organization(s)	٠,		ŀ
Socti	on D. All Type III Supporting Organizations			Щ.
Secti	on D. All Type III Supporting Organizations		Yes	Ne
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	_	162	INC
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	 '		ŀ
	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?			4
_		1_		1:
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	1		-
	the organization maintained a close and continuous working relationship with the supported organization(s)			
		2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	١ ٠ ١		ĺ
	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	'	- · -	ĺ
		3		Ц
	on 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 ins	tructio	ons)	
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see			
2	Activities Test Answer (a) and (b) below.		Yes	<u>No</u>
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
-	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ì		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ļ	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ļ	
	reasons for the organization's position that its supported organization(s) would have engaged in these	, ,		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			-
	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? <i>Provide details in Part VI.</i>	3a	_ [
	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	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1 . Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	ı ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organi	zatior	ns must complete Section	s 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	E		新华,邓州
instructions for short tax year or assets held for part of year)	7		Labor Francisco
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	18		10000000000000000000000000000000000000
factors (explain in detail in Part VI)	- F		Ber Barrier
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	I TOM INCHES	
2 Enter 85% of line 1	2	THE TOTAL SECTION OF THE PROPERTY OF THE PROPE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	T. LOT THE LAND OF	
4 Enter greater of line 2 or line 3	4	TEN MEMBERS I	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		KI SERVEZ TY	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/ inted	rated Type III supporting o	rganization (see
instructions		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • •

Schedule A (Form 990 or 990-EZ) 2018

Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	-		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	zations	
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 resp	onsive	
	(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	-	r	
b	From 2014			
с	From 2015			
d	From 2016			
е	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)			*
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		•	
4	Distributions for 2018 from			,
	Section D, line 7 \$		-	
а	Applied to underdistributions of prior years			,
b	Applied to 2018 distributable amount		*	
С	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			,
а	Excess from 2014			
b	Excess from 2015		·	
С	Excess from 2016		-	
d	Excess from 2017			
e	Excess from 2018	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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.)

SCHEDULE A, PART II	- OTHER INCOM	1E			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	5,981.	14,812.	50.	8,077.	1,110.	30,030.
LAUNDRY AND TENANT CHARGES	3,776.	4,690.	3,721.	3,797.	4,864.	20,848.
TOTALS	9,757.	19,502.	3,771.	11,874.	5,974.	50.878.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

	E OF BARKING	ON INC		2.6.20.6.20.6.
	EMBRACE LIVING COMMUNITIES		<u> </u>	36-3267264
P	organizations Maintaining Donor Advis			ccounts.
	Complete if the organization answered "			
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	ducare in writing that th	o accata hald in	donor adveced
5	<u> </u>	_		
	funds are the organization's property, subject to the o		_	
6	Did the organization inform all grantees, donors, and			
	only for charitable purposes and not for the benefit		•	
	conferring impermissible private benefit?	<u> </u>	<u> </u>	Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o	rganization (check all that	apply)	
	Preservation of land for public use (e.g., recreation	ation or education)	Preservation of	a historically important land area
	Protection of natural habitat	<u></u> _	Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	l a qualified conservation	contribution in the	e form of a conservation
	easement on the last day of the tax year	·	Γ	- Held at the End of the Tax Year
а	Total number of conservation easements		2	a
b	Total acreage restricted by conservation easements			b
c	Number of conservation easements on a certified his			c
d	Number of conservation easements included in (c) a			
u				<u>. </u>
	historic structure listed in the National Register			
3	Number of conservation easements modified, transfer	errea, reieasea, extinguis	ned, or terminate	ed by the organization during the
	tax year >		_	
4	Number of states where property subject to conserva			
5	Does the organization have a written policy regar			
	violations, and enforcement of the conservation easer			
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, an	d enforcing conserv	vation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, a	nd enforcing cons	ervation easements during the yea
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 1	170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports con			
	balance sheet, and include, if applicable, the text of the			
	organization's accounting for conservation easements			
Pa	t III Organizations Maintaining Collections of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	res, or Other Si	milar Assets.
	Complete if the organization answered "Y			
4 -			·	and below the
ıa	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the footi	assets held for public e	report in its reve xhibition, educati	enue statement and balance snee on, or research in furtherance o
	public service, provide, in Part XIII, the text of the footi	note to its financial stater	nents that describ	es these items
b	If the organization elected, as permitted under SFA	AS 116 (ASC 958), to r	eport in its revei	nue statement and balance shee
	works of art, historical treasures, or other similar a	assets held for public e		
	public service, provide the following amounts relating			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art,	historical treasures, or c	ther similar asse	ets for financial gain, provide the
	following amounts required to be reported under SFAS			• • •
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			
or P	aperwork Reduction Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2018

GREENCASTLE OF BARRINGTON INC 36-3267264 Schedule D (Form 990) 2018 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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) Public exhibition Loan or exchange programs 2 Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 1d 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs Administrative expenses g End of year balance..... 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 ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?...... 3b Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 582,700. 582,700 1a Land 6,503,964 5,067,448 1,436,519. Buildings

614,402.

651,994.

501,290

461,030

Schedule D (Form 990) 2018

Other

c Leasehold improvements....

d Equipment.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c

113,112.

190,964.

2,323,295.

Schedule D (Form 990) 2018			Page
Part VII • Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(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) ▶			MARINE REPORT
Part VIII Investments - Program Related.			
Complete if the organization answered	l "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 valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	•		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	THE PROPERTY OF
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d See Form 990,	Part X, line 15
	scription		(b) Book value
(1) TENANT SECURITY DEPOSITS			17,360.
(2) MORTGAGE ESCROW DEPOSITS			71,779.
(3) RESERVE FOR REPLACEMENT			510,128.
(4) OTHER RESTRICTED DEPOSITS			28,437.
(5) RESIDUAL RECEIPTS RESERVE			25,808.
(6)			
(7)	•		•
(8)			
(9)			· , — — —
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)	· · · · · · · · · · · · · · · · · · ·	653,512.

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	SOUTH THE TANK THE TWO
(1) Federal income taxes		
(2) MORTGAGE PAYABLE	6,029,152.	
(3) TENANT SECURITY DEPOSITS	16,866.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,046,018.	

^{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

2765CF 2873 9/3/2019

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 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 1,440,805. 1 Total revenue, gains, and other support per audited financial statements ~ 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 2b 14 2c c Recoveries of prior year grants......... 2e 1,440,805. 3 3 1.0 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a Investment expenses not included on Form 990, Part VIII, line 7b__s 4b 4c 1,440,805. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 1,633,226. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX, line 25 2b 2e 1,633,226. 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4c Add lines 4a and 4b . . . 1,633,226. 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

JSA 8E1271 1 000

Schedule D (Form 990) 2018

36-3267264

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

C/O EMBRACE LIVING COMMUNITIES

GREENCASTLE OF BARRINGTON INC

Employer identification number 36-3267264

Par	t 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	=	2	
		,	٠,	
	·	,	Ì ' `	
	Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees		_	`
		4		
	Discretionary spending account 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			لند
	explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	<u> </u>		1
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		0
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			3
	Compensation committee X Written employment contract	, s		• •
	Independent compensation consultant X Compensation survey or study	3		1
	Form 990 of other organizations X Approval by the board or compensation committee	1		1
		1	٠,	
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] [
а	Receive a severance payment or change-of-control payment?	4a		_ <u>_</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1		<u> </u>
		- [i	- 1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	۱ ۱		-
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		أ.	1
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	İ		1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		- }	- 1
	compensation contingent on the net earnings of			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	- 1		
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	7		<u> </u>
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		ĺ	.,
_	ın Part III	8		<u>X</u> ,
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-	
	Regulations section 53 4958-6(c)?	9	1	

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 2

Part II

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

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

(ii) Bonus & incentive compensation
0
0
0.
0.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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 J, PART I, LINE 3

THE METHODS USED TO ESTABLISH COMPENSATION FOR THE EXECUTIVE VICE

PRESIDENT & SECRETARY AND EXECUTIVE VICE PRESIDENT & CFO FROM THE RELATED

ORGANIZATOINS INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION

CONSULTANT, FORM 990 OF OTHER SIMILAR ORGANIZATIONS, A WRITTEN EMPLOYMENT

CONTRACT COMPENSATION SURVEY AND/OR STUDY, AND APPROVAL BY THE

COMPENSATION COMMITTEE AND BOARD. THE BOARD OF DIRECTORS OF EMBRACE

LIVING COMMUNITIES & AFFILIATES APPOINTS THE EXECUTIVE VICE PRESIDENTS

AND DETERMINES THE COMPENSATION.

PAGE 28

Schedule J (Form 990) 2018

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.

Open to Public

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. Inspection

OMB No 1545-0047

Name of the organization

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

36-3267264

Employer identification number

INCORPORATION

GREENCASTLE OF BARRINGTON WAS INCORPORATED AS A NOT-FOR-PROFIT CORPORATION IN THE STATE OF ILLINOIS IN 1982. IT WAS FORMED TO ACQUIRE LAND AND CONSTRUCT BUILDINGS TO HOUSE LOW-INCOME ELDELY AND HANDICAPPED PERSONS AS DEFINED BY THE NATIONAL HOUSING ACT OF 1959. GREENCASTLE OF BARRINGTON IS A 102-UNIT, GOVERNMENT-SUBSIDIZED HOUSING

COMMUNITY MANAGED BY EMBRACE LIVING COMMUNITIES FOR SENIORS AND PHYSICALLY CHALLENGED ADULTS WITH LIMITED RESOURCES. LOCATED AT 445 EAST MAIN STREET IN BARRINGTON, ILLINOIS, IT OPENED IN 1988. APPLICANTS MUST BE AT LEAST 62 YEARS OF AGE OR 18 YEARS OF AGE AND OLDER WITH A MEDICALLY DOCUMENTED PHYSICAL CONDITION THAT COULD BENEFIT FROM SPECIAL DESIGN FEATURES OF AN "ACCESSIBLE" APARTMENT AND MUST MEET FEDERAL INCOME GUIDELINES. AN APPLICANT'S INCOME MUST BE AT OR BELOW THE "VERY LOW" INCOME STANDARD ESTABLISHED BY THE FEDERAL DEPARTMENT OF HOUSING & URBAN DEVELOPMENT. RENT AT THIS HOUSING COMMUNITY DOES NOT EXCEED 30% OF THE RESIDENT'S GROSS MONTHLY INCOME.

GREENCASTLE OF BARRINGTON OFFERS AN ON-SITE MANAGER AND SOCIAL WORKER WHO HAVE COMPLETED NATIONAL CERTIFICATION PROGRAMS. BUILDING MAINTENANCE AND HOUSEKEEPING ARE ALSO ON-SITE. THE HOUSING COMMUNITY OFFERS ORGANIZED ACTIVITIES, LAUNDRY FACILITIES, A COMMUNITY ROOM, PARKING, AND BUILDING SECURITY.

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 COMMUNITIES FOR ALL EMPLOYEE COMPENSATION EXPENSES.

REVIEW

PRIOR TO ITS SUBMISSION, FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE VICE PRESIDENT/CFO OF EMBRACE LIVING COMMUNITIES. IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

CONFLICT OF INTEREST

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. TO ENSURE COMPLIANCE WITH THIS POLICY THE ORGANIZATION REQUIRES THE FOLLOWING:

ON AN ANNUAL BASIS, ALL MEMBERS OF THE BOARD OF DIRECTORS, THE EXECUTIVE LEADERSHIP TEAM, MEMBERS OF SENIOR MANAGEMENT AND EMPLOYEES WITH PURCHASING AND/OR HIRING RESPONSIBILITIES OR AUTHORITY SHALL INFORM, IN WRITING, THE CHAIRMAN OF THE BOARD, THE CHAIR OF THE FINANCE/AUDIT COMMITTEE, AND THE ORGANIZATION'S EXECUTIVE LEADERSHIP TEAM OF ALL REPORTABLE CONFLICTS.

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 EXECUTIVE LEADERSHIP TEAM SHALL REVIEW ALL COMPLETED FORMS BY

EMPLOYEES, AND THE FINANCE/AUDIT COMMITTEE CHAIRMAN OF THE BOARD SHALL

REVIEW ALL COMPLETED FORMS AND DETERMINE APPROPRIATE RESOLUTION IN

C/O EMBRACE LIVING COMMUNITIES

ACCORDANCE WITH THE NEXT SECTION OF THIS POLICY.

IF A CONFLICT ARISES DURING THE YEAR, THE EMPLOYEE OR BOARD MEMBER WILL IMMEDIATELY NOTIFY THE EXECUTIVE LEADERSHIP TEAM WHO WILL DETERMINE APPROPRIATE RESOLUTION. ALL REAL OR APPARENT CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THE FINANCE/AUDIT COMMITTEE CHAIRMAN OF THE BOARD AND THE EXECUTIVE LEADERSHIP TEAM OF THE ORGANIZATION. CONFLICTS SHALL BE RESOLVED AS FOLLOWS:

THE CHAIR OF THE FINANCE/AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING THE BOARD OF DIRECTORS AND THE EXECUTIVE LEADERSHIP TEAM.

THE CHAIRMAN OF THE BOARD SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING FINANCE/AUDIT COMMITTEE MEMBERS.

THE EXECUTIVE LEADERSHIP TEAM SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF THE 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 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 HER/HIS ACTIONS BEFORE DISCIPLINARY ACTION IS TAKEN.

SALARIES AND BENEFITS

IN CONNECTION WITH SALARIES AND BENEFITS OF SENIOR MANAGEMENT (TO INCLUDE VICE PRESIDENT & COO, AND DIRECTOR OF FINANCE & CFO), A TRIENNIAL STUDY SHALL INVOLVE THE PURCHASE OF A SALARY AND BENEFITS SURVEY CONDUCTED BY AN INDEPENDENT AGENCY. THE ANALYSIS OF SENIOR MANAGEMENT SALARIES AND BENEFITS SHALL BE CONDUCTED UNDER THE DIRECTION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IF AN APPROPRIATE SURVEY CANNOT BE LOCATED, THE EXECUTIVE COMMITTEE SHALL CONSIDER UTILIZING A SALARY AND BENEFITS CONSULTING SPECIALIST FIRM OR CONDUCTING ITS OWN CUSTOMIZED COMPARISON WITH SIMILAR ORGANIZATIONS.

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 CAN BE FOUND ON THE INTERNET IN

WEBSITES FOR NOT-FOR-PROFIT ORGANIZATIONS LIKE WWW.GUIDESTAR.COM.

Employer identification number 36-3267264

OFFICER COMPENSATION

OFFICERS OF EMBRACE LIVING COMMUNITIES (THE MANAGEMENT AGENT) ALSO SERVE AS OFFICERS OF THE REPORTED ORGANIZATION. THEY ARE CO-EMPLOYED BY A PEO (PROFESSIONAL EMPLOYMENT ORGANIZATION), SYNERGY PEO, LLC AND EMBRACE LIVING COMMUNITIES. THEIR COMPENSATION IS PAID BY EMBRACE LIVING COMMUNITIES FROM THE MANAGEMENT FEES FROM THE REPORTING CORPORATION AND ALL OTHER AFFILIATED CORPORATIONS.

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, RESISDENT 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.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GREENCASTLE OF BARRINGTON WAS INCORPORATED AS A NOT-FOR-PROFIT CORPORATION IN THE STATE OF ILLINOIS IN 1982. IT WAS FORMED TO ACOUIRE LAND AND CONSTRUCT BUILDINGS TO HOUSE LOW-INCOME ELDERLY AND HANDICAPPED PERSONS AS DEFINED BY THE NATIONAL HOUSING ACT OF 1959. OUR MISSION IS TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE WELCOMING HOMES IN COMMUNITIES THAT EMBRACE LIVING.

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization C/O EMBRACE LIVING COMMUNITIES

GREENCASTLE OF BARRINGTON INC

Employer identification number

36-3267264

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING

DESCRIPTION

BOOK VALUE

PREPAID EXPENSES

5,096.

TOTALS

5,096.

GREENCASTLE OF BARRINGTON INC Name of the organization Department of the Treasury Internal Revenue Service

C/O EMBRACE LIVING COMMUNITIES

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

OMB No 1545-0047

Open to Public

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

► Attach to Form 990.

Employer identification number 36-3267264

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

(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)		o lorgal couliny)			entity
(2)					
(3)					
(4)					
(5)					
(9)					
		_			
Identification of Related Tax-Exempt Organizations. Complete if the	Complete if the organization answered "Yes" on Form 990 Part IV line 34 hecause it had	ered "Yes" on For	m 990 Part IV	line 34 hecause	had it had

Ę	identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, here its at the organization answered "Yes" on Form 990, Part IV, line 34, here its at the organization and the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization and the organization are set to the organization are set to the organization are set to the organization and the organization are set to the organization are set to the organization are set to the organization are set to the organization are set to the organization and the organization are set to the o
	one or more related tax-exempt organizations during the tax vear

(a) Name, address, and EIN of related organization	elated 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) siled %?
DAY CHARLE AND MATTER MATTER TO MAINTANA							Yes	9
(1) BAIONEI FOINT AREA HOUSING INC	36-3696590							
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	FL	501(C)(3)	509(A)	4/2		>
(2) BETHEL AREA HOUSING INC	36-3696581							ا،
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501(C)(3)	509(A)	4/2		>
(3) BETHEL AREA HOUSING SOUTH	36-3973915	_		(2) (2) - 2 -	()			۵
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501 (C) (3)	509(4)	4/N		>
(4) ELMHURST AREA HOUSING INC	36-3246979			(2) (2)	/::\ 200	***		۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	4/2		>
(5) ENGLEWOOD AREA HOUSING INC	36-3696607			/=\ /=\	/::/	17 / V		۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501(C)(3)	509(A)	4/N		>
(6) GLENVIEW ELDERLY HOUSING INC	36-3569408			/21/21-22	/::/ >>>	E/M		۲
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501 (C) (3)	509(4)	4/7		>
(7) GREENCASTLE OF GARFIELD INC	36-3631071			101 101 - 00	(22, 22)	W/W		۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509 (A)	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	he Instructions for Form 990.					Schedule R (Form 990) 2018	(Form 99	00) 2018

Department of the Treasury

Name of the organization

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

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

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

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 Open to Public 2018

Employer identification number

36-3267264

(f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had (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 (3) (2) 9

<u>4</u>

Ξ

(2)

one or more related tax-exempt organizations during t	the tax year				ייי כייי כייי כייי בייי בייי בייי בייי	ם ב	
(a) Name, address, and EIN of 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
GREENCASTIE OF PALATINE INC						Yes	2
(1) 36-3895200							
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFRDBL HSING IL	IL	501 (C) (3)	509(2)	6/N		>
(2) GREENCASTLE OF WOODLAWN INC 36-3724265				(M/ B		<
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFRORI, HSING	TT.	501(0)(3)	, e, o o d	4/ 37		;
131 IMMANUEL RESIDENCES INC		1	101 101 100	303(A)	N/A		×
7, 10							
1300 SPRING RD SIE 300 OAK BROOK, IL 60523	AFFRDBL HSING	1I	501(C)(3)	509(4)	4/N		>
(4) KENWOOD AREA HOUSING INC 36-3696608			101 101 -00	(4)	W/M		۲
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFRDBL HSTNG	7.1.	501 (2) (3)	(4) 0 0 3	4/1		;
(5) LIFELINK HOUSING CORPORATION INC 36-2915770			101 101 100	202 (A)	N/A		×
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFROBI, HSING	<u>-</u>	501(0)(3)	() () ()	4		;
(6) MORGAN PARK AND BEVERLY AREA HOUSING INC 36-3359653			(6) (0) 700	303 (A)	N/A		×
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFRDBL HSING II.	11.	501 (0) (3)	(4)005	K / N		:
(7) MORGAN PARK AND BEVERLY HANDICAPPED INC 36-3515819			(0) (0) 100	303 (8)	W/W		×
1900 SPRING RD STE 300 OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	(4)605	6 7		;
For Panarwork Baduction Act Motion and the terminal			101101=00	302 (21)	C / AT		<

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

Schedule R (Form 990) 2018

PAGE 36

Name of the organization Department of the Treasury Internal Revenue Service

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

Part

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

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

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

OMB No 1545-0047 Open to Public 2018

Employer identification number

36-3267264

(f) Direct controlling 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 fax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (а) Name, address, and EIN (if applicable) of disregarded entity Part II Ξ 6 3 4 3 9

	one of more refered tax-exempt organizations during tr	tne tax year.						
(६ Name, address, and Ell	(a) Name, address, and EIN of 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
Cut now to desired undow							Yes	S N
(1) MONTH ONCHARD FLACE INC	36-3244216							
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	509(A)	a/N		>
(2) PEACE MEMORIAL MANOR INC	36-2980778				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	(A) 603	4/N		>
(3) SARASOTA AREA HOUSING INC	36-3696610				(22)			۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	(4)605	4 / N		>
(4) APOSTLES VILLAGE	42-2100763			(2) (2) = 12	(11)	W/W		\
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING FL		501(C)(3)	509(2)	Z/ N	_	>
(5) CONSECRA HOUSING NETWORK	27-3663119			(2) (2) = 22	/111/	W/W		۷
1900 SPRING RD STE 300	OAK BROOK, IL 60523	PROPRTY MGMNT IL		501 (C) (3)	(4) 605	4 / N	_	>
(6) LIFELINK MISSION FUND	36-33050406			101 101 700	(8) 500	W/W		×
1900 SPRING RD STE 300	OAK BROOK, IL 60523	FUNDRAISING	II.	501 (C) (3)	(4)605	W/W		>
(7) MEMORIAL DRIVE COMMUNITY	45-2652514			(0) (0)	/::\ 200	1 / L		۱
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	509(A)	4/N		>
Cor Dangardal Badmation And Mark				1 - 1 - 1 - 1 - 1	/ / /	27 / 22		<

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

PAGE 37

Schedule R (Form 990) 2018

Name of the organization Department of the Treasury Internal Revenue Service

Partl

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

OMB No 1545-0047 Open to Public 2018

Employer identification number

36-3267264

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

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

► Attach to Form 990.

(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 (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II ε 2 ල (4) 3 9

(a) Name, address, and EIN of related organization	of 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?	12(b)(13) olled
Cor our reams so a mean condead							Yes	°N
(1) SAEENCASILE OF SIEKLING INC.	36-4209258							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501 (C) (3) 509 (A)		Z/Z		×
(2) GREENCASTLE OF NORTH AURORA	37-1421479							:
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDBL HSING IL		501 (C) (3) 509 (A)	509 (A)	4/N	•	×
(3) EMBRACE LIVING CHARATIES	36-3696590							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	FUNDRAISING	II	501(C)(3)	509(A)	N/8		>
(4) EMBRACE LIVING DEVELOPMENT	36-3729609				1			ا
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	PROPRT MGMT	IL	501 (C) (3)	509(A)	N/2		>
(5) EMBRACE LIVING COMMUNITIES	36-3487477				1	17 / 17		
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	PROPRIY MGMT	IL	501(C)(3)	509(4)	4/N		>
(6) GREENCASTLE OF ALLERTON	27-1954463			())	(11)	17 E		۲
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDB HSING	II	501(C)(3)	509(A)	N/N		>
(7) GREENCASTLE OF BIENTERRA	36-4126791							٠
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDB HSING	IL	501(C)(3)	509(A)	N/A		>
For Paperwork Reduction Act Notice see the Instructions for Form 990	se the Instructions for Form 990							ا،

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

8E13071000 2765GF 2873 9/3/2019

Schedule R (Form 990) 2018

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

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

▶ Attach to Form 990.

36-3267264

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

€

(2)

3

3

OMB No 1545-0047 Open to Public 2018

36-3267264

(f)
Direct controlling
entity

Employer identification number

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had (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

9

9

one or more related tax-exempt organizations during the	ne 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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
CBERNCHENT OF TOWNS BANK						Yes	2 2
(1) GREENCASILE OF LOVES PAKE 36-4352754						\perp	
1900 SPRING ROAD STE #300 OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3)	509(8)	4/N		>
(2) GREENCASTLE OF MULFORD 36-308261			, , , , , , , , , , , , , , , , , , , ,				۱
1900 SPRING ROAD STE #300 OAK BROOK, IL 60523	AFFRDBL HSING IL		501(C)(3) 509(A)		4/2		>
(3)							
(4)							
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2018

Page 2

Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2018 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, (J) General or managing 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. partner? end-of-year assets (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of (f) Share of total income (h) Disproperterate Yes No allocations? (g) Share of end-of-(e)
Type of entity
(C corp. S corp. or trust) year assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total (d)
Direct controlling entity income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of
related organization Schedule R (Form 990) 2018 Part III Part IV (4) 3 3 3 8 (5) (9) 3 છ 9 Ξ 2 5 Ξ

PAGE 40

Schedule R (Form 990) 2018 Yes No BILLED Method of determining 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 Ε 4 9 AMOUNT 576,021. 36 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or Amount involved 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? Transaction type (a-s) 0, P Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s), Name of related organization EMBRACE LIVING COMMUNITIES Dividends from related organization(s) Part V _ 0 $\widehat{\Xi}$ 3 ල (2) 3 (9)

41

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

Provide the following information for each entity

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	entity taxed as a paranization. See instr	artnership througuctions regardin	th which the or	ganization certain inve	conducted mo	re than five perships	rcent of	ts activities (n	neasure	d by tot	al assets
(а) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicle (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 alfocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	(k) Percentage ownership
(4)			sections 512-514)	Yes No			Yes No			Yes No	
				_							
(2)									-	-	
(3)											
(4)											
(5)											
(9)											
	-								•		
(2)										+	
(8)											
107											
(10)										+	
							- ·				
(11)										-	
(12)											
(13)									-	-	
(14)										-	
(15)											
(16)										-	
									- ; ;	- - !	

Schedule R (Form 990) 2018

PAGE 42

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions